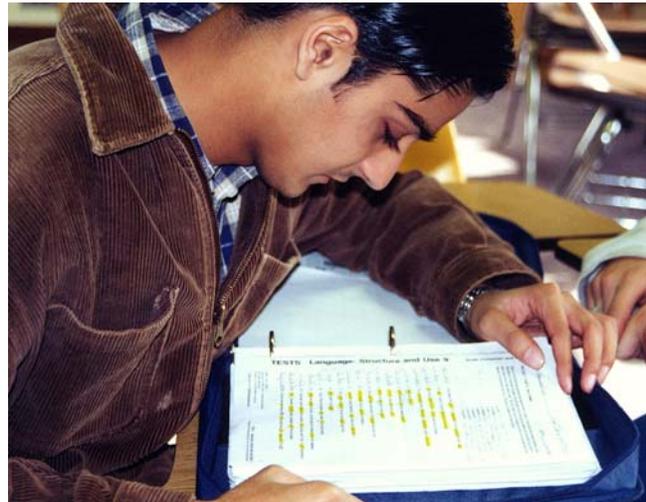


Special Education Procedural Guide



Department of Defense
Education Activity



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EDUCATION ACTIVITY
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Foreword

This guide contains guidance for special education programs in the Department of Defense Education Activity (DoDEA). The information is intended to aid teachers, administrators, and related service providers when planning for and providing services to students with disabilities. The information was updated to reflect the new requirements in Federal law, The Individuals with Disabilities Education Act (IDEA), dated November, 19, 2004, and the Department of Defense (DoD) Instruction 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents," dated April 11, 2005, and to answer questions frequently asked about the provision of special education within DoDEA.

This guide applies to all DoDEA personnel, parents, and sponsors and affects the process by which students with disabilities receive special education and related services in DoDEA or non-DoDEA placements. This guide does not create any rights or remedies and may not be relied upon by any party to allege a denial of procedural or substantive guarantees of IDEA, DoD Instruction 1342.12, or any other authority. To the extent that this guide conflicts with DoD Instruction 1342.12, the Instruction shall govern.

The guide is intended to provide assistance to DoDEA personnel and is not intended to, and does not create any right or benefit, substantive or procedural, enforceable by law. Where there is conflict between the guide and the DoD Instruction, the Instruction prevails. Teachers, administrators, and related service providers are encouraged to become familiar with and promote the content of this guide and to assure that policy and procedures are consistently followed.

The structure of the guide follows the sequential approach that the Case Study Committee (CSC) normally follows from prereferral/referral through implementation of an Individualized Education Program (IEP). The guide is designed to be a flexible working document, adaptable to changing needs, and produced in loose-leaf format to allow for future revisions and additions of clarifying instructions, directives, and/or decisions.

This guide supersedes and replaces the DoDDS 2500.13-M, "Special Education Procedural Manual," dated August 23, 1994, and the DDESS Procedural Manual for Special Education, dated September 11, 1997.

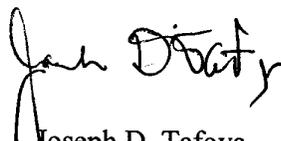

Joseph D. Tafoya
Director

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DoDEA

Special Education Procedural Guide

INTRODUCTION

The Special Education Procedural Guide, provides guidance to the Department of Defense Education Activity (DoDEA) for the provision of services to students with disabilities. It is a reference manual to aid administrators, area and district personnel, and local Case Study Committees (CSC) in performing their assigned responsibilities.

The current revision reflects changes in the delivery of special education services as mandated by the 1997 amendment (PL 105-17) to the Individuals with Disabilities Education Act (IDEA) (PL 101-476) as implemented in DoD by DoD Instruction 1342.12 (April 11, 2005). In addition, this revision coincides with the implementation of the Special Education Computer System (Excent). The guide incorporates both the legislative changes necessitated by IDEA and the procedural changes brought about by automation.

It is the policy of DoDEA that students shall be provided a free, appropriate education in schools where placement and service decisions are based on the individual needs of the student, in the least restrictive environment and in accordance with the system's guiding principles. This policy is consistent with DoDEA mission to provide a quality educational program that prepares all students for success in a global environment.

Imbedded in this mission and policy is the practice of inclusive education, which is defined as the participation of all students, including those with disabilities, limited English proficiency, identified gifts and talents and other special needs in the general

education program, as appropriate. Supplementary aids and services are provided to these students where necessary in order for them to attain success. Inclusive education is grounded in the philosophy that ALL children can learn and should have equal access to a quality education and the opportunity to be challenged to perform at increased levels of achievement. DoDEA educators share the responsibility of educating all children through collaborative efforts and through implementing the guiding principles of the DoDEA Strategic Plan.

SPECIAL EDUCATION COMPUTER MANAGEMENT SYSTEM

DoDEA has implemented a computerized system of record management for special education. It is a comprehensive file management system that establishes a special education file on any student referred for special education, those entering with an existing special education file, and those currently receiving special education. Although this management system is an important resource, it should **not** become the sole source of guidance for the Case Study Committee (CSC).

Data Maintained

Data include, but are not limited to, the name of the individual referring the student, the suspected disability(ies), the areas of assessment including the assessors assigned to complete the assessments; the eligibility decision; the educational areas and needs of the student; and the Individual Education Program (IEP) requirements and services provided. In the case of students entering DoDEA with existing special education data, the system also maintains information on the status of the incoming records (e.g., presence of assessment information, presence of an active IEP, etc.).

Required Record-Keeping

The computer program maintains a record of invitations to parents¹, their responses to the invitations and the purpose, time, dates, and places of all CSC meetings requiring their participation (eligibility and IEP). Additionally, it maintains a record of referral and assessment meetings. Referral logs, and projected dates for annual and triennial reviews also are maintained by the program.

Required DoDEA Forms

The computer program generates the majority of required forms and letters using the data that is entered before, during, and after CSC meetings. Although, the system generates computer-printed letters and forms, manual generation of the documents is possible in the event the computer is unavailable during a required activity. A copy of the forms is contained in Appendix J.

DODEA SPECIAL EDUCATION GOALS AND OBJECTIVES

DoDEA educators developed the *DoDEA Special Education Individualized Education Program (IEP) Goals and Objectives Guide* as a directory of the goals and objectives used in the computer system. It contains a bank of goals and objectives organized into domains that are addressed in

¹ The term "parents" is a generic term used throughout the manual, though for a particular student, the term may refer to any one of several individuals (e.g., biological parent, step-parent, sponsor, guardian, or a single parent, etc.). Although the term is written in the plural, the functioning of the CSC requires the presence or permission of only one parent.

the DoDEA general education curriculum (e.g., math, reading, language arts) and domains that would be appropriate for students with disabilities (e.g., life skills, orientation and mobility, etc.). The guide provides a scope and sequence for DoDEA special education programs. It is intended to be complete and comprehensive, covering numerous aspects of the instructional program including educational and related service goals and objectives in an integrated system. Revisions, including additional goals and objectives, may be submitted to Headquarters for inclusion in the guide and computer program. Specific goals and objectives not included in the program may be written for the student during development of the individual IEP.

The Goals and Objectives Guide may be appropriately used during many points in the special education process as the following examples indicate:

1. During referral, it may be used to illustrate to parents those areas in which the student is experiencing problems in school and to explain why a referral for special education is appropriate.
2. During eligibility, it may be used to pinpoint the student's difficulties following a comprehensive evaluation that established a disability. It may be useful in translating the student's test results into educationally relevant terms. The goals in the guide are directly correlated to the Educational Areas of the eligibility report.
3. During the IEP process, it may be used to specify the annual goals and short term objectives on the student's IEP and to set the mastery criteria.
4. During the provision of services, it provides a common ground upon which parents, school, and related service personnel may communicate.
5. Before an IEP review, it provides structure for the planning process for the upcoming IEP.

CHAPTER

1

CASE STUDY

COMMITTEE

Case Study Committee (CSC) refers to a multidisciplinary team of special educators, regular educators, related services personnel, administrators, and parents, where appropriate. The required composition of a CSC depends upon the activities that must be accomplished. When used in this guide, the term CSC is used in its generic sense.

CASE STUDY COMMITTEE (CSC)

There are two kinds of Case Study Committees; Core CSC and student specific CSC. The Core CSC is composed of school personnel who oversee the special education program. It usually consists of the special education providers assigned to the school, an administrator, one or more general educators and other specialists within the school (e.g., counselor, nurse, etc.). The Core CSC is responsible for a variety of activities that contribute to the effective functioning of the special education program. The student specific CSC is responsible for those activities directly related to a specific student from the time of referral through Individual Education Program (IEP) development.

The school administrator has the ultimate responsibility for the functioning of the CSC and the implementation of the DoDI 1342.12. The school administrator will either serve as the chairperson of the committee or designate another person to fill the role. For initial Individualized Education Program (IEP)¹ meetings, the CSC must include an administrator. For eligibility and other meetings specific to a particular student's needs, the administrator may designate a representative however, administrative participation is encouraged. When a designee is used, the designee may not represent two separate required participants (e.g., designee and special education teacher).

Responsibilities

For school activities, the Core CSC has the responsibility to do the following:

1. Provide a medium for communication among special educators, pupil personnel services specialists, administrators, and other faculty.
2. Assist in identifying students with disabilities or with a suspected disability within the school and community.
3. Ensure that any student who is receiving or entitled to receive educational instruction from DoDEA is referred to the CSC if that student has a possible disability and that a full and comprehensive diagnostic evaluation of the student's suspected disability is conducted in accordance with provisions of the DoDI 1342.12.
4. Maintain a record of referrals to the CSC.²
5. Maintain written records of all CSC activities. When a standardized form is not required for CSC activity, the committee shall use *Minutes of Case Study Committee Meeting* to record the appropriate activity.

¹ An initial IEP is the first IEP developed following a determination of a student's DoDEA eligibility.

² This and other CSC functions are incorporated into the computer program. A specific report format is formulated in the program. The CSC must ensure data is current.

6. Monitor the development, implementation, review, and revision of the IEP of each student with a disability. The CSC will use all locally available school and medical resources to facilitate the implementation of a student's IEP. In particular, all resources must be considered before any determination is made for educational placement outside of the local school.
7. Ensure involvement of parents in the CSC process.
8. Establish and implement specific written procedures to ensure that parents are cognizant of all procedural safeguards (e.g., confidentiality, protections in evaluation, due process, and least restrictive environment) and that school personnel follow the procedural safeguards in the process.
9. Maintain a record management system that facilitates the monitoring requirements of DoDI 1342.12. (<http://www.dtic.mil/whs/directives/>)
10. Monitor students' cumulative files to ensure that they do not contain personal information prohibited by the Privacy Act of 1975, 5 U.S.C. 552a. <http://www.dtic.mil/whs/directives/>
11. Conduct yearly self-study to ensure ongoing compliance with procedural regulations and guidelines.
12. Develop and submit, if appropriate, corrective action plans for deficiencies identified in the monitoring process.
13. Monitor corrective actions.

For student specific activities, the CSC has the responsibility to do the following:

1. Assess the nature and severity of the disability.
2. Determine if the student requires special education and related services.
3. Ensure appropriate involvement of parents.
4. Establish and implement specific written procedures to ensure that parents are cognizant of all procedural safeguards (e.g., confidentiality, protections in evaluation, due process, and least restrictive environment) and that school personnel follow the procedural safeguards in the process.
5. Issue a written eligibility report that contains the following:
 - a. A description of the nature of the student's disability(ies) as defined in Criterion A (Physical Impairments), Criterion B (Emotional Impairments), Criterion C (Communication Impairments), Criterion D (Learning Impairments) and Criterion E (Developmental Delay) in DoD Instruction 1342.12 and Chapter V-Eligibility;

- b. A synthesis of the formal and informal findings of the multidisciplinary assessment team, including current academic progress and/or educational performance;
 - c. A summary of information from the parents, the student, or other persons having significant previous contact with the student; and
 - d. A list of the educational areas affected by the student's disability and a description of the student's educational needs.
6. Develop, review, and revise the student's IEP and monitor its implementation.
 7. Determine whether a disabled student's conduct that violates school rules and regulations (and that in a non-disabled student might result in suspension or expulsion) is related in whole or in part to the disability. The CSC must review the student's IEP and educational needs, including behavioral plan, consider modifying the IEP, and/or consider additional assessments.
 8. Determine degree of progress for IEP goals using an outcome-based measure as criteria for achievement.
 9. Ensure placement for each student in the least restrictive environment. When appropriate, an inclusive setting should be considered.

In order to meet the responsibilities noted above (school and student specific), a CSC meeting may be convened. These activity-specific CSCs (and their required membership) are defined at the beginning of the appropriate chapters of this guide.

AREA CASE STUDY COMMITTEE MEETINGS

Two circumstances determine when personnel above the school level may be involved in a Case Study Committee meeting. The first is when a non-DoDEA school placement is being considered for a student currently enrolled in a DoDEA school. In this case, the Area Director, DoDEA, may appoint a CSC to act in the absence of, or in the place of, a school/district CSC. The second circumstance is when a local school or district faces an unresolved or controversial issue. In this case the Area Director may augment or assign a representative to serve on a school or district level CSC.

Membership of an *area-level CSC* should include a minimum of two persons, the parent and a DoDEA educator who can commit resources. When determining eligibility, developing or revising an IEP, or in other circumstances when a specific student's needs are discussed (exclusive of referrals and assessment planning), parent membership is required.

The Area Office is responsible for final authorization and placement of students requiring special education services in a non-DoDEA school.

ROLES IN THE CSC PROCESS

CSC Chairperson

The CSC chairperson oversees the CSC. The duties of the CSC chairperson vary according to the structure of the core CSC and the nature of the assignment. The responsibilities of the CSC chairperson may include maintaining the special education files, scheduling meetings, conducting meetings, and so on.

NOTE: The term CSC Chairperson may also be used when referring to the individual who is chairing any meeting of the core CSC or any other CSC, whether or not that person is the assigned CSC Chairperson for the CSC. This most often occurs when a special education teacher is chairing an eligibility or IEP review meeting.

Case Manager

The term case manager refers to anyone at the school who is assigned to manage a special education case. The management of a case may remain with that individual or may change depending upon the status of the case or its type. For example, a case manager may manage the case during pre-referral only, or from referral through assessment and eligibility, or only during the service delivery period. The term case manager as used in this guide refers to the individual who is responsible for the student at the time of the activity, regardless of the activity.

CSC MEETINGS

The CSC should meet as frequently as necessary to ensure timely³ consideration of referrals and issues concerning the special education program. When discussing a specific student, the CSC must observe the timelines required by the student's individual needs (e.g., meet the annual review date, the triennial review date, etc.).

Several considerations affect the scheduling of meetings.

1. Meetings should not regularly remove a teacher from an instructional period, nor should they routinely interfere with teaching and planning responsibilities to include preparation time.
2. When it is necessary for a teacher to leave the classroom for CSC meetings, classes should be covered by qualified individuals.
3. Meetings that require parent members should be scheduled at a time mutually convenient

³ Guidance on the appropriate timelines for various CSC activities is provided at the end of this chapter.

for the parents, school staff, and other personnel.

4. When it is difficult to obtain parental participation in person, the CSC chairperson or case manager should arrange for parent participation in an alternate manner that is satisfactory to the parent, such as by telephone.
5. Timely notice should be provided to staff members and related service providers whose participation in CSC meetings is necessary.
6. An agenda should be developed for CSC meetings. Agendas help to provide a focus for the meeting and clarify what needs to be accomplished.

Documentation Requirements

Actions and decisions of the CSC must be appropriately documented. Care must be taken to ensure that the privacy and rights of students and parents are respected in the distribution of agenda and related materials. These documents are protected by the Privacy Act and their disclosure to persons other than the parents of the child and school personnel with a need to know may violate law and/or regulation.

A written record of the portion of each CSC meeting in which a student is discussed should be placed in the student's special education folder. The written record may be a formal information gathering document (e.g., eligibility report or IEP) or minutes of the meeting. The minutes of the meeting should at a minimum reflect the purpose of the meeting, the major points of discussion, and items for follow-up or resolution.

It is not necessary to record every discussion at a CSC meeting, nor is it necessary to duplicate information contained on another document. For example, if an IEP is developed, the IEP suffices as documentation. Minutes taken at the meeting would provide additional information about the reason(s) behind decisions (e.g., why counseling is to be provided by a school psychologist rather than a counselor or clinical psychologist, reasons for delaying implementation of an IEP, etc.) that are made.

Comprehensive minutes of a meeting are essential when a doubt or conflict is raised during the meeting regarding the CSC process and when a member of the committee disagrees with or challenges the committee's decisions. The minutes should specify the "who, what, and why" of the decisions made at the meeting. The minutes would also include a detailed discussion of the conflicts and resolutions.

TIMELINE GUIDANCE

The timelines below are provided as guidance to the CSC regarding maximum amount of time for each process. If these guidelines are exceeded, the reason for the delay must be documented in the student's file.

PROCESSING THE REFERRAL		
From	To	Timeline
Acceptance of referral	⇒ Assessment planning meeting	10 school days
Signed parent permission	⇒ Completion of assessment	45 school days
Completion of assessment	⇒ Eligibility meeting	10 school days
Eligibility meeting	⇒ IEP meeting	10 school days
PROCESSING A TRANSFER STUDENT		
From	To	Timeline
Receipt of incoming records by CSC	⇒ Incoming records review meeting	15 school days

NOTE: When any of the above activities occur at the end of the school year, the CSC may decide either to complete the activity at the end of the school year or to complete it at the beginning of the following school year. This decision should be based upon the individual needs of the student and should be documented in the student's special education file.

CHAPTER

2

CHILD FIND

Consistent with the requirements of the Individuals with Disabilities Education Act (IDEA), DoDEA is responsible for locating, identifying, and with the consent of parents, assessing and evaluating all children with suspected disabilities entitled to receive special education and related services. This identification process is referred to as Child Find.

Child Find is the ongoing process used by DoDEA and the military departments to seek and identify individuals (from birth to age 21, inclusive) who are eligible to receive special education and related services. Because disabling conditions may appear at any point in the developmental process, it is important that the Child Find activities continue through secondary programs. Child Find activities include the dissemination of information to the public as well as screening, referral, and identification procedures.

Persons Responsible for Child Find

DoDEA, in cooperation with military departments, shall conduct ongoing Child Find activities that are designed to identify all children with disabilities who are, or will be, entitled to receive an education from DoDEA. Each school, in conjunction with other community resources, augments installation Child Find efforts to alert the local community to available programs and services for disabled children and youth. It is suggested that where more than one school serves a military base or small geographic area, the schools and other groups work cooperatively to avoid duplication of effort.

The CSC at each school is responsible for overseeing Child Find activities and should maintain a log of those activities. The CSC should ensure that adequate Child Find procedures are conducted locally or cooperative Child Find activities are undertaken with other schools.

Professionals with knowledge of developmental milestones and specific disabilities should be included in conducting Child Find activities. Professionals who meet this criterion would include, but not be limited to:

1. Special Education Teachers (Preschool Services for Children with Disabilities (PSCD), Learning Impaired, Speech/Language, etc.);
2. School Nurses;
3. School Psychologists;
4. Teachers - Physical Education;
5. General Education Teachers;
6. Child Development Center personnel; and
7. Medical Treatment Facility, including Educational and Developmental Intervention Services (EDIS) personnel.

Publicity for Child Find activities, to ensure community awareness of the mission of Child Find, is an important task of the CSC. Child Find publicity should be a coordinated activity with the school, related services and community agencies, developing an effective publicity campaign to ensure all children between ages 0-21 are identified.

Community Activities for Identifying Children: General types of identification activities carried out by the CSC include the following.

1. Discuss Child Find in parent bulletins and through parent-teacher groups.
2. Display Child Find posters prominently in schools and community settings.

3. Publicize Child Find activities through local community publications and other media.
4. Distribute literature and offer to speak at local clubs or civic organizations, school advisory committees, parent organizations, advocacy groups, and community services organizations about Child Find activities.
5. Ongoing procedures must be established in coordination with military medical authorities, installation social workers and mental health providers, chaplains, etc., to screen preschool aged children as a part of Child Find.

In-School Activities

Each school shall ensure that children are identified by employing, as appropriate, the following screening procedures:

1. Inform all school personnel of the procedures to refer students with suspected disabilities to the CSC.
2. Administer and review the results of basic skill tests in reading, language arts, and mathematics.
3. Review records of all students entering the school for the first time to determine whether a student may be in need of special education and related services.
4. Conduct routine hearing and vision screening.
5. Conduct speech and language screening, as appropriate.
6. Analyze school health data. Such data may include:
 - a. Review of formal hearing, vision, and scoliosis screening;
 - b. Review of health history provided by parents upon the student's enrollment;
 - c. Review of specific student's visits to the health office or absentee rate due to illness; and
 - d. Review of reports from physicians, public health service personnel, or other appropriate professionals.
7. Analyze data pertaining to disciplinary actions.
8. Analyze student progress reports and other records such as prereferral¹ documentation.

¹ See Chapter 3 for a discussion of prereferral procedures and documentation.

9. Elicit the support of the related service providers to conduct Child Find activities.

CHAPTER

3

PROCESSING THE

REFERRAL

IDEA requires that before a student can receive special education and related services for the first time, a full and comprehensive evaluation must be conducted. Students are evaluated to determine if they have a disability and whether because of that disability they need specially designed services to address their educational needs. Information that is gathered during the evaluation helps to determine the educational needs of the student and to guide the development of an appropriate educational program for the student.

This chapter provides an overview of the process leading to the identification and evaluation of a student with a suspected disability called “prereferral,” and how these steps culminate in a formal referral of a child to a case study committee for assessment, formal evaluation, and determination of eligibility.

PREREFERRAL

Prereferral is the process of identifying and documenting activities employed to correct a student's learning and/or behavioral difficulties demonstrated in a regular education environment before a formal referral to a case study committee for assessment, evaluation, and determination of eligibility for special education. Prereferral intervention is a collaborative effort to identify and document the methods, techniques and other relevant information related to a teacher's classroom endeavors to help a particular student improve his or her performance prior to the initiation of a formal referral. In prereferral interventions, school teams are normally established to make suggestions about educational procedures and practices that the classroom teacher can implement when a student is experiencing difficulties. If the suggested procedures/activities are successful, a formal referral is not needed. The actions taken by a teacher to address a student's classroom difficulties become a part of the prereferral documentation if a formal referral to a CSC is necessary.

Purpose

In any school, some students will experience learning and/or behavioral difficulties. However, not all of these students are disabled and require special education services. The prereferral process is intended to accomplish the following:

1. Define the student's difficulties, document classroom modifications and/or other strategies attempted to correct the problem(s) and the success of those actions.
2. Identify those students for whom regular education interventions, modifications and/or other strategies have been unsuccessful. (For these students the learning and/or behavioral difficulty persists in spite of the interventions. These students may require special education and related services).
3. Help the CSC identify the suspected disability(ies) and develop a plan to assess that disability(ies) and any related difficulties.

Procedures

When a teacher notices a student's learning difficulties in the classroom, the teacher should initiate classroom interventions to identify and resolve the problem. In some cases, the nature and severity of the student's difficulty(ies) will be such that typical classroom interventions will be ineffective in correcting or remediating them. At that point, the teacher should seek assistance from other members of the school staff, whether fulltime or itinerant, to pursue solutions to the learning and/or behavioral needs of the student.

During the prereferral process special education teachers and support personnel, including related services providers, may conduct informal classroom observations and consult with the classroom teacher on implementation of intervention strategies. *Parent permission is not required for prereferral observations conducted in the classroom and consultation with the classroom teacher.* The teacher and at least one other staff member should work together to develop and implement new strategies. The teacher should obtain samples of the student's

work and develop an anecdotal report of class performance. During this time, (1) the teacher must confer with the student's parents for information and support in attempting to resolve the problem, and (2) vision, hearing and health screening must be completed in an effort to determine whether or not sensory acuity or health difficulties are contributing to or the cause of the student's school problems.¹

Identification from Sources Other than the Teacher

A student suspected of having a disability may be referred by educators, parents, administrators, students themselves, and representatives of community agencies.

Review of Records

If the identification of a suspected disability is the result of a review of student records, the classroom teacher or another educator working with the child should initiate prereferral activities. Indicators in the records may include any indication of retention, previous special education services, other special interventions, and system-wide assessment scores in the lowest quartile. Prereferral in these cases is used to provide support for or against a referral by providing current information on the student's academic functioning.

Parent Identification

A parent may identify a concern regarding their child's educational performance and request an educational assessment and/or consideration for special education. The CSC must accept the parent's request for assistance, but does not have to automatically initiate a formal referral and subsequent assessment unless there is a suspected disability. *If the parent requests an assessment, the classroom teacher is still responsible for conducting prereferral activities.* The CSC will initiate a conference with the parents and teacher to discuss the parents' concerns and what the school is currently doing or will do through prereferral intervention strategies to address these concerns. If prereferral activities are successful in alleviating the concerns about the child's performance, prereferral may be terminated without the need to proceed further in the special education process. If the CSC does not suspect there is an underlying disability and does not accept the formal referral, the committee must address the parents concerns and provide written or oral feedback to the parent specifying why the referral was not accepted. If the student's problems persist after interventions, a referral to the CSC may be warranted.

Other Sources

Due to Child Find activities that increase public awareness of the availability of special education and related services within the school, identification may come from a variety of sources. A child may be identified by educators, parents, administrators, students themselves, and representatives of community agencies. If someone other than the child's classroom teacher suspects and reports

¹ Results of vision/hearing screening conducted within the current school year may be used. Re-screening is not necessary unless the student failed the screening or the dates of screening are earlier than the current calendar year.

concerns about a child, the classroom teacher must be involved in the prereferral process. At the closure of those activities a meeting is scheduled to discuss the results of the interventions. The individual who made the referral should be invited to the meeting to participate in the discussion and resolution.

PREREFERRAL ACTIVITIES

A prereferral activities form, developed by the District or CSC, may be used as a reference for the type of suggestions that may be useful in attempting intervention strategies. Questionnaires or other student evaluation forms may be used to indicate student's strengths and weaknesses as well as the student's needs. Testing information that is available from other specialists (e.g., Reading/ Language Arts Specialists, Compensatory Education, Gifted Education) may also be analyzed at the prereferral stage in support of a referral. In addition, students may be placed in supplementary programs during the prereferral process.

NOTE: Informal classroom observations may take place during the prereferral stage. The purpose of these observations is to assist the teacher in designing strategies to address classroom concerns. *Parent permission is not required for these observations.*

Timeframe for Prereferral Process

There is no set timeframe for the completion of the prereferral period. The amount of time necessary to determine if the interventions corrected the student's difficulties depends upon the nature of the difficulty and the degrees of success achieved by the interventions. The following situations indicate the variations in the prereferral process.

1. A student experiencing severe learning difficulties (functioning overall several levels below grade level) may clearly exhibit an intellectual impairment and may be in need of immediate attention from special education. Therefore, prereferral activities might involve only a review of records, consultation with the special education teacher, and documentation of in class functioning.
2. For a student exhibiting behavioral problems the use of consistent interventions across environments is critical. *To guide and assist in the development of an appropriate behavioral intervention plan, a functional behavioral assessment(s) must be conducted prior to developing and implementing behavioral intervention plans.* Resource persons in the school and community, and parents may be involved with the interventions. In this case, the prereferral period may be longer because a consistent behavior management program requires time and monitoring in order to be effective. For example, interventions for students diagnosed as Attention Deficit Hyperactivity Disorder (ADHD) may require 6-8 weeks of collaborative efforts to judge the therapeutic effects of the strategies.
3. When interference with learning is related to sensory, physical, or health issues, a

medical screening is included as a prereferral activity or current pertinent information is retrieved from health records. The nature and severity of the medical condition, coupled with the success of medical, educational, and parental interventions will affect the prereferral timeframe.

A formal referral to the CSC may be warranted when, after the implementation of problem-specific, collaborative interventions, a student continues to demonstrate learning and/or behavioral difficulties and, when those difficulties prove to be resistant to the application of the interventions.

Referrals of Students Not Enrolled in DoDEA

There are times when a child who is not enrolled in a DoDEA school will be referred for special education assessment. The most common case is that of a child below the age of 3, although older children may be identified through Child Find.

If a referral is made for a child not currently enrolled in a DoDEA school (e.g., preschool aged, home schooled, etc.) but who is entitled to receive an education from the DoDEA, the referral is directed to the school the child normally would attend. In some cases the designation of an OCONUS (DoDDS) location will determine the school that will serve the child (refer to OCONUS Directory).

Regardless of the child's age, the following procedures apply.

1. Children (3-through-21 years), who are referred for special education assessment, are identified either through Child Find efforts, by parent referral, or by referral from an outside agency.
2. The referral is directed to the school that the child would normally attend, to a designated case manager for preschoolers, or as directed by the OCONUS directory.
3. Parents complete the school enrollment process even though the child will not be a fully enrolled student until eligibility for special education is determined.
4. A case manager is assigned and the appropriate prereferral/referral steps are initiated. Prereferral may involve activities such as interviewing the parents and obtaining information (including assessment data) from the referral source.

REFERRAL

In cases where prereferral activities are unsuccessful in addressing the student's difficulties, a ***Referral Report Form*** is completed by the teacher to summarize the strategies attempted to resolve the student's problems and to document the reason for a referral to the CSC. Results of vision and hearing screening² as well as other supporting documentation must be attached to the referral form. *The referring teacher must notify the parents of the pending referral before submitting the referral to the CSC.* Contact may be made by conference, in person, by letter or by phone and will be documented on the referral form. Parents should have a clear understanding about why their child was referred to the CSC.

The documentation of varied, student-specific interventions, unique to the difficulties, will facilitate any CSC decision-making process. The logging of interventions, to include the degree of their success, is a crucial activity for professionals and parents who are engaged in a collaborative effort to resolve student-centered problems. All documentation, work samples, intervention logs, etc, reflecting prereferral efforts are placed in the special education file with the *Referral Report Form*.

Participants at a Prereferral/Referral Meeting

CSC MEMBERSHIP

At a minimum, this meeting includes the following individuals:

1. Special education teacher;
 2. School administrator or school representative (administrators are encouraged to participate in all CSC meetings);
 3. Referring teacher or individual from another agency if referral is from outside of the school; and
 4. Other individuals, as appropriate.
- Parent participation is not required however extending an invitation would reflect best practice and a cooperative endeavor.
 - In cases where the administrator cannot attend the meeting, he or she may appoint a school representative. The school representative must be qualified to provide or supervise special education services, be knowledgeable of the general education curriculum, and be knowledgeable of school resources.

² Results of vision and hearing screening completed within the current school year.

Logging the Referral

When the CSC receives a referral, it is entered into the school's referral log (Excent) and the CSC reviews the referral packet. Based on the information available (e.g., classroom observations, work samples, attempted modifications, and other prereferral information), the CSC either accepts or does not accept the referral.

Not Accepting the Referral

The CSC may choose not to accept a referral for several reasons. However, this situation can be avoided when the CSC chairperson, or appropriate CSC member, meets regularly with the referring teacher to preview prereferral actions and to ensure appropriate documentation of interventions, educational history, screening results, and description of the nature of the difficulties is entered on the Referral Report Form prior to the formal referral meeting. Documentation of interventions may be attached to the Referral Report Form. The reasons for not accepting a referral are presented below, followed by an explanation of the reason:

1. Prereferral actions were not sufficiently documented. The teacher submits an incomplete *Referral Report Form* that does not identify the problem or indicate any strategies to correct the difficulty. For this student, pre-referral activities are initiated and recorded. If successful, the case is brought to closure.
2. The information on the *Referral Report Form* does not support the referral. The CSC may recommend further screening, intervention strategies, and/or consideration for supplementary services (e.g., English as a Second Language (ESL), Instructional Support (IS), Compensatory Education (Comp Ed), Reading/Language Arts Specialist (LARS), etc.).
3. The student will be referred to an alternate program (e.g., Reading/Language Arts, English as a Second Language, Compensatory Education, Counseling, School Psychology services, etc.). The information on the *Referral Report Form* indicates that the student may have some other type of problem that could be corrected within the regular education program with support from other specialists. If supplementary services are recommended and tried, supplementary services personnel have the obligation after providing instruction to the student to resubmit the referral with their added documentation to the CSC, if they suspect the student needs special education and related services.
4. The present teacher wishes to withdraw the referral that was submitted by a previous teacher. The current teacher may have attempted additional techniques or strategies that appear to remediate the student's problem.
5. Parent wishes to withdraw the referral that was submitted.
6. Documentation exists that clearly supports the absence of a suspected disability or the student's academic performance and developmental growth are not adversely impacted.

When the CSC decides not to accept a referral, the parents and the referring teacher must be notified of the action and the reason why the referral was not accepted. A designated member of the CSC should be responsible for notifying both the parent and the referring teacher. Notification may be in writing or through oral communication with the teacher and parent.

Accepting the Referral

A formal referral to the CSC may be accepted if documented prereferral activities do not result in favorable gains and a disabling condition is suspected.

ASSESSMENT PLANNING

Any student who is receiving, or is entitled to receive, educational instruction from DoDEA and who is referred to the CSC for a possible disabling condition shall receive a full and comprehensive diagnostic evaluation of the suspected disability and educational needs. Before action is taken regarding eligibility and development of the IEP or placement in a special education program an evaluation shall be conducted. The evaluation will be based upon an assessment plan that addresses the suspected disability and related concerns. The assessment plan will include the requirements of DoDEA to substantiate that a disability exists. The prereferral, referral, and assessment plan data should be consistent in addressing the suspected problem(s).

Participants at the Assessment Planning Meeting

ASSESSMENT PLAN CSC

The assessment plan is developed at a CSC meeting that includes at a minimum the following individuals:

1. The referring teacher;
 2. A special education teacher;
 3. A school administrator or representative; and
 4. Assessor, whenever possible.
- The CSC may invite other individuals such as related service personnel who may be involved in the assessment of the student. This would include personnel responsible for supplementary programs in which the student is or has participated.
 - Parent participation in the development of the assessment plan is not required. However, parents may be invited to the meeting as appropriate to minimize circumstances that may lead to parent objection to necessary evaluations.
 - School representatives must be qualified to provide or supervise special education, be knowledgeable of the general education curriculum, and be knowledgeable of school resources.
 - The Assessor must be invited to the assessment planning meeting. There may be times when the Assessor will be unable to attend the meeting. When this occurs, the CSC should proceed with the meeting and development of the assessment plan.

Purpose of the Assessment Planning Meeting

The purpose of the assessment planning meeting is to develop an assessment plan that will provide current information about the student and that when applied against DoDEA eligibility criteria will:

1. Assist to determine whether a disability exists;

2. Assist to identify the student's specific educational needs;
3. Assist to determine the student's learning style and appropriate instructional activities;
4. Assist to determine whether the student needs special education and related services.

Documenting the Meeting

The *Minutes of the Case Study Committee and Assessment Planning* forms should be used to document the meeting and decisions reached by the CSC. Referral and Assessment Planning documents should contain the following information:

1. The suspected disability(ies).
2. The specific procedure(s) required to assess the student for the suspected disability(ies), and for related services, if any. It is not required to identify the test instruments on the assessment plan. Assessors have the prerogative of selecting the appropriate test instruments. The CSC may request a particular test, if there is a reason to do so.
3. The assessors by title (e.g., Learning Impaired Teacher (LI), School Psychologist, etc.).

The assessment plan must address all assessment procedures required by DoDEA regulations for determination of the suspected disability(ies) and areas of related concern. If more than one disability is suspected, the CSC will develop an assessment plan that includes the requirements for each disability. This is accomplished by assigning each of the required procedures to an assessor or by indicating that current information is available. Assessment information available from incoming records or from other specialists may be used when developing the assessment plan.

NOTE: The special education computer program generates the assessment plan by cross referencing the suspected disability(ies) with the assessments required by DoDEA to document a disability. If more than one disability criterion will be assessed, the program generates all required procedures for each disability without duplicating required procedures. Additional assessment procedures can be added to the plan, as needed to ensure individualized attention to the problems/concerns specific to the child.

Disability Categories and Areas of Assessment

Required of all Categories:

- _ **Observation**
- _ **Social/Family/Medical History**
- _ **Review of Records**
- _ **Measure of Educational Performance**

A-AU Autism/PDD

Medical Evaluation
 Language Assessment
 Educational Impact Analysis

A-BI Traumatic Brain Injury

Medical Evaluation
 Educational Impact Analysis

A-HI Hearing Impairment

Medical Evaluation (hearing)
 Functional Hearing Assessment
 Educational Impact Analysis

A-OH Other Health Impairment

Medical Evaluation
 Educational Impact Analysis

A-OR Orthopedic Impairment

Medical Evaluation
 Motor Evaluation
 Educational Impact Analysis

A-VI Visual Impairment

Medical Evaluation (vision)
 Functional Vision Assessment
 Educational Impact Analysis

B-EI Emotional Impairment

Psychiatric/Clinical Psych. Exam
 Intellectual Assessment
 Behavior Rating Scale/Social Maturity Index

C-AR Articulation Disorder

Articulation Assessment
 Oral/Peripheral Examination

C-DY Fluency Disorder

Fluency Assessment
 Recorded Speech Samples
 Observation (3 settings)
 Oral/Peripheral Examination

C-LA Language Disorder

Language Assessment
 Oral/Peripheral Examination

C-VO Voice Disorder

Voice Assessment
 Oral/Peripheral Examination
 Medical Evaluation (Ear/Nose/Throat)

D-IN Intellectual Disability

Intellectual Assessment
 Adaptive Behavior
 Academic Achievement

D-LD Specific Learning Disability

Information Processing
 Intellectual Screening
 Academic Achievement

E-DD Developmental Delay

Physical Development
 Communication Development
 Cognitive Development
 Social/Emotional Development
 Adaptive/Self-Help Development

ASSESSMENT

Areas of Assessment

The student shall be evaluated in all areas related to the suspected disability. Evaluations shall include:

1. Vision acuity, hearing acuity, and health screening (accomplished during the prereferral phase to rule out these problems as contributing factors to the student's difficulties).
2. Current level of functioning (measure of educational performance, review of records, social behavior, etc.).
3. Observation in an educational, or natural (for preschool children) environment.
4. Current physical status, including perceptual and motor abilities, when necessary.
5. For secondary students: (age 14 and older)
 - a. The need for transition services based on the student's needs and personal preference;
 - b. A functional vocational assessment; and
 - c. Acquisition of daily living skills, when appropriate.

Assessment Materials/Procedures³

Assessment materials, evaluation procedures, and tests shall be:

1. Selected and administered so as to be racially and culturally nondiscriminatory;
2. Administered in the student's native language or mode of communication of the student unless it is clearly not feasible to do so;
3. Validated for the specified purpose for which they are used or intended to be used;
4. Administered by trained personnel in conformance with the instructions provided by the producers of the testing device;
5. Administered in a manner so that no single test instrument or procedure is the sole criterion for determining an appropriate educational program for a student with a

³ It is understood that assessors will use the most recent edition of an instrument that is available. As a general guideline, assessors should begin using revised instruments no later than two years from their publication.

disability;

6. Administered to a student with impaired sensory, motor, or communication skills, in such a manner that the results reflect the student's actual ability or level of achievement and do not simply reflect the impaired skill itself; and
7. Selected to assess specific areas of educational need.

Multidisciplinary Team

The CSC will ensure that the eligibility assessment is conducted by a multidisciplinary team and includes a teacher or other specialist with knowledge in the area(s) of suspected disability(ies). A multidisciplinary team requires the involvement of representatives of two or more disciplines or professions that provide integrated and coordinated services, including evaluation and assessment activities.

NOTE: Under no circumstances may only one professional provide all assessment data to the CSC. The assessment must be conducted – not merely overseen – by a multidisciplinary team.

The CSC shall use all locally available community, medical, and school resources to accomplish the assessment. Vision, hearing and health screening conducted by a nurse are not considered part of the multidisciplinary assessment. These are areas that must be addressed during prereferral and ruled out as contributing factors to the student's difficulties. Results of the vision and hearing screening are included in the CSC Eligibility Report.

Observations conducted during the prereferral period may fulfill the observation requirement for the multidisciplinary assessment. Prereferral observations are usually conducted for the purpose of providing ideas and strategies to educators who work directly with the student. They may also verify the presence of observable behaviors which reflect the suspected disability(ies) in the educational setting. The CSC must determine whether additional observations are required during the assessment period.

Notifying Assessors

Assessors listed on the assessment plan will be notified immediately of their responsibilities in the assessment process after the CSC receives written permission from the parent for the assessment. The computer program generates a "Memorandum for Assessment Personnel" letter that may be provided to each member of the assessment team. This memorandum may also be provided to related service personnel as part of the referral for assessment.

Parent Permission to Assess

Informed parental consent must be obtained prior to beginning the administration of the assessments indicated on the assessment plan. If the parent did not attend the assessment planning meeting, a representative of the assessment planning team, the case manager, the referring teacher, or an administrator shall contact the parent (by telephone, in person, by mail, etc.), to:

1. Explain the reason the CSC desires to assess the student;
2. Explain the areas in which the student will be assessed;
3. Explain how the student is to be assessed (the nature and types of instruments and/or procedures that will be employed, etc.);
4. Explain the procedural safeguards;
5. Inform parents of the availability of the DoDI 1342.12 and DoDEA Regulation 2500.10 which are available upon request;
6. Provide the parents with a copy of the Parent Guide, *Partners in Special Education*, and a copy of the *Parents Rights and Responsibilities*; and
7. Request signed consent on the *Parent Permission to Assess* form.

Parent Refusal to Grant Permission

If parents refuse to give permission for assessment, all efforts should be made to apply conflict resolution techniques to the disagreement. This would include conferences with school administrator, assurance that parents understand their due process rights, CSC solution-seeking meetings, meetings with District or Area special education personnel, and so on. If no progress is made, the CSC will determine whether formal dispute resolution procedures should be initiated.

Completing Assessments

Assessments must be completed in a timely manner. Timely manner is defined as within 45 school days from the date that the parents sign the *Parent Permission to Assess* form.

NOTE: When the date the parents signed the *Parent Permission to Assess* form is entered into the computer program, the 45 school day timeline is automatically calculated. An in-house timeline provides the CSC with the option to enter an earlier date by which assessments should be completed.

If parent permission is signed with fewer than 45 school days remaining in the school year, the deadline extends into the following school year. The CSC does not need a new parent permission to assess when the new school year begins. The permission is valid until the 45th school day. Referrals should be processed within the academic year they are received, since concerned parties having knowledge of the referred student can provide current information. *Parents should be informed that the evaluation is being continued into the next school year.*

In the few cases where the school cannot complete assessments by the original deadline date, the CSC must obtain a new parent permission to assess. The CSC should document the reason that the deadline was not met on the CSC minutes form.

Assessment Reports⁴

Each assessor will prepare an individual assessment report that includes:

1. Demographic/Identifying information of the student and assessor;
2. A behavioral observation of the student during testing;
3. The instruments and techniques that were used;
4. The results of the assessment;
5. The student's strengths and limitations; and
6. Relationship of findings to educational functioning (describe how student's educational functioning may be affected, and instructional recommendations to be used in working with the student).

Individual assessors shall not make unilateral statements presupposing eligibility (e.g., "This student qualifies under Criterion D- Specific Learning Impairment", or concluding the need for special education (e.g., "This student needs special education").

NOTE: Related service assessment personnel are similarly responsible for the same components in their assessment reports. This includes elimination of all closure statements that represent unilateral eligibility determination.

⁴ As appropriate, the following limitations should be taken into account when interpreting test results: vision, hearing, fine or gross motor skills, current health status, and cultural or linguistic differences.

Computer Generated Profiles

The use of computer generated assessment profiles may help reduce errors in computing scores on assessment instruments whose scoring is complicated (e.g., the Woodcock Johnson). However, each assessor is responsible for interpreting scores, judging performance indicators, and noting observational evidence of a student's assessment behaviors. These factors are not considered in computer scoring methods, but they constitute valuable information for the CSC. Therefore, computer generated assessment profiles do not fulfill the requirements of an assessment report and may not form the total report.

Assessment Synthesis Meeting

A meeting of assessors may be held prior to the eligibility meeting to synthesize assessment results and to determine if further assessments are necessary. No discussion nor determination of eligibility, an IEP, or placement may be made during this coordination meeting.

If the assessors decide that additional assessments are needed in an area already designated on the assessment plan and for which parent permission was obtained:

1. The existing assessment plan may be amended to indicate an additional assessor and/or instrument;
2. No additional parent permission to assess is required in this case.

If the assessors decide that additional assessment procedures are required in an area not listed on the existing assessment plan:

1. The need will be documented on a second *Minutes of CSC Meeting and Assessment Planning* form; and
2. Parent permission for the additional assessments must be obtained on an additional *Parent Permission to Assess* form. The new parent permission gives the CSC an additional 45 days to complete the additional assessment(s). It does not extend the timeline for completion of the assessments from the first parent permission. Depending on the type of assessment(s), the CSC may adjust the timeline for completion of the assessments to an earlier date. The timeline for holding the eligibility meeting is also extended because of the need to conduct the additional assessments.

CHAPTER

4

INVITATIONS

Parents are important players in the special education process and their involvement is vital to their children's successful achievement of educational outcomes. Parents' knowledge of their child can contribute invaluable information to the service providers who have the responsibility for delivering educational services. IDEA expects and requires that schools involve parents in their child's educational programs.

Parents must be given the opportunity to participate in meetings with respect to the identification, evaluation, and educational placement of their children, and the provision of a free and appropriate education for them.

This chapter outlines the steps that must be taken by the CSC when inviting parents and related services personnel to CSC meetings, and discusses those situations in which a CSC meeting may be conducted without a parent present.

PARENT PARTICIPATION

Parents are required members of all eligibility and IEP meetings specific to their children and must be afforded the opportunity to participate in these meetings. As equal participants their active involvement should be encouraged at meetings related to the eligibility determination, the development of the IEP, and other meetings when a change to the child's educational program is required. The presence of one parent constitutes parental participation in the CSC meeting.

Written Invitation

The parents must be invited in writing using the following procedures:

1. The *Notice of CSC Meeting* must be provided so that the parents receive it reasonably in advance of the meeting date. Best practice is to provide the notice at least 10 school days before the meeting date. In some circumstances it may be beneficial to the family to meet with less than 10 days notice. In such a situation, the CSC should document the reason for the short notice on the file copy of the invitation to the meeting.
2. The invitation must include the meeting time, place, purpose, and participants.
3. Two copies should be sent to the parents; one is to be signed by the parent and returned to the CSC Chairperson and filed in the student's file. The parent retains the second copy as a reminder of the meeting date. Best practice is to keep an unsigned copy in the student's confidential file until the parent returns their signed copy as documentation that the school invited the parent(s) to attend the meeting.

Phone/Verbal Invitations

If the initial invitation is communicated by telephone or in conference, the CSC must send the written *Notice of CSC Meeting* to the parent as a reminder and documentation of the invitation to the meeting and place a copy in the student's file. The school should annotate the copy placed in the student's file to reflect the date of the verbal invitation and the person who communicated the invitation. This documentation will support the attempt to invite the parent if the parent does not return their signed copy of the invitation after they have verbally agreed to attend the meeting.

Ensuring Parent Understanding

The invitation shall be provided in such a manner as to ensure the parents' understanding. This may be achieved using such methods as the following:

1. Simplifying the language;
2. Delivering the notice in the parents' native language; and/or
3. Using an interpreter or other person selected by the parent to facilitate their understanding.

PARENT NOT IN ATTENDANCE

Documentation

The school must have a written record of its attempts to arrange a mutually acceptable time and place for the meeting. If neither parent can attend the meeting, other methods that promote participation in the process (e.g., telephone conference) should be used.

An eligibility or IEP meeting may be conducted without parents in attendance if the parents are unable or elect not to attend or participate by alternate means. The CSC may conduct the meeting without a parent in attendance if either of the following occurs:

1. The parents give oral or written permission for the CSC to conduct the meeting in their absence; or
2. The parents agree twice to attend the eligibility or IEP meeting and both times do not attend, yet have not notified the CSC of their inability to attend. *The CSC may proceed with the deliberations given the parents' absence from the second scheduled meeting.*

Eligibility Meetings

If parents do not attend the eligibility meeting, a member of the CSC must do the following:

1. Discuss the process with the parents either in person or in writing;
2. Inform the parents of the assessments and the determinations made by the CSC before the parents are asked to sign the *CSC Eligibility Report*;
3. Ensure the eligibility report is signed before an IEP is implemented; and
4. Provide a copy of the eligibility report to the parents.

IEP Meetings

If parents do not attend an IEP meeting, a member of the CSC must do the following:

1. Discuss the process with the parents, either in person or in writing;
2. Inform the parents of the contents of the IEP;
3. Ensure the IEP is signed by all parties, including parents, before special education and/or related services are initiated; and
4. Provide a copy of the IEP to the parents.

RELATED SERVICES PARTICIPATION

All related service providers must be invited to meetings for students with whom they are involved (e.g., assessors, service providers, or persons referring students to the CSC). This includes meetings to discuss assessment results, to determine eligibility, and to develop an IEP in which related services have been provided, are required, or may be considered by the CSC members. *Notice of a CSC Meeting* may be used to document invitations to related service providers.

STUDENT PARTICIPATION

If students are to become independent, productive adults and assume greater responsibility for their behaviors and accomplishments, they need to acquire the necessary skills for success in adulthood. Students 14 years of age or older should be invited to attend and to participate in their CSC meetings. Student self-advocacy is especially important during IEP development when decisions are made regarding the student's future and transition to postsecondary activities.

Involving students in developing their IEPs helps them in understanding their disability, individual strengths and needs, and how specific accommodations can help to enhance their lives. Self-advocacy helps students in understanding their rights under IDEA and other federal laws and regulations that may affect their lives. If a student does not attend a meeting, the student's file should include documentation indicating the student was invited and chose not to attend.

NOTE: The special education computer program automatically includes a student 14 years or older as a participant at all meetings pertaining to his or her educational program.

CHAPTER

5

ELIGIBILITY

DETERMINATION

This chapter provides guidance on the process of determining eligibility for special education and related services, including a listing of appropriate CSC participants and general considerations in the decision making process. It details the documentation requirements, culminating in completion of the *CSC Eligibility Report* and the actual determination of eligibility.

Also included are the legal definitions for disabling conditions taken from public law, and the equivalent categories of disability established by DoDEA. The categories are augmented by assessment requirements and suggested sources of information in an attempt to provide maximum resources to Case Study Committee personnel.

It is DoDEA's policy that regardless of the category of the student's disability, he or she should receive services based upon identified needs.

MEETING REQUIREMENTS

Required Participants at the Eligibility Meeting

ELIGIBILITY CSC MEMBERSHIP

At a minimum this meeting includes the following individuals:

1. General education teacher;
2. Special education teacher;
3. Parent(s);
4. Student, age 14 or older, must be invited (meeting may proceed if student does not attend) (see guidance pg. 4-4); and
5. Administrator or school representative.*

Other individuals may be included at the discretion of the parents or the school, such as,

1. An assessor knowledgeable about the assessment procedures used with the student and familiar with the results of the assessment.
2. Related services personnel or a representative who evaluated the student or is knowledgeable about the student's needs.

*School representative must be qualified to provide or supervise special education services, be knowledgeable of the general education curriculum, and be knowledgeable about school resources.

CONDUCTING THE MEETING

Reviewing Procedural Safeguards

At the outset of the meeting the CSC chairperson or case manager must review the procedural safeguards applicable to the parents. If a parent requests an additional copy of *Partners in Special Education: A Parent Handbook*, or other special education regulations, one must be provided.

Documenting the Decision

The *Case Study Committee Eligibility Report* is the form that the CSC uses to document the determination of eligibility or non-eligibility. Portions of the form must be completed before the meeting; other portions are completed during the meeting.

1. Tests/Assessments Administered.¹ The case manager, or other designated personnel,

¹ This section will also include the summary of related services test results.

completes this section *before the meeting*. It is a listing of the assessment procedures drawn from the individual test reports. All assessment procedures including vision/hearing screening, formal and informal assessments, observations, and records review(s) are listed here with the date that each assessment was completed. Individual assessment reports should be available to meeting participants to read as needed.

2. Synthesis of Test Data. The case manager, or other designated personnel, completes this section of the report *before the meeting* by synthesizing the information drawn from the individual assessment reports. The synthesis **is not** a reiteration of test scores, but rather an organization of the facts presented by the individual assessment reports. Information and data from both formal and informal assessments (observations, Social/Family/Medical History, work samples, parent comments, school-wide testing, grades, curriculum based assessment, etc.) should be analyzed for patterns of deficits and strengths. Results that appear to contradict other findings should be explained, as should reasons for overruling test scores. The synthesis **does not** present conclusions, but presents the facts in an order from which conclusions may be drawn. *The results of assessments must relate the findings to classroom/academic performance and should include both patterns of strengths and deficits.*
3. Information from Parents/Guardians/Students. Information gleaned from the parents during prereferral activities and the assessment process may be entered into this section of the report prior to the meeting. Additional information that was not included in the Social/Family/Medical History and comments that support, or refute test findings are written in this section during the meeting.
4. Information from Other Sources. This section could include information that was not available during the formal assessment phase. It is not the place for related services test results. Related services test results are included in the *Synthesis of Test Data* section.
5. Reaching the Decision. Following a review and discussion of assessment results, the CSC must answer the questions specified in the *CSC Eligibility Report* under the suspected disability. Each question (under the suspected disability) must be answered YES for the student to be determined eligible for special education and related services. The answers to the eligibility questions are derived from a synthesis of all data collected during the procedural process coupled with the professional judgement of the CSC membership.

All components of the evaluation must be considered when determining the presence of a disability that adversely affects educational performance. The CSC must be careful not to base its decision about a student's eligibility or ineligibility for special education services solely on the results of single test or one score on a subtest.

- a. Not-Eligible.² If it is determined the student does not meet the eligibility criteria, the

² When a student is determined not eligible for special education the due process procedures for the protection of a student with a disability no longer apply to the student unless the parents or school requests mediation or a due process hearing.

- referral and assessment process ends. The student continues in general education. The CSC may recommend placement in supplementary services or alternative programs, as appropriate.
- b. Eligible. If the CSC decides that the student meets the stated criteria, the CSC proceeds with the remaining sections of the eligibility report identifying strengths, area(s) affected, educational need(s), and present level of performance.
6. Areas Affected. This section is a listing of the educational area(s) adversely affected by the student's disability. The designation of the area affected is supported by the data on the eligibility report. One or more educational/academic areas may be adversely affected by the disability. These broad areas consist of achievement, communication, cognitive, physical, social/emotional, and transition skills. They are the educational areas that serve as the foundation for instruction under IDEA.
7. Present Level of Educational Performance (PLEP). The present level of educational performance is a statement of the student's strengths and weaknesses including a description of how the student's disability affects his or her involvement and progress in the general education curriculum. The present level of educational performance should be written in terms that are descriptive and measurable. The present level of performance is drawn from the synthesis of data that may include observations, anecdotal logs, and authentic, curriculum-based or performance-based assessment. The statement on present levels of educational performance is completed during the eligibility meeting. *Example: William's reading comprehension is a severe deficit because his independent reading is at the 1st percentile as a result of poor vocabulary and sequencing skills. Listening comprehension is an area of strength for William when accompanied by guided questioning and cueing. William's poor vocabulary skills will affect his performance in the content areas.*
8. Strengths. For each area assessed, the eligibility report must contain a statement of the student's strength related to the area. The strength may be a significant one when compared with age peers or a relative one in terms of the student's individual assessment results or compared to the student's performance in other areas.
9. Educational Needs. This section is a listing of the specific needs within the area(s) affected (refer to #6) and is completed during the eligibility meeting. Within the broad educational area, specific deficits/needs, ranging from relatively weak to severe, are documented by the assessment data. Educational needs and their impact on classroom performance are supported by the assessment data. For example, strengths and deficit needs are tied to assessment and are regarded as "relative" to a student's total assessment profile. If the standardized score on the W-J Achievement Test notes broad reading is at the 12th percentile; decoding, a need, might be a relative strength (18th percentile) whereas, comprehension, a need, may be a relative weakness (9th percentile) within the student's profile. However, both needs are indicative of weak reading achievement. Looking at the broad area of mathematics, 35th percentile, calculation might be 42nd percentile whereas story problems are at the 29th percentile. Although there are relative

strengths and weaknesses among needs in the broad area of mathematics, math achievement is not noted as a deficit area. Mathematics is a relative strength compared to reading.

10. Related Services. This section is a listing of the related services that the student needs in order to benefit from special education.

CATEGORIES OF ELIGIBILITY

Disabilities are classified into five categories:

1. **Criterion A** - *Physical Impairments*
2. **Criterion B** - *Emotional Impairments*
3. **Criterion C** - *Communication Impairments*
4. **Criterion D** - *Learning Impairments*
5. **Criterion E** - *Developmental Delay*

The term educational performance is used in all of the definitions for eligibility. As used in this guide, educational performance is a term referring to how a student functions in the educational setting. It may or may not require academic achievement testing as noted within each category. Multidisciplinary assessment should be collected to substantiate an adverse impact on educational performance.

NOTE: When using Criterion A through D for a preschool child, the CSC must address questions regarding educational performance. To assist with that discussion, it is recommended that the CSC equate the term educational performance with “developmental progress,” since in most cases there has been no formal education provided.

CRITERION A - PHYSICAL IMPAIRMENT

Definitions

Students whose educational performance is adversely affected by a physical impairment that requires environmental and/or academic modifications including, but not limited to, the following: visually impaired, hearing impaired, orthopedically impaired, and other health impaired.

Autism Spectrum Disorder – This term includes Pervasive Developmental Disorder (PDD), Asperger’s syndrome, as well as the diagnosis of autism. It is a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age 3 that adversely affects educational performance. The term does not include students with characteristics of the disability “serious emotional disturbance.”

Deaf - A hearing loss or deficit so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, to the extent that his or her educational performance is adversely affected.

Deaf-Blindness - Concomitant hearing and visual impairments. This disability causes such severe communication, developmental, and educational problems that they cannot be accommodated in special education programs solely for students with deafness or students with blindness.

Hearing Impairment - An impairment in hearing, whether permanent or fluctuating that adversely affects a student's educational performance, but is not included under the definition of deafness.

Other Health Impairment (OHI) - Though not exhaustive, OHI may include limited strength, vitality, or alertness due to chronic or acute health problems that adversely affect a student's educational performance, including but not limited to heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes or attention deficit disorder with or without hyperactivity.

Orthopedic Impairment - A severe physical impairment that adversely affects a student's educational performance. The term includes congenital impairments, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes such as cerebral palsy, amputations, and fractures or burns causing contractures.

Traumatic Brain Injury - An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as: cognition, language, memory, attention, reasoning, abstract thinking, judgement, or problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing, and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries

induced by birth trauma.

Visual Impairment, including Blindness - Impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

Prereferral

When interference with learning is related to sensory, physical, or health issues, a medical screening is to be included as a prereferral activity or current information is to be retrieved from the health records. The nature and severity of the medical condition coupled with the success of medical, educational, and parental interventions will have a bearing on the prereferral timeframe.

Interventions for students diagnosed as having chronic health conditions (such as allergies, asthma, attention deficit disorder with or without hyperactivity, etc.) may require collaborative efforts between the clinic, the school, and parents to judge the effectiveness of the intervention(s) under consideration.

Educational Impact Analysis

An educational impact analysis of skill performance is required for students suspected of having a physical impairment. The evaluation requires an analysis of the *physical* requirements of a task and the effect of the physical impairment on educational performance. Documentation will consist of the following:

1. A statement by a medical evaluator (including medically related services) specifying the physical impairment and *possible* manifestations of the impairment.
2. Information from the teacher or parents indicating how the physical impairment adversely affects educational performance or how educational performance would be adversely affected without the provision of special education or related services.

Though not exhaustive, the examples below list modifications that occur frequently:

1. Academic/Curricular Modifications might take the form of:
 - a. Alternate response strategies (e.g., oral responses for students with motor or physical impairments; signing for students with hearing impairments).
 - b. Modified curricula (e.g., verbal participation in science laboratory experiments for students with motor or physical impairments; mobility training for students with visual impairments).
 - c. Modified materials (e.g., large print or Braille materials for students with visual impairments).

- d. Modified day (e.g, early dismissal for students with limited strength or stamina).
2. Environmental Modifications might take the form of:
- a. Physical structure modifications (e.g., ramps, elevators, special restrooms).
 - b. Classroom modifications (e.g., preferential seating for students with visual or hearing impairments).
 - c. Equipment modifications such as assistive devices or technology and special furniture.

CRITERION A - PHYSICAL IMPAIRMENT	
Criteria	Required Assessments
Background Information	Social/Family/Medical History or structured family interview <and> Review of Records <and> Observation
Presence of a Physical, Sensory or Health Impairment	Medical report (from appropriate specialist) ³ The following suspected disabilities require additional assessments. <ul style="list-style-type: none"> • Autism/PDD - Report from clinical specialist in the area of autism/PDD • Vision – Functional assessment⁴ • Hearing - Functional assessment
Evidence that the physical, sensory or health impairment is adversely affecting educational performance	Academic achievement – Formal and/or informal measures of academic achievement supported by teacher reports, group achievement test scores, report cards, etc.) <ul style="list-style-type: none"> • Autism Spectrum Disorder requires a language assessment
Need for environmental <and/or> academic modifications	Educational Impact Analysis

³The "appropriate medical specialist" is a professional trained in the suspected area of impairment (e.g., autism - psychiatrist/clinical psychologist/developmental pediatrician; vision - ophthalmologist/optometrist; hearing - audiologist; etc.). The medical report should reflect the nature and severity of the diagnosed impairment.

⁴ Refer to Appendix A for information on the reason for and type of information included in a functional vision and a functional hearing assessment.

CRITERION B - EMOTIONAL IMPAIRMENT

Definition

A condition that has been confirmed by clinical evaluation and diagnosis and that, over a long period of time and to a marked degree, adversely affects educational performance and that exhibits one or more of the following characteristics:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior under normal circumstances.
4. A tendency to develop physical symptoms or fears associated with personal or school problems.
5. A general pervasive mood of unhappiness or depression.

This includes students who are schizophrenic, but does not include students who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

The term emotional impairment **does not usually include:**

- a. anti-social behavior
- b. parent-child problems
- c. conduct disorders
- d. interpersonal problems
- e. other problems that are not the result of a severe mental disorder.

Prereferral

For a student exhibiting emotional problems the use of consistent interventions across environments is critical. Parents and resource persons in the school and community should be involved with the interventions. Some form of counseling intervention should be attempted. Careful monitoring and documentation of intervention strategies is important during the prereferral period to judge the effectiveness of a consistent management program. Because behavioral concerns are an important part of why children suspected of having an emotional impairment are referred, a functional behavior assessment and behavior plan must be part of the prereferral strategy.

Observations, accompanied by the use of proactive strategies, are an integral component of prereferral activities. Other data, such as parent or student interviews, may be collected during prereferral.

CRITERION B - EMOTIONAL IMPAIRMENT

Criteria	Required Assessments
Background Information	Social/Family/Medical History or structured family interview
<p>Presence of an emotional condition exhibiting one or more of the characteristics listed in the definition over a long period of time to a marked degree</p> <ol style="list-style-type: none"> 1. An inability to learn that cannot be explained by intellectual, sensory, or health factors 2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers 3. Inappropriate types of behavior under normal circumstances 4. A tendency to develop physical symptoms or fears associated with personal or school problems 5. A general pervasive mood of unhappiness or depression 	<p>An evaluation by a psychiatrist or a clinical psychologist to include a diagnosis of an emotional condition⁵, the severity of the condition and how the condition might impact the student's educational performance</p> <p style="text-align: center;"><and></p> <p>An observation in a natural environment by a teacher of the emotionally impaired, school psychologist, counselor or other person trained in behavior management</p> <p style="text-align: center;"><and></p> <p>A social maturity index or behavior rating scale</p> <p style="text-align: center;"><and></p> <p>An individually administered intellectual test</p> <p style="text-align: center;"><and></p> <p>A review of records to include academic history</p>
Evidence that the condition adversely affects educational performance	Formal and/or informal measure(s) of educational performance, supported by teacher observations, report cards and/or group achievement test scores

⁵ Although the diagnosis must be listed in the DSM Manual, not every condition qualifies a student for consideration of special education services. It is a combination of the diagnosis and the impact of that diagnosis on educational performance that determines eligibility.

CRITERION C - COMMUNICATION IMPAIRMENT

Definition

Criterion C - Communication Impairment includes two disabilities: speech disorders and language disorders.

Students whose educational performance is adversely affected by a developmental or acquired communication disorder to include voice, fluency, articulation, receptive, and/or expressive language.

Language/Phonological Disorders

Language/phonological disorders are characterized by an impairment/delay in receptive and/or expressive language including semantics, morphology/syntax, phonology and/or pragmatics. This impairment does not include students whose language problems are due to English as a second language or dialect difference.

Speech Disorders

1. Articulation disorder is characterized by substitutions, distortions, and/or omissions of phonemes that are not commensurate with expected developmental age norms, that are not the result of limited English proficiency or dialect difference, and that may cause unintelligible conversational speech
2. Fluency disorder is characterized by atypical rate, rhythm, repetitions, and/or secondary behavior(s) that interferes with communication or is inconsistent with age/development.
3. Voice disorder is characterized by abnormal pitch, intensity, resonance, duration, and/or quality that is inappropriate for chronological age or gender.

Prereferral

Prereferral begins with a concerned parent or classroom teacher, screening results conducted by a specialist trained in the area of communication impairment, local Child Find procedures, or a referral from an outside agency. At a minimum, a review of educational records, vision/hearing screenings, and consultations with the specialist in the area of communication impairment should be completed.

Behaviors reflecting possible atypical communication development in the areas of voice, fluency, articulation, and/or language are then identified. For these students, observations of work habits and interactions with peers and other adults are important. Additionally, conferences with parent(s) will also provide significant prereferral information.

Phonological processing disorder is considered an expressive language disorder. It is considered

within the language disorder category rather than within articulation because it is a rule based sound system of a language and does not necessarily involve a motor component.

In order to be deemed a disability, communication disorders must exert an adverse effect on educational performance. Educational performance refers to the student's ability to participate in the educational process, and may include consideration of the student's social, emotional, academic, and vocational performance.

CRITERION C - COMMUNICATION IMPAIRMENT

Language/Phonology Disorder

Criteria	Required Assessments
Background Information	Social/Family/Medical History or structured family interview
Presence of a disorder in receptive and/or expressive language/phonology <ul style="list-style-type: none"> • At or near the 10th percentile (or standard score of 81) which indicates significant weaknesses across subtests of more than one assessment instrument or clusters of more than one assessment instrument. 	Formal and informal assessment of language including an analysis of receptive and expressive semantics, morphology/syntax, pragmatics, phonology ⁶
Evidence that the language disorder is adversely affecting educational performance	Formal and/or informal measures of academic achievement <and> Review of Records <and> Observation by someone other than a specialist trained in the area of communication impairment
To identify possible structural/functional cause of the language disorder	Oral/peripheral exam

⁶ A language sample can be used when the assessor is unable to obtain a standardized measurement such as for very young children or severely impaired students. When the language sample is the only assessment used, the sample must provide documented evidence of a language disorder.

CRITERION C - COMMUNICATION IMPAIRMENT

Articulation Disorder

Criteria	Required Assessments
Background Information	Social/Family/Medical History or structured family interview
<p>Presence of a disorder in articulation⁷ - production is not commensurate with developmental age norms as evidenced by one of the following:</p> <ul style="list-style-type: none"> • A standard score of 80 (+/- SEM) or 8 to 10th percentile on a test of articulation providing such scores <or> • Using developmental charts, exhibits: <ul style="list-style-type: none"> ◆ 6 or more <i>phoneme errors</i> (child under 8 yrs) ◆ 1 or more <i>phoneme errors</i> (child 8 yrs or older) <or> • An error rate of 25% or greater for age-appropriate phonemes in a conversation sample of at least 100 words 	Assessment of articulation to include a determination of phoneme(s) stimulability (<i>and degree of intelligibility in conversational speech</i>)
Evidence that the articulation disorder is adversely affecting educational performance	<p>Report by classroom teacher</p> <p style="text-align: center;"><and></p> <p>Review of Records</p> <p style="text-align: center;"><and></p> <p>Observation by someone other than the referring teacher or specialist trained in communication impairments</p> <p style="text-align: center;"><and></p> <p>Consideration of formal language assessment</p>
To identify possible structural/functional cause of the language disorder	Oral/peripheral exam

⁷ Errors are not the result of limited English proficiency or dialect.

CRITERION C - COMMUNICATION IMPAIRMENT

Fluency Disorder

Criteria	Required Assessments
Background Information	Social/Family/Medical History or structured family interview
Presence of a disorder in fluency <ul style="list-style-type: none"> • 3 or more abnormal non-fluencies per minute <li style="text-align: center;"><or> • greater than 10% non-fluencies in a language sample of 100 words 	Formal and informal assessment of fluency in two to three different settings/locations (recorded speech samples)
Evidence that the disorder of fluency is adversely affecting educational performance and to determine the settings in which the student is non-fluent	Observation in 2 to 3 different settings by two or more of the following: Teacher of the Communication Impaired, Speech/Language Pathologist, classroom teacher, other professionals or parents <and> Report by classroom teacher <and> Consideration of formal language assessment <and> Review of Records
To identify possible structural/functional cause of the fluency disorder	Oral/peripheral exam

CRITERION C - COMMUNICATION IMPAIRMENT

Voice Disorder

Criteria	Required Assessments
Background Information	Social/Family/Medical History or structured family interview
Presence of a voice disorder of pitch, intensity, resonance, duration and/or quality which is inappropriate for chronological age or gender	Medical Report - Ear, nose, and throat evaluation Formal and informal voice assessment of the inappropriate parameters of the voice characteristics for chronological age or gender
Evidence that the voice disorder is adversely affecting educational performance	Report by classroom teacher (consideration of formal and/or informal measure of academic achievement) <and> Review of records <and> Observation by someone other than the referring teacher or specialist trained in the area of communication Impairments
To identify possible structural/functional cause of the voice disorder	Oral/peripheral exam

CRITERION D - LEARNING IMPAIRMENT

Definitions

Category D - Learning Impairment includes two disabilities: specific learning disability and intellectual disability.

Specific Learning Disability

Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself as an imperfect ability to listen, think, speak, read, write, spell, remember, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of mental retardation or emotional disturbance or of environmental, cultural, or economic disadvantage.

Intellectual Disability⁸

Intellectual disability is significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a student's educational performance. Significant sub-average general intellectual functioning is documented by a comprehensive intelligence test score that is two or more standard deviations below the mean.

Prereferral

When a student exhibits learning difficulties the collection of evidence from classroom performance is important. To gather this evidence, an educator can observe behaviors and work habits during instructional periods, collect work samples illustrating the problems, and document the results.

At a minimum, review of educational records, vision/hearing/health screenings, ability to participate in regular physical education programs, and consultations with specialists in the area of learning impairment should be completed.

Behaviors reflecting possible specific learning disabilities typically appear when a student is engaged in an academic setting. Typically these students do not benefit from typical classroom interventions even though they are functioning in the normal range of intellectual ability. These students may display uneven skill abilities and often have difficulty following directions, problems with spatial relationships, difficulty with visual recall, assigning priority, sequencing information and producing written language, poor auditory or visual discrimination skills, and/or

⁸ The DoDEA uses the term "intellectual disability." Other terms such as "intellectual deficit", "mentally handicapped", "mental retardation", etc. may be used in other school systems.

poor auditory or visual memory that impact on the child's ability to function in the classroom.

Behaviors reflecting possible intellectual disability typically appear when a student is expected to respond, recall, apply, problem solve, initiate, or generalize acquired learning in the educational setting. There may be variability in the demonstration of the behaviors, some appearing to be associated with particular curricular areas or classroom demands. Other behaviors related to activities of daily living, socialization, and level of independence may be pervasive across settings.

For these students, observations of work habits, adaptive behavior skills, and interactions with peers are important. Collection of work samples, review of educational records, identification of student's developmental milestones, and conferences with parents will provide significant prereferral information for students with suspected intellectual disability.

Slow Learner

Not all children who are evaluated for eligibility for special education meet the criteria. Often, the most puzzling students of this group are students referred to as slow learners. These students exhibit low levels of academic achievement and their ability usually falls within the low-average range. Diagnostic evaluation often reports that these students do not exhibit significant differences in performance scores across achievement and/or cognitive batteries; strengths and weaknesses are not exhibited in the results. Due to the below-average score in ability and the lack of evidence in differences in processing these students do not meet eligibility requirements of a specific learning disability or an intellectual disability. The student's academic achievement is commensurate with measured cognitive ability. These students are excellent candidates for differentiated instruction provided by general education teachers. Some instructional strategies that may be effective for these students are: highly structured and concrete assignments, chunking, rehearsal, enduring understanding, and emphasis on depth and breadth of content.

Processing Speed *

Some students have visual symbolic processing deficits that may be evidenced in a student's slow processing of arithmetic problems or lack of reading fluency. Because a student's poor performance on the processing speed cluster may be a function of poor attention or other factors impacting administration of the subtests, it is critical to view the results of this cluster with caution. The examiner will record performance observations during the evaluation to substantiate student's difficulties and to supplement findings with additional formal or informal assessment.

Comprehension/Knowledge

The subtests of the Comprehension/Knowledge cluster are indicators of language proficiency. Students who perform poorly on the cluster may have reduced vocabulary, deficit in long-term memory, limited background knowledge, and may be displaying evidence of a language disorder. Because the two subtests give the examiner a limited view of language processing, the administration of a language evaluation (e.g., CELF-III, TOLD, language sample) to substantiate the presence of a language processing disorder is recommended.

Fluid Reasoning *

Students who perform poorly on the Fluid Reasoning cluster are likely to have difficulty developing concepts and organizing and classifying ideas. Deficits in this area can be directly linked to reading comprehension and math problem solving. This relationship should be substantiated through informal assessment, observation and review of records.

** The examiner's expertise in the area of assessment and/or attention to administration standards is perhaps more critical in the administration of the Processing Speed and Fluid Reasoning clusters than in the administration of any other cluster of the Woodcock Johnson Cognitive. It is therefore essential that deficits identified from the results of these clusters be substantiated through observation and review of classroom functioning.*

CRITERION D - LEARNING IMPAIRMENT

Intellectual Disability

Criteria	Required Assessments
Background Information	Social/Family/Medical History or structured family interview
Evidence of sub-average general intellectual functioning <ul style="list-style-type: none"> • 2 or more standard deviations below the mean (<i>plus or minus the standard error of measure for the assessment that was administered</i>⁹) 	An individually administered intellectual assessment
Evidence of deficits in adaptive behavior <ul style="list-style-type: none"> • 2 or more standard deviations below the mean (<i>plus or minus the standard error of measure for the assessment that was administered</i>) 	An assessment of adaptive behavior <and> Other documentation (observation, review of records)
Evidence that impairment adversely affects educational performance ¹⁰ <ul style="list-style-type: none"> • At or near the 10th percentile on academic achievement plus or minus the standard error of measure for the assessment that was administered 	Individually administered achievement test(s) in reading, math, and language arts <and> Review of records

⁹ Guidance is provided on the next page for determining levels of severity, e.g., mild, moderate, severe, profound. The degree of severity is required as an Excent entry for this criterion.

¹⁰ Criterion referenced or functional academic techniques may be used for students whose daily performance reflects significantly delayed academic skills.

Determining Level of Severity¹¹

This information is provided to the CSC as a guide when determining the level of severity of intellectual disability.

Mild	Measured IQ level 50-55 to approximately 70 Existing concurrently with deficits in adaptive behavior
Moderate	Measured IQ level 35-40 to 50-55 Existing concurrently with deficits in adaptive behavior
Severe	Measured IQ level 20-25 to 35-40 Existing concurrently with deficits in adaptive behavior
Profound	Measured IQ level below 20 or 25 Existing concurrently with deficits in adaptive behavior

¹¹ Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV, 1994

CRITERION E - DEVELOPMENTAL DELAY

Definition

The term developmental delay refers to a significant discrepancy in the actual functioning of an infant, toddler, or child birth through age 7, when compared with the functioning of a non-disabled infant, toddler, or child of the same chronological age in the following areas: physical, cognitive, communication, social or emotional, and adaptive development as measured using standardized evaluation instruments and confirmed by clinical observation and judgment. A child classified with a developmental delay before the age 7 may maintain that eligibility classification through the age 10 years. Developmental delay does not refer to a condition in which a child is slightly or momentarily lagging in development. The presence of a developmental delay is an indication that the developmental processes are significantly affected and that, without special intervention, it is likely that the educational performance will be affected when the child reaches school age.

There are five developmental areas of concern in the definition of developmental delay. They are:

1. Physical Development - Fine/gross motor skills used for coordinated use of muscles and body control in actions such as balance, standing, walking, climbing, object manipulation, cutting, and pre-writing activities;
2. Communication Development - Ability to understand and use language and the phonological processes;
3. Cognitive Development - Ability to receive information, process relationships, and apply knowledge;
4. Social/Emotional Development - Ability to develop and maintain functional interpersonal relationships and to exhibit social and emotional behaviors appropriate to the setting; and
5. Adaptive/Self-Help Development - Ability to deal with environmental expectations and use functional daily living skills.

CRITERION E - DEVELOPMENTAL DELAY

Criteria	Required Assessments
<p>Background Information</p>	<p>Social/Family/Medical History or structured family interview</p>
<p>Evidence of the presence of a significant delay in development</p> <ul style="list-style-type: none"> • If the assessments used quantify achievement using standard deviations, one of the following criteria must be met <ul style="list-style-type: none"> ➤ 2 standard deviations below the mean in one developmental area <li style="text-align: center;"><or> ➤ 1.5 standard deviations below the mean in two or more developmental areas • If the assessments used quantify achievement yielding age equivalencies, one of the following criteria must be met <ul style="list-style-type: none"> ➤ 25% delay in one developmental area <li style="text-align: center;"><or> ➤ 20% delay in two or more developmental areas 	<p>Individually administered developmental inventories in the following developmental areas:</p> <ul style="list-style-type: none"> • Physical Development • Communication Development • Cognitive Development • Social/Emotional Development • Adaptive/Self-Help Development <p style="text-align: center;"><and></p> <p>Observation</p> <p style="text-align: center;"><and></p> <p>Review of records</p>

REEVALUATION FOR ELIGIBILITY – TRIENNIAL REVIEW

IDEA requires that a student with a disability be reevaluated every three years or more frequently, if conditions warrant, to determine if he or she continues to have a disability and continues to need special education and related services. The emphasis of the reevaluation is to measure the effectiveness of the interventions and to determine future programming needs. The reevaluation is an opportunity to critically examine the effectiveness of the student's individual education program and current educational environment. It also affords a time to evaluate the student's progress, instructional needs, placement in the least restrictive environment, and long term goals. The scope and nature of the reevaluation shall be determined individually, based upon the student's performance, behavior, needs, and history. The scope and nature of the reevaluation will be determined at an assessment planning meeting.

Assessment Requirements for Reevaluation

The reevaluation process begins with a review of existing data, including a thorough review of previous evaluations, information provided by the current classroom teacher, observations, reports from related service providers, and information provided by the parents. Not all of the assessments required for an initial eligibility determination need to be re-administered at the time of reevaluation as long as the CSC can document information about the student's performance through other means. Examples of documentation include quarterly progress reports and report card grades, classroom performance including chapter and end-of-unit tests, scores on standardized testing (e.g., Terra Nova, BAM, PSAT, etc.), and mastery of IEP goals and objectives.

To determine which areas require assessment, the CSC should conduct a thorough review of previous assessments and consider ongoing informal and formal assessments (any system-wide assessment) over the course of the last three years or from the last eligibility determination. Data on the student's progress toward mastery of goals and objectives from year to year can be an indicator to assist the CSC in determining whether the student would continue to require services. Consideration should also be given to the frequency and intensity of accommodations, modifications and specialized instruction that have been provided for progress in the general education curriculum.

When addressing reevaluation for specific categories of disabilities the guiding question that the CSC should consider would be *“Is there anything we have observed in the child's behaviors that would lead us to the belief that the child's disability no longer adversely impacts educational performance?”* Depending upon the type of disability the CSC would determine if specific pieces of data would be required to answer each of the following questions:

1. What are the student's present levels of performance and educational need(s)?
2. What, if any, additions or modifications to the special education and related services program are needed to enable the child to meet his or her IEP annuals goals, and to participate, as appropriate, in the general education curriculum? General curriculum refers to the student's access to the general education curriculum standards.

3. Does the student continue to be “a child with a disability”?
4. Does the student continue to need special education and related services?

If the CSC determines a need for additional data to answer the above questions, then an assessment plan is developed and parent permission to conduct the evaluation is obtained.

If the CSC determines that no additional data are needed to determine if the student continues to have a disability and to require special education services, the parents must be contacted and informed of the committee’s decision. The parents must also be notified of their right to request an assessment to determine whether their child continues to display a disability as defined by DoDEA criterion. *If the parent requests an assessment, the CSC will work with the parent to determine what assessment(s) he/she would like administered and then conduct testing.*

Documentation of previous assessments and the rationale for not reevaluating the student in a particular area must be written into the minutes of the assessment planning meeting and be stated on the *CSC Eligibility Report*. Although formal assessment may not be necessary, service providers are required to submit a written report documenting the student’s current performance.

This information is provided to the case manager for inclusion in the Synthesis of Data section of the *CSC Eligibility Report*. Documentation in the written report should summarize the student’s performance toward mastery of his/her annual goals. The report may include quarterly progress reports and report card grades, classroom performance including chapter and end-of-unit tests, scores on standardized testing (e.g., Terra Nova, BAM, PSAT, etc.), and mastery of IEP goals and objectives.

The CSC must complete the *CSC Eligibility Report* as part of the triennial review process. Unless a student is being considered for eligibility under another category then the category for which he or she was originally determined eligible for special education, the CSC is not required to readdress the same questions. Instead the CSC will respond to the 4 questions listed above.

NOTE: If the CSC suspects a disability other than the one in which the student was originally found eligible for special education and related services, the CSC must develop an assessment plan that addresses all assessment procedures required for eligibility under the suspected disability.

Remember that the purpose of the triennial review is to determine if the student continues to require special education and related services due to a disability that is adversely affecting his or her educational performance.

Specific information is needed to assist the CSC in responding to the following considerations:

1. The student's present levels of performance and educational need(s).
2. Additions or modifications to the special education and related services program are needed in order for the student to meet his or her IEP annual goals, and to participate, as appropriate, in the general education curriculum.
3. The student continues to be "a child with a disability."
4. The student continues to need special education and related services.

The following guidance will assist the CSC in determining the extent of assessment required for each criterion when planning for the triennial re-evaluation.

a. Criterion A: Physical Impairment. Students qualifying for special education due to vision, hearing or orthopedic impairments would not require medical reevaluation if the condition is static unless the CSC felt there was a significant change in the condition. If there has been a significant change, the CSC should solicit information from the medical practitioners or records regarding the nature of the impairment.

Students qualifying for special education due to other health impairments might require medical evaluation, depending on the nature of the specific chronic or acute health problem and its present status. A possible determining factor could be whether or not medical treatment (i.e., medication) can control, decrease or eliminate the condition.

- Other Health Impairment - Confirm that the medical condition continues to exist and determine to what extent medical treatment or on-going interventions manage the condition.
- Autism/Asperger's/PDD - Once there are two diagnoses by separate medical specialists, no further diagnosis would be required.
- Orthopedic Impairment - Once there are two diagnoses by separate medical specialists, no further medical diagnosis would be required.
- Vision/Hearing - Reassessment of acuity would not be required unless monitoring reports from medical specialists indicated a significant change.
- Traumatic Brain Injury - All parts of the comprehensive assessment would be required since there could be a change in the findings after rehabilitation.

b. Criterion B: Emotional Impairment. Students qualifying for special education due to an emotional impairment would require reevaluation by a clinical psychologist or psychiatrist. If the clinical assessor determines that an emotional condition no longer exists, statements providing reasons for the change should be included in the assessment report.

- c. **Criterion C: Communication Impairment.** If the CSC has the data to answer the four required questions, students qualifying for special education due to either speech or language impairments would not require reassessment.
- d. **Criterion D: Learning Impairment/Specific Learning Disability.** If the CSC has the data to answer the four required questions found on page 5-26, students qualifying for special education due to a specific learning disability would not require re-assessment.
- e. **Criterion D: Learning Impairment/Intellectual Disability.** The student need not have intelligence reassessed if the student's record contains at least two comprehensive measures of intellectual ability (Stanford-Binet, Wechsler, etc.) with consistent results that are significantly below average. Improvement in adaptive behavior is to be expected when intervention strategies have been implemented. The CSC must consider this when reevaluating a student eligible due to an intellectual disability. A student may continue to be eligible for services under Criterion D-Intellectual Deficit even though there has been an improvement in adaptive behavior skills.
- f. **Criterion E: Developmental Delay.** A student being reevaluated using this criterion must not have reached his or her *eight birthday* by the date of reevaluation/eligibility. Due to the age and the rapid developmental growth of these children assessment is necessary. At a minimum, the CSC needs to reassess in the original areas of identified delay(s); however, the CSC may want to consider completing a comprehensive assessment for the current disability or another disability area.

DISMISSAL FROM SPECIAL EDUCATION

A student who is making reasonable progress in the general education curriculum without extensive accommodations or special education services may be considered for dismissal from special education at any point. When considering dismissing a student from special education and related services, the CSC should convene a meeting with the full committee, to include the parents, to discuss the proposed change in placement. At the meeting, the CSC members must provide evidence and documentation to support the recommendation for dismissal from special education services. Discussion about the student's needs and programming when exiting special education must also be addressed.

The documentation must address that although the student may continue to be "a student with a disability," his or her present level of educational performance no longer supports an educational need and he or she no longer requires specialized instruction.

Examples of the type of documentation to support the recommendation for dismissal from services include the following:

1. Documentation indicating a change in the medical condition.
2. Significant change in the basic deficit area.
3. Documentation from the classroom teacher that the student is able to demonstrate mastery of grade level standards commensurate with his or her peers.
4. Portfolio assessment.
5. Daily or weekly data sheets.
6. Classroom assignments.
7. Evidence student is employing independent application of particular strategies.

The CSC discussion and recommendation for dismissal are documented in the minutes of the meeting. If the committee recommends and approves dismissal, all personnel working with the student are advised of the recommendation and notified of the change in placement. The case manager is responsible for closing out the student's file both the hardcopy and in Excent.

CHAPTER

6

DEVELOPING

THE IEP

An Individualized Education Program (IEP) must be written for each student with a disability receiving special education and related services. A team that includes parents and school personnel and, when appropriate, the student develops the IEP. The IEP defines the specially designed instruction, including related services, required for a student with a disability to succeed in his or her educational program. The IEP document is developed and implemented in accordance with the DoDI 1342.12.

REQUIREMENTS

All requirements for developing the IEP, including the parent signature, must be satisfied before a student receives special education and related services. The IEP process requires the following:

1. An appropriately staffed meeting to develop the IEP
2. A written document (the IEP) of the decisions reached at the meeting

The participants at the CSC meeting to develop the IEP shall include:

IEP MEMBERSHIP

The meeting includes the following individuals:

1. The principal or school administrator who has the authority to commit school resources
2. At least one of the student's regular education teachers. At the secondary level, the teacher who teaches the subject most likely to be impacted by the student's disability should be invited to the meeting
3. One or more special education teachers who will be providing special education or related services
4. One or both of the student's parents
5. Additional persons at the discretion of the parents or the school, such as but not limited to:
 - a. The student, if appropriate (Participation of secondary students is encouraged)
 - b. Related services personnel, if they are expected to work with the student
 - c. Translators or interpreters

Parents are key members of the IEP team. They can offer insight into how their child learns and what his or her interests are, and report on whether the skills the child is learning at school are being used at home.

The general education teacher brings to the IEP meeting information about the general education curriculum, the aids, services or changes to the educational program that have or would help the child learn and achieve, and strategies to help the child with behavior. The teacher may also discuss the supports needed for school staff so the child can:

- a. Advance toward his/her annual goals;
- b. Be involved and progress in the general curriculum;

- c. Participate in extracurricular and other activities; and
- d. Be educated with other children, both with and without disabilities.

The special education teacher brings information and experience about how to educate children with disabilities and can address the issues of:

- a. How to modify the general curriculum;
- b. What supplementary aids and services the child may need to be successful in the general education classroom;
- c. How to modify testing so the student can demonstrate what she or he has learned; and
- d. Other aspects of individualizing instruction.

The IEP team must be able to talk about the instructional implications of the evaluation results to help plan an appropriate instructional program to address the child's identified needs. An individual who can interpret what the results of the evaluation mean in terms of what the child is currently doing and what areas of need the child has can assist the IEP team in the design of appropriate instruction.

The school administrator represents the school system and has the ability to commit resources to ensure that whatever services are identified in the IEP will actually be provided.

An important part of developing the IEP is considering the student's need for related services. Related services providers share their expertise about the student's needs and how their services will assist the student in meeting identified need(s).

When the purpose of the meeting is to consider needed transition services, a representative from a transition service agency or a person knowledgeable about transition services should be invited to the meeting especially if the agency will be responsible for providing or paying for transition services.

Students (14 years and older) are encouraged to participate in and, as appropriate, lead their IEP meeting. This enables the students to have a voice in their educational program while teaching them about self-advocacy and self-determination. The student for whom transition services will be discussed must be invited to attend the IEP meeting.

PURPOSE

A meeting to develop an IEP has three purposes:

1. To develop goals and objectives based on information gathered in the evaluation process;
2. To serve as a focal point for reaching a consensus on the student's program; and
3. To commit resources by DoDEA.

Time of IEP Meeting

An IEP meeting shall be scheduled as soon as possible following the eligibility determination meeting². The IEP meeting may be held immediately after the eligibility determination, but the CSC must ensure the parents agree to that method and are active participants in the IEP development. The CSC must ensure there is no semblance of pre-determination of eligibility or program placement when conducting a joint eligibility and IEP meeting. Parents should be informed that they have the alternative of developing and finalizing an IEP at a separate meeting.

IEP Meetings Separate from Eligibility Determination

In these cases, the IEP meeting is scheduled after the meeting at which the student was found eligible for special education.

1. Parents must be notified of the IEP meeting time, place, purpose and participants.
2. Before the meeting, each participant - including the parents - may develop draft goals and objectives for the student and, as appropriate, recommendations for accommodations and modifications. This is accomplished after a thorough examination of the assessment data and the educational areas and needs that were specified in the eligibility meeting.
3. Draft goals and objectives may be submitted from educators and related service providers to the case manager for organization. The case manager may submit these materials to the parents along with the invitation to the IEP meeting.
4. Decisions regarding placement (e.g., time in program, service providers, etc.) must be reserved for the IEP meeting and shall not be determined before the meeting.
5. The parents have the right to propose additions, modifications and deletions and to raise questions about any of the goals or objectives. In addition they have the right to seek outside guidance on the suggested goals and objectives.

² Chapter 1, page 7 contains Timeline Guidance indicating recommended time frame.

Joint Eligibility/IEP Meetings

It is permissible to have one meeting for both eligibility determination and IEP development. However, the CSC should address certain procedural considerations when scheduling a meeting with both objectives on the agenda:

1. Parents must be notified of the meeting time, place, and participants of the meeting.
2. Parents must be notified of the intent to hold a joint eligibility determination and IEP meeting when they are invited to the meeting.
3. Individual teachers and/or assessors may come to the meeting prepared with recommended instructional strategies and programming based on their assessment or knowledge of the child. They may prepare recommendations to address areas of weakness identified in their assessments as long as they have not pre-determined eligibility. These strategies may be employed in special education or regular education depending upon the outcome of the eligibility meeting. *School personnel must take special care to ensure that eligibility determinations are not made prior to the eligibility meeting.*

PARENTAL PARTICIPATION

Records in the student's special education folder must document that adequate written notice of an invitation to the IEP meeting was provided to the parents. This written notice either must inform the parents of the meeting's purpose, time, place, and participants of the meeting or must confirm a verbally agreed upon time or place. This notice shall be provided in such a manner as to ensure the parents' understanding. This may be achieved by using such methods as the following:

1. Simplifying the language;
2. Delivering the notice in the parents' native language; and
3. Using an interpreter or other person selected by the parents to facilitate their understanding.

Parents in Attendance

Parents are required members of the IEP development meeting. They are equal partners and must be encouraged to be actively involved in the CSC meeting to identify the child's needs and services, and to develop, review, and revise their child's IEP process.

Parents Not in Attendance

A meeting may be conducted without either parent in attendance if the parents are unable or elect not to attend under the following occurrences:

1. The parents give oral or written permission for the CSC to conduct the meeting in their absence.
2. The parents agree twice to attend an IEP meeting and both times do not attend without notifying the CSC of their inability to attend. The CSC may proceed with the deliberations given the parents' absence from the second meeting.

The school must make a written record of its attempts to arrange a mutually acceptable time and place and if neither parent can attend the meeting, other methods to promote the parents' participation in the process, such as a telephonic conference, should be used.

Once the IEP is completed, a member of the CSC must review its contents with the parents and ensure they understand the IEP. It is necessary that the parents be fully informed of the goals/objectives and placement decisions before they are asked to sign the IEP giving permission for placement. Permission (parent signature) must be obtained from a parent before the initial IEP may be implemented.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

An IEP is a written plan that describes the specialized educational program for a student with a disability. It is an agreement to provide specialized services for the amount and length of time specified. It is not a detailed daily, weekly or monthly instructional lesson plan. It is not a performance type contract for which a teacher or school can be held accountable if a student does not meet projected outcomes.

There must be only one IEP developed regardless of the number of services being provided. Any IEP that is developed must later be reviewed at least annually in an IEP meeting conducted by the CSC.

To assist in determining student needs, the IEP team reviews the results of the student's evaluation, such as classroom performance, individual tests administered to determine eligibility for special education, and observations by teachers, parents, related service personnel and others, as appropriate. This information will help the IEP team describe the student's "present levels of educational performance." Understanding the student's current functioning level will assist the team in developing specific goals and objectives that address the areas of identified educational need.

The discussion of the student's educational needs is centered on how to help the student:

1. Advance toward the annual goals;
2. Be involved in and progress in the general curriculum; and
3. Be educated with and participate with non-disabled students.

CONTENTS OF THE IEP

The IEP must contain the following components:

1. A statement of the student's present levels of educational performance including a description of how the student's disability affects involvement and progress in the general education curriculum or for preschoolers, how the disability affects participation in appropriate activities.

NOTE: For preschool children, appropriate activities refers to age relevant developmental abilities or milestones that typically developing children of the same age would be performing or would have achieved.

2. A statement of measurable annual goals including benchmarks or short-term instructional objectives.

3. A statement of educational needs to enable the child to be involved in and progress in the general curriculum.
4. A statement of the special education and related services necessary for the child to advance appropriately toward the annual goals.
5. A statement of the amount of time that each special education and related service will be provided to the child, including the projected date for beginning of services, and the location and duration of those services (including adjusted school day or an extended school year) and modifications.
6. A statement of supplementary aids and services and any modifications or support for school personnel necessary for the child to be involved and progress in the general education curriculum, and to be educated and participate with other children with or without disabilities.

NOTE: Supports for staff may include such professional development or training activities as the provision of information about the student's disability, assistance in modifying assignments, identification and implementation of classroom accommodations, etc.

7. An explanation of the extent, if any, to which the child will not participate with non-disabled children in the general education classroom and in extracurricular and other non-academic activities.
8. A statement of how the child's progress toward annual goals will be measured and how the parents will be kept informed on a regular basis of progress toward the annual goals and the extent to which the progress is sufficient to meet the annual goals.
9. A statement of the extent to which the child will participate in system-wide assessment with appropriate accommodations and if the student will not participate in assessment, an explanation of why the assessment is not appropriate and how the child will be assessed.³
10. A statement explaining how parents will be informed regularly of the child's progress.
11. A statement of the physical education (PE) program to be provided in the regular PE program, in the regular PE program with adaptation, modifications or assistive technology, where appropriate, or through specially designed instruction based on the goals and objectives included in the IEP.
12. A statement of the special transportation requirements.

³ Guidelines on student participation in system-wide testing with accommodations and the DoDEA Alternate Assessment system are presented in Chapter 13.

13. The projected date for the initiation and the anticipated length of IEP activities and services.
14. The IEP must consider the *special factors* to include:
 - a. Assistive technology devices and services;⁴
 - b. Language needs for the limited English proficient (ESL) child;
 - c. Provision of Braille instruction for a child who is blind or visually impaired, unless the CSC determines that the use of Braille is not appropriate for the child;
 - d. Interventions, strategies and supports including behavior management plans to address behavior for a child whose behavior impedes his or her learning or that of others; and
 - e. Language and communication needs, opportunities for communication in the child's language and communication mode, including direct instruction in that mode, for the child who is deaf, hard of hearing or requires a specialized communication system.

The IEP for secondary⁵ students must also contain:

15. A statement of the vocational program required by the student. If a specially designed instructional program is required, the necessary goals and objectives shall be included in the IEP.
16. A statement of transition services needed by the student including a statement of interagency responsibilities.
17. Beginning at least one year before the child reaches the age of majority, a statement that the child has been informed of those rights that transfer to him or her.
18. A statement indicating a graduation plan has been developed and indicating the type of plan.

TRANSPORTATION

When an IEP is developed, the CSC, including parent(s), identifies the appropriate means of transportation for the student to travel to/from the site in which special education and related services will be provided. Transportation may become the responsibility of DoDEA. The continuum of transportation services includes the following:

1. None. Transportation is generally not provided to students who live within walking distance of the school and whose identified needs do not prevent them from walking with

⁴ Guidelines on Assistive Technology are presented in Appendix H.

⁵ Secondary students are students ages 14 and above.

parents or caretakers or being escorted. In lieu of providing transportation for a child with a developmental delay or disability who lives within walking distance, a safety attendant may be considered as an alternative to escort a child to school.

It is the sponsor's responsibility to ensure that his or her child gets to and from school safely. The emphasis on more normalized conditions in traveling to the site where special education and related services will be provided is to allow the student to participate in daily activities in the least restrictive environment.

2. Regular Transportation. The student rides the regular school bus using designated school bus stops.
3. Regular Transportation with Modifications. Modifications may include the following:
 - a. Safety attendant (ensures child enters and exits the bus safely, secures child with seating devices, and ensure child behaves safely while on the bus).
 - b. Safety aide with specialized training to manage the child's particular disability.
 - c. Wheelchair accessibility.
 - d. Special seating devices.
 - e. Alternate bus stop (student may require curb-to-curb service depending on the student's disability; however, the regular bus would be ridden).
4. Special Transportation. Special transportation is authorized for students with disabilities so severe that they cannot be transported in the least restrictive manner (i.e., regular school bus). Modifications may include the following:
 - a. Safety attendant (ensures child safely enters and exits the bus and behaves safely while on the bus).
 - b. Safety aide with specialized training to manage the child's particular disability.
 - c. Wheelchair accessibility.
 - d. Special seating devices.
 - e. Other.

If the child requires special transportation arrangements, as determined by his or her identified needs, the school should begin coordinating these needs with the transportation officer prior to the CSC meeting. The transportation officer must be aware of the child's needs and any other problems associated with transporting the student in order to supply the logistical information and support the IEP requirements. At each subsequent IEP review meeting, the type of appropriate transportation for each child should be addressed by the CSC.

LEAST RESTRICTIVE ENVIRONMENT

After developing the student's goals and objectives, the IEP team must decide the student's placement (where the IEP services will be implemented). The IEP team, including the parents, makes the placement decision based upon their knowledge of the student, what the evaluation results mean and the types of appropriate placements. Decisions are to be made in accordance with IDEA requirements that to the maximum extent appropriate, children with disabilities must be educated in the least restrictive environment (LRE) with non-disabled children. Special classes, separate schools, or other removal of children with disabilities from the general education environment may occur when the nature or severity of the disability is such that education in the regular class, even with the use of supplementary aids and services, cannot be achieved satisfactorily. If the IEP team determines that the student can be educated satisfactorily in the general education classroom, that placement is the LRE for that student.

NOTE: Definition of "supplemental aids and services" means aids, services, and other supports that are provided in general education classes or other education related settings to enable children with disabilities to be educated with non-disabled children to the maximum extent appropriate based on the student's individual needs.

Determining Location

Placement options range along a continuum beginning with the general education classroom as the least restrictive environment to homebound instruction. A location is chosen to accomplish the provision of services identified on the IEP. Placement is based upon the goal of providing a program to meet the student's severity of needs in the least restrictive environment.

The decision about the location where special education and related services will occur is based on the following:

1. Provision of accommodations and supplementary aids and services in the general education classroom;
2. Severity of assessed needs;
3. Individual learning style; and
4. Impact on other students in the environment.

General Education Location/Collaborative Teaching Practices

The general education classroom with supplementary aids and services is the *first* consideration for delivering special education and related services. The following standards should be considered before deciding to place the student in a more restrictive environment are:

1. The educational and social benefits for the student derived from provision of services in the general education classroom;
2. The impact of the placement on the other students in the class;
3. Will the student be successful in working towards attainment of IEP goals and objectives in the general education classroom; and
4. The necessary supports required for successful participation in the class.

Effective collaboration is accomplished through active planning and active participation. The general and special educators share in decision making as they work toward the common goal of providing success in the classroom. Planning time is part of delivering services. When services are delivered in the general education classroom, it is still the responsibility of the special education teacher to ensure that the goals and objectives on the IEP are addressed in the classroom.

The special and general educators decide how their roles and responsibilities will be shared as they make decisions about students' instruction in the classroom. An array of collaborative teaching practices is available to accommodate the designed instructional delivery; often, the general and special educators use several of these practices. Three alternatives that special and general educators may consider as they design their collaborative teaching are adapting, sharing, and enhancing.⁶

Adapting: Adapting instruction is accomplished by the following:

- a. *Targeting a student's strengths.* For example, if the student has weak auditory processing skills, instruction should include writing key words on the board and presenting pictures and graphics to supplement lectures.
- b. *Modifying curriculum.* This may be accomplished through providing supplemental materials such as lower-level reading material, and using various media, and manipulatives to assist in the attainment of individual objectives.
- c. *Designing assessments to include performance-based and authentic assessments.* These may include, such formats as dramatization, photo display, oral reports, and projects.

Sharing: Collaboration between special and general educators may include the following teaming:

- a. *Lead and Support* permits the general educator to contribute the major focus of instruction with the special educator contributing such support as providing visuals, adding definitions for vocabulary words, and demonstrating with manipulatives.

⁶Reference, "Working Together: Tools for Collaborative Teaching," Anita DeBoer and Susan Fister, 1996.

- b. *Duet Teaming* allows teachers to contribute equally to the same lesson objectives. For example, in discussing the Civil War, one teacher can talk about the North's reasons for engaging in the conflict, and the other teacher can talk about the South's reasons. The teachers can compare and contrast their list of factors.
- c. *Speak and Add* occurs when one teacher leads the discussion and another adds explanations and clarifications to aid in understanding.
- d. *Speak and Chart* uses one educator to provide the focus of discussion while the other charts the facts with graphs, overlays, or outlines.
- e. *Skill Grouping* is the division of the class into groups, some of which receive additional instruction or guided practice, while others may receive enrichment activities.
- f. *Station Teaching* is the practice of setting up centers supervised by the special and general educators as the students engage in targeted skill activities.
- g. *Parallel Teaching* occurs when one teacher provides for one segment of the instruction such as the teaching of grammar rules while the other teacher follows with a lesson on paragraph writing. The instruction contributes to two different parts of the lesson.
- h. *Shadow Teaching* provides for the reinforcement and follow-up of the lesson of one educator by another through guided practice and individual or group assistance.

Enhancing: Enhancing instruction involves strategies to support existing instruction such as the following:

- a. *Learning strategies* such as graphic organizers and Cornell note-taking are taught to empower students to compensate for their deficit areas.
- b. *Thinking skills* are included in lesson planning to ensure higher order skills of analyzing, synthesizing, and evaluating are part of the high expectations for student learning.
- c. *Peer-mediated instruction* promotes the benefits of students helping each other; students share their skills in a structured manner that facilitates others' understanding of difficult skills.
- d. *Communication skills* of listening, speaking, reading, and writing are part of the lesson planning to ensure their integration in the instruction and learning process.
- e. *Performance assessment* allows for alternatives to typical pencil and paper activities that do not tap into some student's talents and skills. Performance assessment allows students to demonstrate their understanding of lesson contents through such activities as making timelines, charts, storybooks, videotape shows, plays, and dioramas.

SERVICE DELIVERY LOCATIONS

Resource Room

When the *severity of needs exceeds* the accommodations and services that can be provided within the general education classroom, the resource room provides specially designed instruction. This instruction is not a replication of prior instruction in the general classroom; rather, strategies and interventions are individually tailored and curricular skills are selectively chosen to provide the student with the necessary foundation to transition to the classroom. The services, based upon the general education curriculum, measure progress towards meeting the content standards. The expectation is that the special and general educators will co-plan in integrating the curriculum standards within the specially designed instruction.

Self Contained Room

When the *severity of needs exceeds* the accommodations and services that can be provided within the general education classroom or resource room services, a self-contained room is appropriate. Through specially designed instruction, a supplemental curriculum is used to address identified needs. This option is often used for students with more moderate to severe disabilities, for whom an alternate curriculum may be used (e.g., Syracuse Curriculum) to address more functional life skills. The expectation is that the special and general educator will continue to collaborate in integrating curriculum standards within the specially designed instruction.

Home

Instruction in the student's home is typically provided for preschool children whose home becomes a natural environment for delivering services directed at specific goals and objectives. The preschool teacher or other service providers may recommend interventions to parents to address the child's needs and interact directly with the child to demonstrate activities. The home is a safe and comfortable place for the child and a good setting for restructured play activities and routines. The child's development can be supported through parents, medically related service providers, and special educators at home. Home instruction may be a short-term option for students with physical impairments who require medical services at home.

Preschool Classroom

The preschool classroom becomes the setting for youngsters, 3 through 5, who require specially designed instruction in a self-contained setting. The preschool setting may be the most natural environment for a youngster depending on the child's need for structure and intensive preparation for academic and school-related tasks.

Therapy Room

The therapy room may be located within the school or clinical setting for related services. This location is separate from the special or general classroom and is often used for more extensive and intensive services that cannot be provided in the classroom.

Community

The community provides a location for preschool services at such sites as the Child Development Center or day care centers. This location provides a normalized setting for services as children with special needs interact with their peers.

Transition activities and employment explorations can also be delivered in the community for those high school students who are enrolled in coordinated work activities to meet their transition goals and objectives. Community-based instruction may also be appropriate for students who have disabilities who need to work on specific leisure and recreation and, other living skills.

CONSULTATION

Students' needs may be addressed and supported in the general education classroom through consultation. Consultation is:

1. The mutual problem solving and goal sharing between at least two co-equal parties to resolve student academic and/or behavioral difficulties in general education;
2. Team ownership of students' needs;
3. An implied change in existing practices; and
4. Guided by data-based decisions.

The overriding goal of consultation is to provide information that will ensure a quality education for all students. Other more specific goals of consultation are:

1. To maintain students in their general education classroom on a full-time basis whenever possible. Through the process of collaborative problem solving, educators can design effective intervention strategies that allow students to experience success with their peers.
2. To ensure that a student's educational program is coordinated across all teachers involved in the student's program. Not pulling students out of their general education classes for additional instruction gives them the best chance for uninterrupted learning. This practice supports the student's success because the student can generalize learning across settings.
3. To increase teacher capacity and independence to accommodate for other students in the future.

NOTE: Specific goals and objectives for which special education and related service providers will provide consultation services must be written in the student's IEP.

Time to consult is not to be confused with planning time to carry out collaborative teaching arrangements in the general classroom. Instead, teacher interaction concerns the sharing of curricular, environmental, and/or behavioral interventions and accommodations to support the student's strengths and learning style in the classroom and is listed as such on the IEP.

REACHING A CONSENSUS

Reaching a consensus requires each member of the CSC, including the parent(s), to consider the total needs of the student. A consensus is formed through an informal process of gathering opinions. It is inappropriate for the CSC to make decisions or reach consensus based on a majority vote. The committee should work towards consensus with the understanding that the school has ultimate responsibility to ensure inclusion of the services the child needs in order to receive a free appropriate public education (FAPE). If consensus cannot be reached at the IEP meeting, the school should make every effort to resolve differences through conferencing and, if necessary, mediation.⁷

Remember the IEP is not a year's lesson plan and that not every conceivable goal or objective should be included in the IEP. The CSC as a group must prioritize goals and objectives based on the student's needs, age, and unique characteristics.

Conclusion of IEP Meeting

After the IEP is written, a copy must be given to the parents. Those individuals who will be involved in implementing the IEP, such as regular education teacher(s), special education teacher(s), related service provider(s) and any other service provider who will be responsible for a part of the student's education, must be informed of the content of the IEP. Each person needs to know his or her specific responsibilities for carrying out the IEP including specific accommodations, modifications, and supports the child must receive based on the IEP.

Parent Permission

NOTE: The CSC must obtain written parent permission before providing the student with special education and related services for the first time. Parent signature on the initial IEP indicates consent for the placement and provision of services.

⁷ Refer to Chapter 12, "Procedural Safeguards," regarding mediation when CSC is unable to reach consensus.

CHAPTER

7

REVIEWING AND REVISING

THE IEP

The IEP is a legal document that is signed by the parents, representatives of DoDEA, and related service personnel, as appropriate. Any modification of the IEP requires an IEP meeting with the parents.¹

A review or revision of the IEP may be conducted at any time at the request of the parent, related service provider, or school personnel. Parent conferences to discuss progress can be held at any time. However, *any revision* of the IEP must be accomplished within a CSC meeting. There are basically two types of revision meetings: a modification and an annual review of the IEP.

¹ The CSC must use its judgment based on the age of the IEP and the comprehensiveness of the modifications required to determine whether the IEP should be modified or whether an annual review should be conducted early.

ANNUAL REVIEW

The IEP for each student with a disability must be formally reviewed and revised at least annually in a CSC meeting. The purpose of this review is to see whether the child is achieving his or her annual goals. The CSC must revise the student's individualized education program, if necessary, to address the following:

1. Child's progress or lack of expected progress toward the annual goals and the general curriculum;
2. Information gathered through any reevaluation of the child;
3. Information about the child that the parents share;
4. Information about the child that the school shares such as, teacher observation of the child or the child's class work;
5. Child's anticipated needs; or
6. Other issues.

Although the IEP *must* be reviewed at least once a year, the CSC may review and revise the IEP more often, if necessary. If it becomes evident that a student is not making progress toward attainment of his or her annual goals, a review meeting for the purpose of revising the IEP must be conducted. The CSC would also want to meet if the student has met most of his or her goals and new ones need to be written.

When the CSC is meeting to conduct a review of the student's IEP and, as necessary, to revise it, the members must again consider the following factors:

1. The student's strengths;
2. The parents' ideas for enhancing their child's education;
3. The results of recent evaluations or reevaluations; and
4. How the student has performed on state and district-wide assessments.

Participants in IEP Annual Review

ANNUAL REVIEW CSC

This meeting includes the following individuals:

1. A school representative who is qualified to provide or to supervise special education services, is knowledgeable about the general education curriculum, and is knowledgeable about school resources;
2. The student's regular education teacher;
3. One or more of the service providers, both educational and related services;
4. One or both of the student's parents; and
5. Additional persons at the discretion of the parents or the school, such as, but not limited to:
 - a. The student, if appropriate. (Participation of secondary students is encouraged.)
 - b. Translators or interpreters.

Preparation for IEP Annual Review

Before the annual review meeting, the special educator(s) and related service provider(s) have the responsibility to:

1. Review the criteria for achievement of objectives as specified in the IEP and determine whether short-term objectives have been met;
2. Prepare progress report for assigned goals/objectives; and
3. Record pertinent IEP review information.

The CSC or the designated case manager has the responsibility to:

1. Invite the parents to the annual review meeting;
2. Provide the parents with a report of the child's progress; and
3. If appropriate, send the parents a copy of the draft goals and objectives proposed for the new IEP. This draft is based on the recommendations made by the classroom teacher(s), the special educator(s), and related service personnel after considering the progress reported on the current IEP.

Purpose Of IEP Annual Review Meeting

The annual review meeting has two basic purposes:

1. Short-term objectives listed on the IEP are reviewed and achievement verified. The special educator(s) and related service personnel serving the student can document any parental input regarding the child's progress on the IEP.
2. Long-term goals and short-term objectives are considered and the committee develops a new IEP for the ensuing year. The CSC must develop a new IEP. The team may not simply extend the former IEP or make other notations on the forms rather than developing a new one.

Out-of-Date IEP

Under certain circumstances, an out-of-date IEP will remain in effect and the student will continue to receive special education services.

1. If a new IEP cannot be finalized (e.g., the parents refuse to sign) the existing IEP remains in effect until the disagreement is settled.
2. If a CSC misses the annual review date, the existing IEP remains in effect until such time as the annual review is held. The CSC minutes must document the circumstances to explain the reason for the delay.
3. If a parent who had originally indicated that he or she would attend the meeting should not show-up for the meeting, the current IEP remains in effect.

MODIFICATIONS TO THE IEP

Unlike an annual review which is required at least once a year, the school, parents, or related service providers may request a modification to the IEP at any time. It may be requested because the student is experiencing success or difficulties with the current program. That is, the person requesting the modification meeting may wish to increase, decrease, or in some other respect modify services.

Any modification of the IEP (including the termination of a service) must take place in an IEP meeting.

Participants in an IEP Modification Meeting

MODIFICATION CSC

The meeting includes the following individuals:

1. A school representative who is qualified to provide or to supervise special education services, is knowledgeable about the general education curriculum, and is knowledgeable about school resources;
2. The student's regular education teacher;
3. One or more of the service providers, both educational and related services;
4. The student's parents; and
5. Additional persons at the discretion of the parents or the school, such as, but not limited to:
 - a. The student, if appropriate (Participation of secondary students is encouraged)
 - b. Translators or interpreters

Preparation for IEP Modification

If the school or related service provider is requesting a modification meeting, the school or related service provider shall be prepared to present the need for the requested modification. The need for the modification may be documented through an analysis of the student's progress (or lack of progress) on the current IEP. In the case of a request to consider an additional service, there must be documentation of a need for that service (e.g., failing in a subject, severe behavioral problems, etc.). Documentation may also involve formal assessment in an area such as speech.

The CSC has the responsibility to:

1. Invite the parents to the IEP modification meeting;

2. Provide the parents with a progress report or other form of documentation supporting the need to modify the IEP; and
3. Provide the parents with a copy of draft goals and objectives based on recommendations made by the classroom teacher, the special educator(s) and/or medically related services personnel.

TERMINATION OF THE IEP

A student's right to special education services is automatically terminated either at the end of the school year in which the student reaches 21² or upon graduation from high school.

Termination of services also may occur as a result of a decision reached by the CSC (including the parents) or by order of a hearing officer or court. Termination of an IEP is a serious step that requires specification of the reason and documentation of the circumstances surrounding the decision.

Reasons for Termination

Special education and related services may be terminated for several possible reasons:

1. The student reaches 21 years of age during the school year. In this case the student completes the school year.
2. The student graduates from high school.
3. The parents or a student 18 years or older requests termination of special education and related services, and the full CSC agrees with or concedes to the request. (If the CSC does not agree, dispute management procedures [e.g., conference, mediation, hearing, and resolution] may be invoked.)
4. A hearing officer or court order mandates the termination of the IEP.
5. The student no longer requires special education and related services.

Documentation Required for Termination

Termination of special education and related services requires written documentation. This documentation may follow one or more of the following formats:

² When a student reaches 21 years of age during the school year, the student may complete the school year. The IEP will be terminated at the end of that year.

1. The student's file is annotated to show when the student reached 21 years of age and the final date of services.
2. The student's graduation plan is annotated to show the student has met the requirements of the graduation plan.
3. The student's IEP contains a written statement by the parents, signed by them, specifying that they no longer agree to special education placement, the parents' signature, and the date services were terminated. Minutes should indicate why the CSC concurred.
4. The resolution of the hearing officer or court order is placed in the student's file.
5. The student's file contains an eligibility report (triennial review), annotated to indicate termination of services and substantiating that the student no longer meets criteria.
6. The student's file contains an IEP and CSC minutes annotating program progress and evidence that the student no longer requires special education services.

CHAPTER

8

INCOMING

RECORDS

Students enter DoDEA schools with an active IEP from other DoDEA schools and from schools outside of DoDEA. This chapter describes the procedures for serving students who transfer to and from DoDEA schools including transfers between non-DoDEA and DoDEA schools and transfers within DoDEA.

Specific procedures are prescribed for providing services to students who enroll with an active DoDEA IEP or non-DoDEA IEP. Relevant concerns related to special education eligibility determination according to DoDEA criterion are addressed.

Guidance is also provided concerning service delivery for students who transfer into DoDEA with non-conventional documentation that requires unique decision-making for proper disposition.

STUDENTS WITH AN ACTIVE DODEA IEP

Students enrolling with an active¹ DoDEA IEP are eligible for placement in special education and related services in any DoDEA school. A student who is determined eligible by one DoDEA school is also eligible in another DoDEA school. It is not necessary to redetermine the eligibility of a student with a disability entering from another DoDEA school.

An IEP developed in one DoDEA school is valid at all DoDEA schools. The receiving school is obligated to accept the incoming IEP, to address the needs reflected in the goals and objectives, and to provide services consistent with the IEP. A meeting with the parents must be convened within 15 school days of the student's enrollment if the school is unable to serve the student exactly as required by the incoming IEP.

Upon receipt of the DoDEA IEP, the Core CSC will review the contents and determine if the IEP can be implemented as written (i.e. goals and objectives are present, time in program is stated, required services are indicated, and required service provider(s) are available, etc.). Attendees at this meeting must include an administrator with knowledge and authority to commit the school's resources, the CSC Chairperson, potential service provider(s), and a classroom teacher.

1. If the DoDEA IEP is accepted and implemented as written, a CSC meeting with parents is not necessary. However, the CSC must provide written notification to the parent that the student will be served according to the incoming IEP. *CSC Minutes of Meeting* is completed and a copy sent home to the parents. The minutes of the meeting serve as written notification to the parents that their child is being served according to the incoming IEP. *If requested by the parent(s), a meeting to review the incoming DoDEA records will be convened.*
2. If the DoDEA IEP cannot be implemented as written or the CSC disagrees with the incoming IEP, a CSC meeting with parents must be convened no later than **15 school days** following receipt of the active IEP. *CSC Minutes of Meeting* is completed at this meeting. Assessment planning and parent permission for evaluation may also be completed during this meeting. Actions requiring a CSC meeting with the parent participation include the following:
 - a. Modification of the incoming DoDEA IEP as appropriate, e.g., change in placement, time, service providers, location of services; and/or
 - b. Development of an assessment plan to determine special education and related services needs and/or eligibility.

If the receiving school questions the incoming DoDEA eligibility report or the incoming DoDEA IEP, changes, if necessary, may only be made at a CSC meeting with the parents.

Documentation required for eligibility determination that is missing from the incoming record (i.e., no adaptive behavior assessment for a student identified under intellectual disability) does

¹ **Active IEP: An IEP that was in effect within the last 12 months with no indication of termination or intent to terminate.**

not affect the implementation of the incoming DoDEA IEP. The school will honor the eligibility determination and the incoming IEP. A CSC meeting will be convened to review the student's status and, as necessary, implement corrective actions.

STUDENTS WITH ACTIVE NON-DODEA IEP

For students enrolling from schools outside the DoDEA system, the issues of eligibility and IEP implementation are handled separately and will not necessarily occur in the customary order. Delivery of interim services consistent with the goals and objectives of the incoming active non-DoDEA IEP may precede eligibility determination. As a general practice, the school will attempt to provide interim services for students who enroll with documented special education requirements until eligibility or ineligibility for services is determined and a DoDEA IEP is developed. DoDEA eligibility must be determined for all students who enroll with a non-DoDEA IEP before services are delivered as required by a DoDEA IEP.

A student enrolling with a non-DoDEA IEP is placed in general education until a CSC meeting, to include the parent(s), to review the incoming information is convened. The CSC meeting must be held no later than **15 school days** following receipt of the incoming record. At the meeting with the parents, the CSC will identify the interim special education services that will be provided to the students pending determination of eligibility according to DoDEA criteria. *While the interim services must be consistent with the overall goals and objectives on the incoming IEP, the CSC is not required to meet every goal and objective or to provide services in the same manner and for the same amount of time as specified on the incoming non-DoDEA IEP.*

NOTE: The CSC may determine the necessity to provide interim services prior to the incoming records review meeting when a student with a severe disability enrolls in the school. The parents must be notified immediately of their child's placement and the interim services that will be provided.

At the conclusion of the incoming non-DoDEA records review meeting, the CSC will have the following documents:

1. *CSC Minutes of Meeting* clearly outlining whether the committee was able to determine eligibility and write a DoDEA IEP, or prescribe the interim services that will be provided to the student including time, location, service provider(s), and modifications, if warranted. Additional information requirements, if any that the parents and the school need to obtain from the prior school in order to make an eligibility determination are documented in the minutes.
2. The Non-DoDEA IEP and any other records relevant to special education provided by the parent when enrolling the student.

3. *Notice of Insufficient Information for DoDEA Eligibility Determination* alerting the parents that placement in special education is contingent upon determination of eligibility in accordance with DoDEA criteria and acknowledging the interim special education and related services that will be provided to the student until determination of the student's eligibility.

If the decision is made to initiate the assessment process for eligibility determination, a copy of the assessment plan and parent permission are also completed at the meeting.

Non-DoDEA Incoming Records - Eligibility Determination

When reviewing non-DoDEA incoming records to determine eligibility according to DoDEA criteria, the age and quality of the incoming assessment data must be considered by the CSC when deciding if the information is usable and sufficient for eligibility determination according to DoDEA criteria. The CSC should exercise caution in administering only those assessments necessary to determine eligibility. A full assessment is not required and should be conducted only when the incoming records do not contain the necessary information for the CSC to determine the presence of a disability and the student's eligibility for special education services and the information cannot be obtained from the previous school.

Sufficient assessment data to determine eligibility:

1. If a student arrives with a complete set of assessment records including an assessment report(s) or test protocols that address each assessment procedure required for the disability category, the CSC may determine eligibility based on the incoming records. A *Case Study Committee Eligibility Report* is developed.
2. If a determination is made that the student is eligible for special education services, the CSC will then develop a DoDEA IEP. The notice of the CSC meeting will state that the CSC may proceed from eligibility to the development of an IEP if sufficient information is available to permit a determination of eligibility. Alternately, a statement should be included in the minutes of the meeting noting parent consent to proceed to develop the child's IEP after eligibility determination and waiving the requirement that the school provide advance notice of the IEP meeting. *The triennial review date is three years from the date the CSC determined eligibility according to DoDEA criteria.*
3. If sufficient records are available to determine eligibility at the initial CSC meeting and the CSC determines that the student does not meet DoDEA criteria, the CSC shall terminate the delivery of interim special education services. The student may be provided alternative supplementary services.

Insufficient assessment data to determine eligibility:

1. If a student arrives with an incomplete set of assessment records and the CSC is unable to determine eligibility, the CSC may either request records from the previous school or initiate the assessment process.

2. If records are requested, the CSC should establish a date, within 30 days of the request for request for records, to convene a second CSC meeting. The committee must ensure the parents understand that if the records not received by the date of the second CSC meeting, or if the records are insufficient to permit DoDEA to make an eligibility determination, the CSC will initiate an assessment plan.
3. If the committee is developing an assessment plan, the CSC must ensure that all the required assessment data are obtained. The required data may be obtained from the completion of new assessments and from information available in the incoming records.

RECORDS CONTAINING OTHER SPECIAL EDUCATION INFORMATION²

Students Enrolling with an Expired³ IEP

A student with an expired IEP will be placed in the general education classroom. This placement will continue until it is determined that the student is eligible for special education. If there is no notation on the incoming IEP that services were terminated, the core CSC will assume that the former school either failed to meet the review date or to record the date services were ended. The core CSC will not consider the incoming IEP to be active and does not need to provide interim services. The CSC should consider the expired IEP as an indication that the student may require special services, particularly if the parent indicates that the student has a continuing need, and should contact the sending school to determine the status of the expired IEP, and the reason why the IEP expired. The CSC should also alert the teachers to observe the student's performance for possible need for special education services.

Following placement of the student in general education, the CSC should meet to determine whether or not the content of the expired IEP is relevant to the student's educational needs. The immediacy of this meeting will depend upon the individual student's need. During the interval between placement in the general classroom and the CSC meeting, the general classroom teacher will have the opportunity to observe and assess the student's educational performance, learning style, and school adjustment to the new school. The teacher's assessment of student need is essential to determine the relevance of the expired IEP. The CSC may determine it appropriate for the student to remain in the general classroom with no further action. If exceptional needs are in evidence, prereferral activities should be initiated.

²In all situations mentioned on this page, the CSC should verify student's prior placement in special education. This verification can be obtained via fax, telephone, or electronic mail sent between representatives of the two schools.

³Expired IEP: An IEP with an ending date that is more than 12 months old, was not specifically terminated, and there is no indication that it was renewed or that a CSC meeting had been scheduled by the prior school in order to renew the IEP,

Students Enrolling with Other Information

If the incoming records contain some form of notation that the student may have participated in or have a need for special education, but there is no formal documentation (e.g., IEP or assessment data) the student is placed in the general education classroom. The student is considered a general education student and school personnel should carefully observe any school-related difficulties. If justified, prereferral activity may be initiated.

Students Enrolling with No Special Education Data

If the parents indicate that their child was receiving special education and related services at the previous school, but they do not have any supporting documentation of such placement, the student is placed in the general classroom. The CSC may request the parent sign a release and send it to the previous school in order to obtain special education records and then proceed as appropriate. In extraordinary cases, initial verification of prior placement and complete information regarding the IEP may be obtained by telephone. Based on the information obtained, the CSC may determine the necessity to provide interim services prior to the receipt of records from the previous school. The parents must be notified immediately of their child's placement and of the interim services that will be provided. *Under no circumstances is a child placed in special education without supporting documentation.*

TRANSFER OF STUDENT FROM DODEA

Upon notification that a student will transfer from the DoDEA school, the service providers should review the IEP to ensure that the student's present program is adequately reflected in the documents to be sent to the receiving school. A copy of the student's current eligibility report and IEP are provided to the parent. *Parents should be strongly encouraged to hand-carry these records to the next school.*

Transfer within DoDEA: Upon notification from the DoDEA school that the student has enrolled, the sending school will:

1. Copy all data in the special education file that would document compliance;
2. Note in the student's record the date and to whom the information was sent (copy of parent release form should be included in the file);
3. Send the entire original special education record to the receiving DoDEA school, return receipt requested; and
4. Maintain the copied information from item #1 in the inactive file for five years.

Transfer to a Non-DoDEA School: Upon notification of parental approval for the release of information to a non-DoDEA school, the sending DoDEA school will:

1. Send the receiving school a copy of the entire student record including the latest *IEP*, *CSC Eligibility Report*, *Progress Report* and comprehensive diagnostic assessments;
2. Note in the student's record the date and to whom the information was sent (copy of parent release form should be included in the file); and
3. Maintain student's record in the inactive file for five years.

Transfer of Student within the District

It is the responsibility of the sending school to:

1. Ensure that a student transferring from one school to another within the same district is scheduled to continue in special education and related services appropriate to the student's needs⁴ and that the student's triennial review and annual review are up-to-date;
2. Notify the CSC chairperson at the receiving school of those students who will transfer at the end of the school year; and
3. As appropriate, provide the CSC chairperson (or designee) at the receiving school with the opportunity to review the records of all potential students transferring into the school.

NOTE: There should be no students who transfer between schools whose annual review or triennial review dates fall within the first six weeks of the new school year.

Transfer Meeting (School Complex)

For students transferring to another school within the same complex of schools, such as elementary to middle school or middle school to high school, a joint meeting between CSC members from both the sending and receiving schools should be convened before the end of the school year. Because the transition may involve changes to the student's educational program, especially at the middle and high school level where courses are selected, there is a difference in the length of instructional periods, and as appropriate, 6 year plan or graduation plan is developed, the parent should be invited to attend the transition meeting.

Representatives from the sending school should prepare, in advance, a report of progress on the

⁴See Chapter 9 for specific guidance related to the transition of young children from early intervention services to Preschool Children with Disabilities.

IEP goals and objectives. This will facilitate the discussion of progress and present level of performance. At a minimum, representatives from the receiving school should review the file and prepare in advance a tentative class schedule so that related service needs, possible modifications to regular classes, and projected prevocational/vocational programming can be discussed.

At the transfer meeting, the current progress of the student is noted. The CSC may decide to develop an IEP for the coming year or design a plan for the development of the IEP by the receiving school at the start of the school year. If an IEP is developed, the administrator or administrative designee from the receiving school will sign the IEP committing the resources for that school. The program entry date will be specified as the first day of the new school year. If the student is moving from middle school to high school, a graduation plan is initiated at this meeting.

In many cases, transfer meetings will be conducted in the spring of the year before the transfer especially if either the annual review or triennial review dates fall within the first six weeks of the new school year. This will require the CSC to develop an IEP with goals and objectives that will be in place until the end of the present school year AND one that will be initiated at the beginning of the next school year. If there are differences in the two IEPs (e.g., one uses an elementary schedule and the other a secondary schedule), the IEP contents may be different. In these cases, both IEPs should be developed, but they should be annotated as to the time in program, services, etc., that will be in effect during each time period.

CHAPTER

9

PRESCHOOL

SERVICES

DoDEA provides special education and related services to young children 3 through 5 years of age with developmental delays and disabilities. Preschoolers with disabilities may receive individually tailored special education and related services in a variety of settings including home, school, and community sites.

This chapter defines the program requirements for children eligible to receive Preschool Services for Children with Disabilities (PSCD). Throughout the steps of the procedural process, the parent plays an active role in the identification of the developmental delay/disability, the nature of the program and delivery of services, and the monitoring of the child's progress. Unless otherwise specified here, special education procedures that apply to school-age children also apply to preschool children.

PRESCHOOL CASE STUDY COMMITTEE MEETINGS

PRESCHOOL CSC MEMBERSHIP

The participants required at CSC meetings for preschool children are the same as those required for school-age students. However, if the preschool child is not old enough to be served in a general education classroom, the requirement for a classroom teacher to participate may be waived. The exception is a child who is in Sure Start or a kindergarten program.

Recommended Best Practice: The CSC should include an individual knowledgeable in early childhood curriculum, whether that individual knows the child or not.

Preschool children may be involved in other programs (e.g., Sure Start, Child Development Center, Early Intervention Services¹) or may receive care from a private child-care provider. In these cases, CSC participation by a representative from one of these programs is encouraged. If these representatives participate in the CSC process, they should be active participants by:

1. Interacting with the child during the assessment phase;
2. Providing samples of the child's work or written anecdotal records, if the child is enrolled in their program; and
3. Observing and documenting the interactions of the child with other children during play or center-based activities.

Parents provide important information about the strengths and needs of their preschool child. The family will provide consistent, long-term support to help their child reach his or her potential. Therefore, encouraging parents to be active participants throughout the procedural process and program development is a key component for the child's success in school. This first encounter with "specialized instruction" is a sensitive time for parents. Time should be spent explaining the identified developmental delay(s), listening to parental hopes and concerns, and eliciting assistance for programming from the parent(s). This partnership will establish a positive relationship with the school that can last throughout the child's educational career.

Activities that may be used to promote parent(s) involvement include the following:

- a. During screening, referral, assessment planning, and eligibility activities, asking parents' opinions about their developmental stages.

¹ The Department of Defense provides Early Intervention Services (EIS) for infants and toddlers from birth through 2. Throughout this chapter, both programs are identified in those situations in which the programs would normally interface. This guide, however, defines procedures only for the DoDEA preschool programs for 3 through 5-year-olds.

- b. For assessment activities, asking parents to record specific behaviors observed at home both those that the child does well and those that are cause for concern.
- c. Use of “mapping” techniques to identify priority needs for programming purposes.
- d. Giving parents a copy of draft IEP goals and objectives and asking them to identify those they believe should be included on the IEP.
- e. Asking parents to participate in preparation of tasks and activities that will be used with their child and others.
- f. Classroom volunteering.
- g. Providing information and materials to parents for follow-up activities in the home.

Ongoing communication with parents, classroom visits, parent meetings, home visits, and joint responsibility for the child’s progress are encouraged as means for achieving parent inclusion in their child’s program.

AGE OF ENTRY

Eligible on the Third Birthday

Children who qualify for preschool services are eligible for these services (PSCD) on their third birthday. Whenever feasible, the CSC should determine eligibility prior to the child's third birthday so the child may begin receiving services on that day (when the third birthday occurs during the school year).

If the child’s third birthday is during June, July, or August (the traditional summer vacation period for most school systems), the CSC should ensure that an eligibility decision is made and an IEP is developed before the end of the school year. The IEP should be reviewed by the preschool teacher and other providers within the first four weeks of the new school year to ensure that it remains appropriate for the child’s present level of functioning.

Entry Before Age Three

Schools have the option to provide services to a child prior to the third birthday if:

1. The CSC determines that the child requires a PSCD program;
2. The child will turn 3 within six weeks after a natural juncture in the school year (e.g., after the start of the school year or at semester); and
3. Space is available in the PSCD program.

Actions of this type should be decided on a case-by-case basis through appropriate CSC procedures. If the child is being served in an Early Intervention Program (EIP), the decision should involve EIP providers, the school, and the parents.

Entry After Age Three

The CSC, including parents, may decide that a child should not start in the PSCD program on the third birthday (e.g., child turns 3 on last week of the school year, child turns 3 one week before family will leave the community, etc.). This is a CSC decision made with the parents.

The decision not to start services on the third birthday may occur especially in those cases in which the child is already receiving services in an Early Intervention Program (EIP). In these cases, the CSC and parents in coordination with EIP providers may determine that a child is better served in an EIP even after the third birthday (for example, when the child will turn 3 at the end of the school year). This decision should be made in a joint transition meeting with parents and both agencies as described in later sections of this chapter in the section covering "Transition."

Age Limitation

A child should not remain in a PSCD program past his or /her sixth birthday. Procedures to facilitate the transition from PSCD to other special education services are discussed later in this chapter in the section covering "Transition."

SCREENING PROCEDURES – CHILD FIND

As part of their Child Find efforts, schools will conduct active, ongoing screening for young children not yet enrolled in school. Appropriate activities to be conducted during the screening process include the following:

1. The identification of parental concerns and questions;
2. An interview with the parents and the completion of a developmental/health questionnaire;
3. Vision and hearing screening; and
4. Interactions with the child that may occur in a natural setting or a setting designed to offer opportunities for the child to demonstrate functional competencies in developmental areas.

The screening instrument and activities (e.g., observation, interview, and checklists) should provide information on the five developmental areas: (1) communication, (2) cognition, (3) physical (fine and gross motor), (4) social/emotional, and (5) adaptive behavior/self-help. Screening activities should be designed to allow for observation of the developmental area based on age-level appropriate skills. Accommodations for the hearing and vision screening may be made for children who do not understand and are uncooperative. (See [Appendix E](#) for a list of basic screening activities, instruments, and hearing and vision accommodations.)

Child Find Screening Summary

At the conclusion of the screening, the school should prepare a summary of the screening results and share it with the parents. The summary should include a compilation of information collected during the screening process, plus any identified follow-up action(s). Follow-up actions fall into three categories:

1. Developmental progress falls within normal limits; no further action is needed.
2. Results indicate some developmental concerns; ideas are provided to parents for use at home and a scheduled follow-up screening is arranged.
3. Results indicate a need for a comprehensive assessment to determine whether the child meets the eligibility criteria for a developmental delay or disability; a referral is made to the CSC.

If a child is referred for a comprehensive assessment, the screening summary provides the CSC with valuable data about the rationale for initiating a formal referral and the tailoring of the assessment plan to address suspected and/or identified special needs.

ELIGIBILITY CRITERIA

Two areas are generally considered when developing the assessment plan for preschool children, ages 3 through 5: (1) Developmental Delay, Criterion E, and (2) disability criterion A through D.

Criterion E - Developmental Delay

In DoDEA, Criterion E - Developmental Delay is a criterion specific to children, birth through 7 years. The term “developmental delay” refers to a condition that represents a significant delay in the process of development. It does not refer to a condition in which a child is slightly or momentarily lagging in development. The presence of a developmental delay is an indication that the developmental processes have been significantly impacted and that, without special intervention, it is likely that educational performance will be affected when the child reaches school age.

For purposes of eligibility under Criterion E, significant developmental delays must be identified in one or more of the following developmental areas:

1. Physical Development: Fine/gross motor skills used for coordinated use of muscles and body control in actions such as balance, standing, walking, climbing, object manipulation, cutting, and pre-writing activities.
2. Communication Development: Ability to understand and use language and the phonological processes.
3. Cognitive Development: Ability to receive information, process relationships, and apply knowledge.
4. Social/Emotional Development: Ability to develop and maintain functional interpersonal relationships and to exhibit social and emotional behaviors appropriate to the setting.
5. Adaptive/Self-Help Development: Ability to deal with environmental expectations and use functional daily living skills.

NOTE: Although the majority of preschool children are eligible for special education and related services under Criterion E, a young child may be determined eligible for services under any of the DoDEA criteria (A-E) as defined in Chapter 5. When using Criterion A through D for a young child, the CSC must address the question of “educational performance.” Because in most cases the child will have had little or no formal education, it is recommended that the CSC equate the term “educational performance” with “developmental progress.”

All five developmental areas must be *addressed* under Criterion E - Developmental Delay. The CSC must have documentation (e.g., through a screening) that a child is *not* deficient in a developmental area. Standardized testing would be required in any area in which the child's ability to function at an appropriate developmental level is questionable.

Disability Criteria A Through D

The CSC would consider eligibility under Criteria A through D for a preschool child who demonstrates a significant impairment in developmental skills, intellectual functioning, and sensory impairments. These disabilities should be explored in depth if significant corroborating data point in this direction. For example, if articulation is the only noted concern during screening and no difference was noted in actual functioning when compared with non-developmentally-delayed peers in the other four developmental areas, the CSC should design the assessment plan for Criterion C-AR (articulation). The nature of the disability determines the type of services and plan provided.

The CSC is increasingly challenged to identify and assess the disability of Autism Spectrum Disorder (ASD) in young children. ASD is a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age 3. Markedly abnormal or impaired development in social interaction and communication often accompanied by a restricted repertoire of activity and interests are typical characteristics of autism, but not the typical characteristics of a developmental delay. The CSC must use all available resources to determine when a young child should be evaluated for the suspected disability of developmental delay as opposed to the suspected disability of autism.

DETERMINATION OF ELIGIBILITY

Criterion E - Developmental Delay

Children, ages 3 through 7 years, are eligible under Criterion-E if they demonstrate a significant difference in actual functioning when compared with the norms for a typically developing child of the same chronological age. This significant difference occurs in one or more of the developmental areas as measured using standardized evaluation instruments and confirmed by clinical observation and judgment through informal measures. Two types of eligibility criteria are available:

If the assessment instrument(s) or technique(s) yields age equivalents, a child may be found eligible with:

1. A 25 percent delay, compared to chronological age peers, in one or more of the developmental areas; or
2. A 20 percent delay, compared to chronological age peers, in two or more of the developmental areas.

If the assessment instrument(s) or technique(s) yields standard deviations, the child may be found eligible with:

1. Two (2.0) standard deviations below the mean in one or more of the developmental areas; or
2. The equivalent of one and one-half (1.5) standard deviations below the mean in two or more of the developmental areas.

Although the definition of a developmental delay is expressed in scores obtained from norm-referenced assessments, eligibility is never determined on the basis of a single procedure. Appropriate selective assessment procedures may be used to determine if the child is eligible. These procedures may include, but not be limited to, norm-referenced assessments, observations in natural settings, collection of significant developmental information, parent interviews, criterion-referenced tools, performance-based assessments, developmental checklists, demonstrated proficiency on developmental objectives, investigation of learning rate, and professional judgment derived from the consensus of the CSC membership.

Criterion A through D

Eligibility for disability criterion, A through D is determined from the criteria as stated in Chapter 5, Eligibility Determination. The synthesis of data must include complete documentation to support the eligibility questions posed for the suspected disability.

CHART FOR DEVELOPMENTAL DELAY REFERENCE

<u>Actual</u> <u>Chronological Age</u>	<u>Age Equivalent</u> <u>with 20% delay</u>	<u>Age Equivalent</u> <u>with 25% delay</u>
2 yrs. 6 mos. (30 mos)	24.0 mos	22.5 mos
2 yrs. 7 mos. (31 mos)	24.8 mos	23.25 mos
2 yrs. 8 mos. (32 mos)	25.6 mos	24.0 mos
2 yrs. 9 mos. (33 mos)	26.4 mos	24.75 mos
2 yrs. 10 mos. (34 mos)	27.2 mos	25.5 mos
2 yrs. 11 mos. (35 mos)	28.0 mos	26.25 mos
3 yrs. 0 mos (36 mos)	28.8 mos	27.0 mos
3 yrs. 1 mos (37 mos)	29.6 mos	27.75 mos
3 yrs. 2 mos (38 mos)	30.4 mos	28.5 mos
3 yrs. 3 mos (39 mos)	31.2 mos	29.25 mos
3 yrs. 4 mos (40 mos)	32.0 mos	30.0 mos
3 yrs. 5 mos (41 mos)	32.8 mos	30.75 mos
3 yrs. 6 mos (42 mos)	33.6 mos	31.5 mos
3 yrs. 7 mos (43 mos)	34.4 mos	32.25 mos
3 yrs. 8 mos (44 mos)	35.2 mos	33.0 mos
3 yrs. 9 mos (45 mos)	36.0 mos	33.75 mos
3 yrs. 10 mos (46 mos)	36.8 mos	34.5 mos
3 yrs. 11 mos (47 mos)	37.6 mos	35.25 mos
4 yrs. 0 mos (48 mos)	38.4 mos	36.0 mos
4 yrs. 1 mos (49 mos)	39.2 mos	36.75 mos
4 yrs. 2 mos (50 mos)	40.0 mos	37.5 mos
4 yrs. 3 mos (51 mos)	40.8 mos	38.25 mos
4 yrs. 4 mos (52 mos)	41.6 mos	39.0 mos
4 yrs. 5 mos (53 mos)	42.4 mos	39.75 mos
4 yrs. 6 mos (54 mos)	43.2 mos	40.5 mos
4 yrs. 7 mos (55 mos)	44.0 mos	41.25 mos
4 yrs. 8 mos (56 mos)	44.8 mos	42.0 mos
4 yrs. 9 mos (57 mos)	45.6 mos	42.75 mos
4 yrs. 10 mos (58 mos)	46.4 mos	43.5 mos
4 yrs. 11 mos (59 mos)	47.2 mos	44.25 mos
5 yrs. 0 mos (60 mos)	48.0 mos	45.0 mos
5 yrs. 1 mos (61 mos)	48.8 mos	45.75 mos
5 yrs. 2 mos (62 mos)	49.6 mos	46.5 mos
5 yrs. 3 mos (63 mos)	50.4 mos	47.25 mos
5 yrs. 4 mos (64 mos)	51.2 mos	48.0 mos
5 yrs. 5 mos (65 mos)	52.0 mos	48.75 mos
5 yrs. 6 mos (66 mos)	52.8 mos	49.5 mos
5 yrs. 7 mos (67 mos)	53.6 mos	50.25 mos
5 yrs. 8 mos (68 mos)	54.4 mos	51.0 mos
5 yrs. 9 mos (69 mos)	55.2 mos	51.75 mos
5 yrs. 10 mos (70 mos)	56.0 mos	52.5 mos
5 yrs. 11 mos (71 mos)	56.8 mos	53.25 mos
<u>Actual</u> <u>Chronological Age</u>	<u>Age Equivalent</u> <u>with 20% delay</u>	<u>Age Equivalent</u> <u>with 25% delay</u>
6 yrs 0 mos (72 mos)	57.6 mos	54.0 mos

6 yrs 1 mos (73 mos)	58.4 mos	54.75 mos
6 yrs 2 mos (74 mos)	59.2 mos	55.50 mos
6 yrs 3 mos (75 mos)	60.0 mos	56.25 mos
6 yrs 4 mos (76 mos)	60.8 mos	57.0 mos
6 yrs 5 mos (77 mos)	61.6 mos	57.75 mos
6 yrs 6 mos (78 mos)	62.4 mos	58.50 mos
6 yrs 7 mos (79 mos)	63.2 mos	59.25 mos
6 yrs 8 mos (80 mos)	64.0 mos	60.0 mos
6 yrs 9 mos (81 mos)	64.8 mos	60.75 mos
6 yrs 10 mos (82 mos)	65.6 mos	61.50 mos
6 yrs 11 mos (83 mos)	66.4 mos	62.25 mos
7 yrs 0 mos (84 mos)	67.2 mos	63.0 mos
7 yrs 1 mos (85 mos)	68.0 mos	63.75 mos
7 yrs 2 mos (86 mos)	68.8 mos	64.50 mos
7 yrs 3 mos (87 mos)	69.6 mos	65.25 mos
7 yrs 4 mos (88 mos)	70.4 mos	66.0 mos
7 yrs 5 mos (89 mos)	71.2 mos	66.75 mos
7 yrs 6 mos (90 mos)	72.0 mos	67.50 mos
7 yrs 7 mos (91 mos)	72.8 mos	68.25 mos
7 yrs 8 mos (92 mos)	73.6 mos	69.0 mos
7 yrs 9 mos (93 mos)	74.4 mos	69.75 mos
7 yrs 10 mos (94 mos)	75.2 mos	70.50 mos
7 yrs 11 mos (95 mos)	76.0 mos	71.25 mos
8 yrs 0 mos (96 mos)	76.8 mos	72.0 mos

Reevaluation of Children Eligible for PSCD

Eligibility for special education services must be affirmed at a minimum of three-year intervals for preschool age children with disabilities. Thus, eligibility determinations in Criterion E-Developmental Delay made for children at ages of 3, 4, 5, 6, and 7 years remain valid for three years until the children are 6, 7, 8, 9, and 10 respectively. There is no procedural requirement for changing from Criterion E-Developmental Delay to another disability category (e.g., Criterion D-Specific Learning Disability) before a child reaches 8 years of age. However, the following information should be considered when designing a reevaluation plan for a young child with a developmental delay:

1. While the majority of preschool children are eligible for special education and related services under Criterion E, a young child may be determined eligible for services within any of the DoDEA criterion (A-E).
2. Children ages 3 to 7 exhibit rapid developmental growth/change therefore, a comprehensive reevaluation is often appropriate.
3. Children ages 3 to 7, who have participated in an educational program for 2 or more years, have a school history that can assist the CSC in its consideration of a child's eligibility under criterion other than E-Developmental Delay that will more accurately reflect the child's educational needs. For example, experience has shown that when a child is first identified under Criterion E because of a deficit in language and receives special education services for 2 or more years, it is more appropriate to consider Criterion C, Language Disorder when developing the re-evaluation plan.
4. It is the responsibility of the CSC to accurately identify and evaluate the area of suspected disability, including exploring the need to change the area of disability during a three-year reevaluation, as appropriate.
5. Category E-Developmental Delay should not be viewed or used as a short cut to special education eligibility.

IEP DEVELOPMENT

The IEP for a preschool child is developed in the same fashion as an IEP for a school-age child. However, the CSC should be sensitive to the difference between the development of the Individualized Family Service Plan (IFSP) and the IEP. The IFSP is developed with the family as the focus and they indicate the services they would like to include in the plan. The services are written in parent-friendly terms and are often dictated by the family (e.g., parents would like speech/language services for their child during a play-group meeting twice a week for one hour at the EDIS clinic). Families may not wish to have some recommended services and they have the right to exclude them from the IFSP. The IEP, however, switches the focus from the parents as the primary developers of their child's plan to the larger focus of all members of the CSC. The IEP is developed around the child's identified needs and all of these needs must be addressed if targeted by assessment results. This switch from parent control to parent as a participant in the CSC process must be explained to families; however, parents must always be made to feel that their wishes for the IEP development receive prominent consideration.

Services should be designed to promote a sense that the family and the school have shared ownership of the services. Ongoing communication with parents, classroom visits, parent meetings, home visits, and shared interest in the child's developmental progress toward IEP goals and objectives are encouraged as means for fostering parent inclusion in service delivery.

Issues such as least restrictive environment and program placement are addressed at the time of the IEP development meeting as noted in Chapter 6. The IEP must contain a statement of the child's present levels of educational performance, including how the child's disability affects the child's participation in appropriate activities. The term "appropriate activities" refers to developmental abilities or milestones that typically developing children of the same age would be performing or would have achieved. Appropriate activities include activities, materials, and environments that are chronologically age relevant, and developmentally and individually appropriate.

Transportation

When a child 3 years of age or older enrolls in PSCD, transportation to and from home and school may become the responsibility of DoDEA. The same continuum of transportation services outlined in Chapter 6 is applicable when considering the transportation needs of preschool children. Special transportation, as determined by the child's needs, is provided as noted on the IEP. When special transportation is being considered, the CSC should ensure consultation with the transportation officer.

The CSC, including parents, identifies the appropriate means of transportation for the student to travel to and from the site in which special education and related services will be provided. The CSC may consider having the child walk to school with assistance or providing regular transportation as used for general education students.

DELIVERY OF PRESCHOOL SERVICES

Evaluating the severity and extent of needs in the IEP as well as time and frequency, the CSC determines the appropriate location where preschool services can be delivered. Normalized settings are the first consideration. Settings exist on a continuum beginning with the child's home/caretaker location (less restrictive) and ending with placement in a preschool classroom for five school days per week (most restrictive). Full-time placement in the preschool classroom is the most restrictive placement because it places the child with a group of children with similar deficit needs. Placement in less restrictive settings provides for experiences with a diverse population of children, some of whom can serve as models for cooperative play and age-appropriate interactions in all developmental areas.

The CSC should be careful to ensure that a limitation is not placed on service options. For example, routine placement in a preschool classroom does not fulfill the requirement that services be designed to address individual needs and be delivered in a normalized placement. A child with an identified articulation disorder may not require a four-day preschool class, but rather an environment with age-appropriate peers. Preschool services can be delivered via a number of locations and programming alternatives. "Preschool services" should not be translated as being the child's "program."

Placement

As with all special education students, the needs of the individual child determine IEP goals and objectives, placement and time in program. For preschool children, the emphasis is on providing the most normalized setting for the delivery of direct and non-direct services to address the child's educational and related needs. Examples of alternatives for placement include, but are not limited to the following:

- a. Itinerant services to families in homes or staff in child-care facilities with no time scheduled for the child to attend a preschool class. Professionals consult with caretakers and provide recommendations for activities; they also may provide demonstrations and modeling with the child.
- b. Itinerant services at a child care facility where the specialist provides direct services (e.g., one to three short-period sessions a week) to the individual child within his/her playgroup.
- c. One to three sessions a week (each shorter than half a day) in a preschool class, accompanied by training for the families. For example, a language development group may meet for three half-hour sessions a week.
- d. One to four half-day sessions per week in a preschool class with visit to home or child care center scheduled for the days when the child does not attend school. For example, service providers consult with caretakers at regular intervals for the carryover of activities from the preschool class.

- e. Five half-day sessions per week. This arrangement allows the preschool teacher to visit the home and the child care facilities at times when the child does not attend school. The half-day session also allows the preschool teacher to arrange for a parent training group and to conduct Child Find and assessment activities.
- f. Extended half-day sessions on the days the child attends the preschool class. For example, related services are provided to the child during an extended period.
- g. Ten half-day periods per week, five days a week for those children with more moderate to severe needs who require more extensive services. Schools are encouraged to look across appropriate service providers, with the support of para-educators, to design program alternatives with creative scheduling. For example, two preschool teachers could provide five full days of service with one scheduled Monday-Wednesday-Friday, and the other Tuesday-Thursday. On their unscheduled days, the teachers could work with children with more mild to moderate needs, perform itinerant services, and provide parent training.
- h. Examining the total instructional day for blocks of appropriate time to meet more moderate to severe needs allows for expansion of pre-designated morning-break-afternoon sessions. For example, one block may be from 8:30-12:00, followed by a lunch/preparation break, with a second block for itinerant services and/or milder needs of some students.
- i. A special educator or related service provider can deliver services in the classroom for children who are age appropriate for kindergarten or regular preschool program.

Schools are not limited to these alternatives. Many other alternatives and combinations are available to schools when designing individual educational programs for preschool children in their community.

Service Options for a Preschool Child with a Disability

The following are examples of some of the service options listed above that may be considered for an individual child.

- a. Attend a traditional half-day session at a school with services for children with disabilities (PSCD).
- b. Attend a modified day program (e.g., an extended day) at a school in a PSCD.
- c. Be placed jointly in a PSCD and a regular education program at a school (e.g., kindergarten, preschool, etc.).
- d. Be placed in a kindergarten/regular preschool program with specialized services provided by a special educator or related service provider (co-teaching, consultation, etc.).

- e. Receive services at home (home-based services can include a child care provider's home).
- f. Receive services at home and at school.
- g. Receive no direct services, but the parent/family receives training (in school or at home) to serve the child.
- h. Receive targeted services, such as speech/language therapy at the school.

TRANSITION

Transition from Early Intervention Services

Early Intervention Programs provide services, as documented on the Individual Family Service Plan (IFSP), to children from birth through age 2. A significant number of preschool children participate in Early Intervention Services (EIS) before transitioning to Preschool Services for Children with Disabilities (PSCD). The CSC must coordinate with EIS for the timely transition of children from these services to PSCD, as appropriate.

As previously noted, preschool children with disabilities are eligible for special education services upon reaching their third birthday. In the case of children who are currently receiving services from an EI program and are approaching their third birthday, the CSC must coordinate the transition on a schedule that best meets the child's individual needs. As these children approach their third birthday, the EIS coordinator and the parents may begin to explore alternative service options including PSCD.

Transition activities from EIS to school-based services or other placement are dependent on the age of the child. When the child is referred from EIS because he or she is approaching the third birthday, the CSC of the school that the child would normally attend or the school designated to provide PSCD (according to local guidance) must treat the child as one who is entering with incoming records. That is, the child's IFSP² would be considered in the same way that an active non-DoDEA IEP would be considered.

NOTE: The CSC must convene a meeting with representatives of EIS serving the child and the parents no later than 45 school days before the child's third birthday to discuss the incoming records and to develop an IEP in time for the IEP to be implemented on the child's third birthday, if that is the decision of the joint CSC.

In regard to eligibility, two options are available to the CSC at this meeting:

1. To determine eligibility based on information in the child's record; or
2. To generate a comprehensive multi-disciplinary assessment plan for eligibility determination.

At this meeting, the participants must develop a transition plan for the child that states the date upon which the child will leave the EIP and enter the PSCD, unless the child has been determined not eligible for PSCD. A set of detailed CSC minutes constitutes this transition plan. The plan should reflect consideration of the child's needs and parental concerns in regard

² Early intervention services are based on Individual Family Service Plans rather than the Individual Educational Plans used in DoDEA schools.

to the date of entry into the PSCD. Educational and related needs addressed in the IFSP, along with findings from the assessment and eligibility report contents, must be considered for inclusion on the child's IEP.

Transition from EDIS Early Intervention to DoDEA PSCD

In DoDEA communities, the Educational and Developmental Intervention Services (EDIS) provide Early Intervention Services (EIS). The following guidelines are provided to help service providers complete the transition process in a timely manner especially when the child is transitioning between the EDIS early intervention program and DoDEA preschool services.

1. At 2 years of age. When a child with an active Individual Family Service Plan (ISFP) reaches the age of 2, the Early Intervention Service (EIS) coordinator may provide the family with specific information regarding the transition process. Topics addressed may include, but not be limited to, education options, community resources, updating formal assessments, and selection of team member(s) to assist the family in the transition process. The EIS coordinator may arrange visits to possible transition options to help the family understand the range of their alternatives.

For children from age 2 on, DoDEA evaluation standards for preschool eligibility and the need to provide current information for transition planning should be considered when planning an evaluation. A formal evaluation for children who were previously found eligible under the “high probability criteria” (i.e., children, birth to three years, diagnosed with a physical or mental condition that has a high probability of resulting in a significant developmental delay) should be completed before the transition period. The use of nonstandard instruments may subject families to additional evaluations and may delay the child’s orderly transition of the child to preschool services therefore, use of accepted standardized assessments is recommended.

2. At 2 years, 6 months of age. If the parent has agreed to consider services through DoDEA, the service coordinator may obtain written parental permission to share pertinent information about the child and current services including, but not be limited to, the reason for referral, current IFSP, evaluation results and recent vision/hearing screening results.

The information regarding each child on an IFSP may be shared at a regularly scheduled CSC meeting, held jointly between EIS and local school personnel. Because this is a business meeting where potential referrals for other children may be discussed, it is not necessary to invite individual parents to this activity. However, if the meeting involves a single child, the parents may be invited.

Attendance at the meeting should include, but is not limited to:

- a. EIS service coordinator;
- b. Preschool teacher;
- c. Other specialist(s) as appropriate; and

- d. CSC chairperson or designee.

After a review of the information, a determination is made regarding the need for further testing and observations. An evaluation plan is developed, as appropriate. Because all five developmental areas must be addressed for preschool eligibility under Developmental Delay (Criterion E), the CSC must have documentation of the child's functioning in these areas. If the CSC has a question regarding the child's functioning in an area(s) then standardized testing would be required in that area(s). Evaluations should be multidisciplinary, interagency, and family-centered. If the CSC chooses to pursue another eligibility criterion, the assessment plan is developed to include all procedural requirements for that criterion.

3. At 2 years, 9 months of age. During the time period between 2 years 9 months and 3 years of age, the CSC chairperson or designee should schedule a transition/eligibility meeting at the local school. This activity should occur early enough to ensure that an eligibility decision is made and services are secured before the child's third birthday. Attendance at the meeting should include, but is not limited to, the following individuals:
 - a. Parents/guardian;
 - b. Service coordinator;
 - c. Person(s) knowledgeable about the evaluation;
 - d. Preschool teacher and/or service providers; and
 - e. School administrator or designee.

Testing information, observations, information on the child's strengths and needs, in addition to parent and provider concerns presented at the meeting, assist school personnel in learning about the child. The CSC will determine the child's eligibility for special education and related services. The *CSC Eligibility Report* is completed.

When a child on an IFSP is found ineligible for special education services, the service coordinator is encouraged to work with the family to access appropriate community resources such as Sure Start, Child Development Center, and local preschools to find the most appropriate program option for the child. Based on EIS eligibility criteria, the child may continue to receive services on an IFSP until the third birthday.

When a child who has been determined eligible for special education services reaches age 3, the child becomes the responsibility of the school system. A meeting to develop an IEP for the child should be held in sufficient time to ensure that resources will be in place to implement the plan on the child's third birthday. However, the transition concept as addressed in IDEA recognized that special consideration should be given to natural transitions for families.

- a. The full transition of a child shall occur at age 3 unless the transition CSC determines that an extended transition is in the best interest of the child and family.

- b. An extended transition may occur under the following circumstances:
 1. If the child turns 3 during the last six weeks of the school year; or
 2. If the family is scheduled to have a permanent change of station (PCS) within six weeks after a child's third birthday.
- c. An early transition may occur under the following circumstances:
 1. If the child will turn 3 within the first six weeks of the new school year or
 2. If the child will turn 3 within two weeks of a natural break in the school year, such as winter recess.

Under an extended transition, the child would continue to receive early intervention services until the end of the school year or permanent change of station (PCS) date, whichever is sooner.

Transition from Preschool Services to Other Special Education Programs³

For 5 year old preschool children, the CSC should convene an IEP review meeting no later than 45 days before the sixth birthday. A child should not remain in a preschool setting past the sixth birthday. Age-appropriate groupings, designed to address educational needs, should be provided.

The participants at this meeting, to include the preschool teacher, potential receiving service provider(s), parent(s), general educator, and administrator/designee must discuss plans for the placement of the child in an age appropriate setting. CSC minutes document the decisions made at this meeting. The general education teacher will be helpful in providing the curricular context for the identified areas and needs and recommended classroom modifications. The following two actions must be accomplished:

1. Identify the receiving service provider(s), frequency and time in program, and program implementation date; and
2. Review the present level of performance, identified areas and needs, goals and objectives, and classroom modifications and determine if the IEP should be modified.

Transition normally occurs at the end of the school year, but may occur at the end of a semester. It is important that transition occurs at a normal juncture in the school schedule so that the child's placement change occurs at a regularly scheduled school vacation period whenever possible.

³To prepare the child for the transition from PSCD to kindergarten, the CSC should not only examine the kindergarten curriculum standards, but also classroom modifications necessary to provide successful access to classroom instruction.

CHAPTER

10

SECONDARY PROGRAMS

**AND TRANSITION
SERVICES**

If students are to become independent, productive adults and assume increasing responsibility for their behaviors and accomplishments, they need to acquire the skills that are valued in the adult world. IDEA acknowledges this and contains provisions (transition and age of majority) meant to encourage student involvement in and shared decision making about their educational program and long-term goals.

Transition refers to preparing the student with disabilities to successfully move from high school to the adult world. By including transition needs and services in the IEP, the CSC is required to focus on how the student's educational program can be planned to help the student meet his or her unique needs and prepare for post-secondary education, employment, and independent living.

This chapter contains information regarding secondary special education services, including topics such as grading policy, graduation plans, and transition needs and services.

GENERAL GUIDANCE

Students with disabilities are to be provided access to the general education curriculum to the maximum extent possible. Therefore, secondary students with disabilities should participate as appropriate in the general education program. Teachers are encouraged to implement inclusive programming practices and collaborative delivery models to ensure student needs are addressed in the least restrictive environment, including the regular classroom. Focus should be given to identifying the accommodations and adaptations necessary for the student with a disability to access and progress in the general curriculum.

Courses that are modified in content or in evaluation procedures are strongly recommended over separate special education classes for students who may have difficulty completing the requirements of a regular education course. However, depending upon the severity of the student's disability, a special education student may require separate courses. There are basically four course options available:

1. Regular Courses. The majority of students will benefit from participation in general education courses. The CSC along with parents will make this determination based on the student's strengths and limitations. (The course code for regular education classes is used).
2. Modified Courses Taught by Regular Educators. Some students will profit from a regular education class taught by the general education teacher but will require modifications. That is, a language arts class may contain special education students (whose curriculum is modified) and general education students (who are following the regular curriculum). (The course code for general education classes is used).

Secondary students enrolled in and receiving credit for a modified regular education course must receive most of their instruction from a general classroom teacher who is certified in that curriculum area. When a regular classroom teacher and a special educator are both providing instruction for a course, the grade for the course may be determined mutually.

3. Modified Courses Taught by Special Educators. The course has been modified to meet the unique needs of the special education student and is taught by a special education teacher outside of the regular education classroom.

Secondary special educators should not be the sole service provider for a student in a subject area in which they are not certified (e.g., Language Arts, Math), unless the course is listed as a special education course. (Course recognizable by the slash (/) before the course title and a different course code number (the number 3 appears as the second digit.)

4. Life/Vocational Skills Curriculum (FOCUS Courses). Some students have disabilities so severe that the CSC agrees the student will not profit from a general education curriculum. A differentiated curriculum is developed to meet the unique

needs of these students. These courses, known as FOCUS courses, are taught by a special education teacher in a separate classroom or in the community. These students are enrolled in courses that emphasize life skills development and vocational training through special education and are graduating with an IEP graduation plan. FOCUS course numbers begin with SE and are available for functional academics, community experiences, daily living, social/leisure skills and vocational skills.

Substitution of Courses

Many secondary students are enrolled in special education courses that count as elective courses, for example, Learning Strategies. Enrollment in these courses often limits the student's flexibility to find time within the secondary course schedule to meet the requirements of his or her transition plan and courses required for graduation.

Based on the educational needs of an individual student, the CSC may recommend that the school administrator allow a substitution for a particular course or courses required for graduation. Any change in graduation requirements must be written on the IEP. Comprehensive transition assessment and planning will support and legitimize a request for modifications and substitutions to graduation requirements.

Example: A student with a significant language disorder that is reflected in oral and written comprehension and expression may benefit more from appropriate instruction in language arts rather than a foreign language. The CSC may recommend the school administrator allow the substitution of courses such as reading support or drama for the foreign language requirement.

Example: A student is interested in a school-to-work transition plan in the field of health and medicine. To gain experience across the health/medical field, the student plans to work in the dental clinic, a health clinic and a professional gym. The CSC recommends to the school administrator that one of the work experience placements be counted as a science graduation requirement. The work experience must be designed to help the student master the DoDEA science standards applicable to this course of study in the field of health and medicine.

Grading Policy

All students, including special education students, are graded on a quarterly basis. All grading options available for general education students may be used with special education students. This includes pass/fail grades that can be computed as credit but that are not included in the student's GPA. Special education is a program that has been specifically designed to ensure student success. Therefore, if programming is appropriate, a student should not fail a special education class.

Determination of Honors

All students with disabilities will receive a grade point average (GPA) calculation and be eligible for any honor that has been established by the school.

GRADUATION PLANNING OPTIONS

As with all students in grades 9 through 12, special education students are to have a graduation plan. A copy of this plan is attached as part of the student's current IEP. At each IEP development or annual review meeting the CSC membership updates the graduation plan and indicates the type of graduation planning option that is applicable for the individual special education student. The choices are as follows:

1. Regular graduation plan. The student will complete the minimum academic credit requirements for graduation applicable to students without disabilities. This alternative includes students who earn units in general education classes whether or not they are using assistive technology devices, alternate evaluation procedures, or environmental or curricular modifications. This option also includes students for whom the course was modified and students granted a waiver (substitution) as documented on the IEP.
2. Individualized Education Program (IEP). A student will meet the objectives for graduation as listed on the IEP. Typically this plan is used to meet the needs of students who receive instruction in such areas as functional academics, daily living, social/leisure activities, functional language, community experience, and/or vocational education through special education. For this student, graduation requirements are met through the completion of a life/vocational skills curriculum (FOCUS courses).

Graduation

Graduation from high school reflects the successful completion of an educational program. For students with disabilities it constitutes a release from all services specified on the IEP and a change in placement requiring CSC action. *Parents must be notified at or by the exit transition meeting that graduation with a high school diploma is a change in special education placement and an end to the entitlements of special education services.*¹ Generally the parents must approve of the graduation or a hearing officer or a court of competent jurisdiction may order it. However, a student may be graduated using either of the following circumstances without parental consent:

1. The student has satisfactorily completed the minimum academic credit requirements for graduation applicable to students without disabilities; or,
2. The student has completed graduation requirements specified in the IEP and services are no longer required. (In this case, the IEP shall state what requirements must be satisfactorily met to be eligible for graduation).

Special education services through the school system end when the student is awarded a high school diploma.

¹ Best practice is to notify the parent at least three months before the exit transition meeting about the change in their child's status in special education upon graduation.

TRANSITION PLANNING AND SERVICES

Background

Transition planning and services are essential for students with special needs because they require assistance in preparing for post-secondary life. The primary goals of transition planning and services for individuals with disabilities are meaningful employment and a satisfying quality of life. Planning for transition is a critical factor in ensuring that these goals will be realized. Effective transition planning requires the collaboration of students, families, educators, related service personnel, employers, and other community members, each of whom can play a role in supporting needed transition activities.

The Individuals with Disabilities Education Act of 1990 mandated transition planning in response to studies that showed poor post-secondary outcomes for students graduating with IEPs. The “statement of needed transition services” in the IEP (also known as the individual transition plan or ITP) was designed to improve post-secondary outcomes by ensuring that students’ IEPs supported their post-secondary goals. The IDEA of 1990 was the first piece of legislation to mandate transition planning by requiring a statement of needed transition services in the IEP for students no later than age 16 and annually thereafter.

The IDEA of 1997 extended the notion of transition services to include the transition into a high school course of study related to students’ individual career interests. It mandated that by no later than age 14, students’ IEPs must specify transition services needed for them to participate in their *desired course of study* (e.g., vocational education or college preparation). This provision was added to deal with the concern that students with disabilities were often unable to access educational and vocational programs related to their transition goals. The intent of the regulation is to ensure greater access by children with disabilities to the general curriculum and to educational reforms such as school-to-work programs.

Because DoDEA families frequently move, students may attend a number of schools during their secondary years, often relocating to different areas and states. This relocation during or following high school makes transition planning especially difficult for DoDEA families and their children with disabilities. Introducing transition planning early in the student's education provides the student, the family, and other CSC members with adequate time to determine the child's needs regarding post-secondary preparation and outcomes.

Definition of Transition

Transition services are a coordinated set of activities for a student, designed within an outcome-oriented process that promote movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities must be based on the individual student's needs, taking into account the student's preferences and interests, and shall include instruction,

community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and a functional vocational evaluation.

The IDEA promotes four major criteria for designing transition services. Services must be:

1. Based on students' needs, taking into account their preferences, interests, and abilities.
2. Developed through an outcome-oriented process and identified as a series of steps toward reaching students' desired employment and adult living goals.
3. A coordinated set of activities encompassing a broad range of services and supports including those provided by the school, the family, the community, the adult service system, and post-secondary environments.
4. Designed to promote student movement from school to post-school activities by developing bridges of generic, time-limited, and ongoing supports that extend into early adulthood.

Goal of Transition Planning

The ultimate goal of transition planning is meaningful employment, participation within the community, and a quality adult life for all individuals with disabilities. Transition planning is designed to help students with disabilities to achieve desired educational, vocational and functional outcomes as they move from school to the adult world. Examples of successful outcomes for students include acquiring the following:

1. Career planning strategies;
2. Knowledge of employment options;
3. Information regarding post-secondary training;
4. Financial assistance or income support;
5. Community participation;
6. Self-advocacy skills;
7. Legal services;
8. Leisure and recreation skills;
9. Use of public and other transportation;
10. Social skills;

11. Personal management skills;
12. Independent living skills;
13. Medical support;
14. Insurance information and coverage; and
15. Social security.

Transition Planning²

Formal transition planning begins when the student turns 14 years of age. The CSC, including the student and parents, will develop a transition plan that identifies the student's transition goals and service needs. For the 14 year-old student, the transition plan should focus on determining a course of study and determining whether that course of study will lead the student to where he or she wants to be upon graduation. A course of study includes the educational and vocational experiences a student needs in order to prepare for the transition from secondary education to post-secondary life.

Transition planning includes the following activities:

1. Developing literacy in reading, written language, math and computer skills;
2. Helping students to identify their interests, preferences and needs;
3. Identifying possible post-school outcomes for each student, such as career direction, further education or training, independent living, community access, leisure and recreation skills, and needed support services;
4. Developing a coordinated set of activities that will help the student reach these outcomes;
5. Preparing the student and parent to assume responsibility for accessing services and requesting needed accommodations in the community (self-advocacy);
6. Linking students and parents with opportunities and experiences in the employment/business community;
7. Linking students and parents with further education and training options; and
8. Linking students and parents with adult support service providers.

² Sample timelines chart in Appendix F shows how transition choices may be developed beginning at the primary level.

Transition Planning Responsibilities

Transition assessment and planning means:

1. Students and families will be informed about what transition planning is and how they can be involved;
2. Assessment plans will be developed and methods of collecting relevant data for transition planning specified;
3. A transition assessment report will be written, with a summary of assessments and implications for educational programming; and
4. Appropriate goals and objectives will be developed for the IEP, upon completion of the assessment.

Ongoing CSC responsibilities for individual transition planning include:

1. Developing a transition planning team made up of the student, parents, and core IEP team with additional members as appropriate. The optional team members may include vocational and general educators, the school counselor and community-based individuals who may be directly or indirectly involved with the implementation of the transition plan or activities;
2. Scheduling transition planning meetings as part of the annual IEP meetings for students age 14 and older;
3. Monitoring the progress of the transition goals through annual meetings;
4. Updating transition components of the IEP through annual review meetings; and
5. Scheduling an exit transition meeting no less than three months before the student's graduation or permanent exit from secondary education. Parents must be notified that graduation is a change in special education placement and an end to the entitlements of special education services.

TRANSITION ASSESSMENT

Assessment Planning

The purpose of the transition assessment is to help students with disabilities identify their interests, preferences, aptitudes, and abilities to decide upon post-secondary outcomes and goals. Interests are a measure of the student's opinions, attitudes and preferences, aptitudes are a combination of abilities and other characteristics that suggest whether a student might learn or become proficient in a particular area, abilities are natural talents or acquired proficiencies demonstrated by the student, and preferences are what the student values and likes the most.

Assessment also provides information about the instructional strategies, techniques and assistive technology that should be used to teach the student, what supports, and what linkages with the community are needed. This information is used to plan an educational program with specific goals and objectives that will prepare the student for life in the adult world. When designing a transition assessment plan, the CSC should consider the student's potential needs in the following program components:

1. Academic Learning – Instruction in academic or functional skills courses that promote literacy in reading, written language, math and technology.
2. Career/Employment and Vocational Training – Readiness and preparation for employment including level of assistance needed and type of post-secondary training.
3. Financial planning for current and future financial or economic needs – Awareness of educational/training programs, government assistance programs, and adult living needs.
4. Living requirements following high school – Arrangements from independent living to inclusion in a supported apartment or group home.
5. Leisure and recreational interests and activities.
6. Social relationships.
7. Independent living skills – Instruction in food preparation, self-care skills, personal financial management, use of local public transportation and basic knowledge of legal services and citizenship.
8. Self-advocacy – How to request assistance and modifications required for success in educational and workplace settings, and how to contact local public and private advocacy groups for adults with disabilities.
9. Medical support and assistance – Knowledge of how and when to access medical care, basic health care, and qualifications for health care programs.

Assessment tools and techniques are discussed by the CSC and members responsible for conducting the assessment are assigned. After the assessment is completed the CSC will synthesize the results, relate them to these program components, and select transition goals and objectives appropriate for the individual student.

Assessment Procedures for Transition Planning

The purpose of transitional assessment is to collect student information to assist the CSC in planning for post-secondary outcomes and current needs. The CSC should consider the following questions in developing the assessment plan:

1. What are the student's vocational goals, interests, strengths, and skills?
2. What is the student's employment readiness?
3. What is the student's learning style?
4. What are the student's post-secondary training or educational goals, and interests?
5. What independent living competencies and needs does the student have?
6. What are the student's overall needs?

Assessment techniques include the administration of formal instruments, summaries of existing educational assessment data, and appropriate interviews of the student and family members to determine the student's interests, preferences, strengths and needs. Informal methods of collecting vocational and transitional assessment data are very useful and can be validated through observation and comparing appraisal results with other assessment outcomes.

Examples of informal assessment are:

- Record reviews to identify areas of strengths and needs
- Student and parent surveys and interviews
- Reports from the Cooperative Work Experience (CWE) teacher, vocational and other teachers
- Information about a student's hobbies and skills

Examples of formal or standardized assessment tools are:

- Interest inventories
- Aptitude tests
- Other normative-based tests

The transition assessment data are used to identify student goals, strengths, needs, interests, and present level of performance. This information is summarized by the CSC which uses it to plan transition services, and IEP goals and objectives.

Participants at Meeting

Participants at the assessment-planning meeting include the following persons, one of whom is designated as case manager:

1. A special educator;
2. A student's vocational or regular educator, counselor, and/or a community-based individual involved in the provision of transition activities;
3. An administrator or designee who can provide or supervise special education programs;
4. The student, if appropriate; and
5. The parent(s), if appropriate.

The assessment-planning meeting is scheduled to develop a multidisciplinary transition assessment plan. The results are used as the basis for the transition component of the IEP. The meeting may coincide with other assessment planning activities, such as those conducted for the initial eligibility, annual review or triennial re-evaluation meetings.

INDIVIDUALIZED EDUCATION PROGRAM AND INDIVIDUAL TRANSITION PLAN (ITP) DEVELOPMENT

Transition planning and service designation is conducted in coordination with the IEP and the procedures prescribed for the development of an IEP pertain. Initial service plans begin with the IEP developed following the student's 14th birthday.

The composition of the transition planning team is a primary consideration in the development of a transition plan. Selection of team members should be a collaborative effort with the student and the family integrally involved. Whenever possible, the selection of the transition team should also include representatives from high school and post-secondary environments desired by students, so that they can establish contacts and become familiar with the requirements of the programs they want to enter.

Transition team members are persons who should always be involved in the IEP/transition planning meeting. The following individuals are to be invited to the IEP transition planning meeting:³

1. The student;
2. The parents/guardians;
3. A special educator;
4. Vocational, regular educators and counselors involved in transition activities (including CWE and/or Work Study Coordinators and Transition Specialists);
5. Representatives from the community or other agencies responsible for providing or paying for transition services (including vocational rehabilitation counselors, adult service providers, employers, representatives of post-secondary education programs);
6. Administrator or designee; and
7. Related service providers.

In addition to these members, parents or the school may wish to involve community supporters and advocates. All team members should be identified in the process of assessing the student's desired environments related to work, education, community participation, and residential living.

IEP/ITP Components

The CSC must include the following transition components on each student's IEP:

1. A statement of the needed transition services;
2. The desired post-secondary outcomes;
3. Student career information, including interests, preferences, and needs;

³ Table of "Roles and Responsibilities of Transition Team Members" is included in Appendix F.

4. The current year's direct transition services and activities;
5. The participants involved in the current year's plan;
6. Recommended goals and objectives for the current year and the service providers;
7. Recommendations for the year following high school completion/graduation.

If the IEP team determines that services and support are not needed, the IEP must include a statement to that effect and must indicate the basis upon which the determination was made. The IEP team must reconsider this determination at least annually.

Transition Services

Transition services are a coordinated set of activities that generally must include: (1) instruction, (2) community experiences, (3) development of employment and other post-school adult living objectives, and (4) related services. If appropriate, the IEP/transition plan should also include transition services in the areas of (5) daily living skills, (6) functional vocational evaluation, and (c) interagency linkages. The seven major categories of transition services may be described as follows:

1. Instruction - Includes instruction in literacy, instruction in functional or curricular academics, employability skills training, vocational education, social skills training, college-entrance exam preparation, preparation for taking state and regional proficiency tests, and placement in advanced classes. May include teacher-developed accommodations, curriculum adaptations, and peer tutoring.
2. Community experiences - Includes job shadowing, community work experiences, tours of post-secondary education settings, residential and community tours, and community services.
3. Development of employment and other post-secondary adult living objectives - Includes career planning, guidance counseling, interest inventories, person-centered planning, futures planning, self-advocacy training, job placement, and job try-outs.
4. Transition focused related services - Includes occupational and physical therapy, speech therapy, social services, psychology services, medical services, rehabilitation technology, and other professional supports to move the student toward post-secondary outcomes.
5. Daily living skills training - Includes self-care training, home repair, health training, home economics, independent living training, and money management.
6. Linkages with adult services - Includes referrals or assignment of responsibility for services to Vocational Rehabilitation, Summer Youth Employment Programs, Mental Retardation and Developmental Disability Services, Mental Health Services, Social Security, Independent Living Centers, and agency fairs involving a range of adult services.

7. Functional vocational evaluation needs - Includes situational work assessments, work samples, work adjustment programs, aptitude tests, and a series of job tryouts.

Age of Majority

IDEA has outlined procedures for the transfer of parental rights to the student when he/she reaches the age of majority (generally 18). Both the parents and the student must be notified of any transfer of rights and participate in the transfer meeting. Students are to receive notification at least one year before they reach the age of majority and a statement must be included in the IEP that the student has been informed that his or her rights that transfer when reaching the age of majority. After the student reaches the age of majority and rights have been transferred, any notice required by law such as procedural safeguards or notice of meeting must be provided to both the student and the parents.

The transfer of rights at the age of majority means that the student becomes responsible for his or her educational program. Rights that transfer to the student include the right to:

1. Receive notice of and attend IEP meetings;
2. Consent for reevaluation;
3. Consent to change in placement; and
4. Request for mediation or a due process hearing to resolve a dispute about evaluation, identification, eligibility, IEP, placement or other aspects of FAPE.

FINAL-YEAR TRANSITION PLAN

Transition is the process of moving from entitlement services to eligibility services. A student with a disability who is receiving special education services is entitled to educational services until he or she has reached the age of 21 or has met the requirements for a high school diploma. Once a student exits the school system, he and she must meet eligibility criteria to receive services from adult service agencies. Each agency will have distinct eligibility criteria. The IEP team needs to consider which agencies or entities should be involved in transition planning early on so that linkages are in place before the student reaches the final year of schooling.

During the student's final year of school, before graduating or aging out, an exit CSC meeting will be held with the student and family. At this meeting, if appropriate, the CSC will provide information on recommended post-secondary agencies and services to the family. The CSC will also write a final transition plan that includes, in addition to the other requirements, statements of the student's post graduation plans, needed post-secondary services, and recommended linkages or agencies which could provide the post-secondary services.

The CSC has a role in maintaining information on post-secondary resources and in counseling families and students with disabilities about available resources. This information can be shared during ongoing contact with the student and family and during the exit meeting before the student leaves the school. Post-secondary information may be provided in areas including the following:

- a. Post secondary education;
- b. Vocational training;
- c. Integrated employment;
- d. Supported employment;
- e. Continuing and adult education;
- f. Adult services;
- g. Independent living; and
- h. Community participation.

CHAPTER

11

DISCIPLINARY

PROCEDURES

This chapter of the guide does not restate in any detail the requirements of the DoDI 1342.12, “Provision of Early Intervention and Special Education Services to Eligible DoD Dependents,” April 11, 2005, or DoDEA Regulation 2050.1, “DoDEA Disciplinary Rules and Procedures,” August 16, 1999. DoDEA staff must become familiar with those documents and may not rely solely on this guide for the information needed to comply fully with those regulations.

The focus of this chapter is on the role of the Behavior Intervention Plan (BIP) and the underlying Functional Behavioral Assessment (FBA) which are integral parts of the IEP for a student exhibiting behavioral issues, either repeated acts or a single serious act of misconduct. The manifestation determination process is also discussed in this chapter.

APPLICABILITY OF DISCIPLINARY PROCEDURES

All regular disciplinary rules and procedures applicable to students receiving educational instruction in a DoDEA school apply to students with disabilities who violate school rules and regulations or disrupt regular classroom activities. This is true for children with disabilities who are facing a disciplinary consequence involving suspension of 10 days or less. Furthermore, disciplinary consequences for students with disabilities may not be more severe than those for children without disabilities. Before a student with a disability can be suspended for more than ten days (whether cumulative during the school year or consecutive) or expelled resulting in a change in placement, the school must follow specific procedures not applicable to a student without a disability. One of these procedures is to conduct a Functional Behavioral Assessment .

Functional Behavioral Assessment (FBA)

Educators understand the effects of behavior on learning and the 1997 amendments to IDEA require that the relationship between behavior and learning *not only be considered by the CSC but acted upon*. When the administrator, special education teacher, or other school personnel observe repeated acts of misconduct, or a single serious act of misconduct, by a student with a disability, the student should be referred for a FBA. A functional behavioral assessment is required for the implementation of a behavior intervention plan and supports to address behaviors that interfere with the student's learning and with the learning of others or that require disciplinary action. The CSC should conduct an FBA when:

1. A student exhibits patterns of challenging behavior or a single serious act of misconduct.
2. A change in placement is recommended or made as a result of a discipline procedure.
3. A current behavioral intervention plan is not changing the pattern and/or outcome of the behavior.

A functional behavioral assessment (FBA) is an important component in designing an effective behavior intervention plan. An FBA is a systematic process for describing problem behavior, and identifying the environmental and surrounding events associated with the behavior. The information collected through an FBA is used to identify and teach more appropriate replacement behaviors and to develop an effective plan for reducing the frequency or severity of the behavior.

Conducting a Functional Behavioral Assessment¹

Before implementing an FBA, it is necessary to pinpoint the behavior causing learning or discipline problems and to define the behavior in concrete terms that are easy to communicate and simple to measure and record. When the descriptions of behaviors are vague, it is difficult to determine appropriate interventions.

¹ See "An IEP Team's Introduction to Functional Behavioral Assessment and Behavior Intervention Plans," January 16, 1998, prepared by The Center for Effective Collaboration and Practice.

Examples of concrete descriptions of problem behaviors are:

Problem Behavior	Concrete Definition
Susan is aggressive.	Susan hits other students during recess when she does not get her way.
Ryan is disruptive.	Ryan makes irrelevant and inappropriate comments during class discussions.
Jan is hyperactive.	Jan leaves her assigned area without permission, completes only small portions of her independent work, and blurts out answers during class discussions without raising her hand.

It may be necessary to carefully and objectively observe the student's behavior in different settings and during different types of activities and to conduct interviews with other school staff in order to pinpoint the specific characteristics of the behavior.

Once the problem behavior is defined, the CSC can develop an assessment plan and obtain parent permission for conducting an FBA to determine the functions of the behavior. Since problem behavior can stem from a variety of causes the CSC should consider the following questions in determining the underlying cause for the behavior.

1. Is the problem behavior linked to a skill deficit?
2. Does the student have the skill, but for some reason, not the desire to modify his or her behavior?

Techniques for Conducting an FBA

The use of a variety of assessment techniques will help the CSC to better understand the student's behavior and to develop a workable intervention plan. Some techniques that may be considered when developing an FBA plan include the following:

1. Indirect assessment - Indirect or informant assessment relies on the use of structured interviews with students, teachers, and other adults who have direct responsibility for the student. The interview is structured to provide information about the settings in which the behavior is observed, what activities take place just prior to the behavior, what happens immediately after the behavior, and is there a more acceptable behavior that might replace the problem behavior.
2. Direct assessment - Direct assessment involves observing and recording situational factors surrounding the behavior.
3. Formal assessment - Formal assessment involves the administration of a commercially

available diagnostic assessment instrument.

4. **Data analysis** - Data analysis helps the CSC to determine whether there are any patterns associated with the behavior. If patterns cannot be determined, the CSC should review and revise, as necessary, the FBA plan to identify other methods for assessing the behavior.

When the relevance of the behavior is identified, it is possible for the CSC to formulate an explanation (hypothesis) regarding the likely functions of the student's behavior and the context (social and environmental conditions) in which the behavior is more likely to occur. The hypothesis also helps the CSC in developing an appropriate individual behavior intervention plan.

Sample Hypotheses	
<p>(1) When Julie does not sleep well (setting event) and is given difficult work (antecedent), she is likely to disrupt (behavior) the class in order to not do the task (function). She is less likely to engage in problem behavior if difficult problems are interspersed with easier problems and she is reinforced for appropriately requesting assistance.</p>	<p>(2) During independent or small group work (setting event), when William is left unattended by the teacher for longer than 5 minutes (antecedent) he leaves his seat/area (behavior) to obtain adult attention (function). William's out of seat behavior is decreased when praised for remaining in his seat. His behavior will improve when he is taught to self-monitor his behavior.</p>

Behavior Intervention Plan

After collecting data on a student's behavior and developing a hypothesis on the function of the behavior, the CSC must develop or revise the student's behavior intervention plan. The plan should include positive strategies, program or curricular modifications, and supplementary aids and supports required to address the problem behavior.

Input by the general education teacher is important in the development of the behavior intervention plan. The teacher can provide the team with information about his or her behavioral expectations, and how the classroom environment and/or general education curriculum can be modified to support the student.

Intervention plans should emphasize the skills the student needs in order to behave in a more appropriate manner and provide motivation to conform to required standards. The intervention plan should include strategies to:

1. Teach the student more acceptable way to get what he or she wants;
2. Decrease future occurrences of the misbehavior; and
3. Address any repeated episodes of the misbehavior.

The behavioral intervention plan generally will not consist of one intervention, but the plan will include a number of interventions designed to address the three aspects of the student's behavior listed above.

Guidelines for Selecting Intervention Options²

As the CSC is discussing ideas about positive behavioral strategies for the student's behavioral intervention plan, the committee should consider the following questions:

1. Which intervention aligns with the function of the behavior?
2. Which intervention is appropriate given the student's need and current levels of performance?
3. Which intervention directly teaches the target behavior?
4. Which is the least intrusive and least complex intervention likely to produce positive changes in student behavior?
5. Which aligned intervention or combination of interventions is most likely to positively change student behavior quickly and easily?
6. Which aligned intervention or combination of interventions is least likely to produce negative side effects?
7. Which intervention has evidence of effectiveness with the targeted behavior?
8. Which intervention is most acceptable to the team member(s) responsible for implementing the plan?
9. Which intervention is most likely to be acceptable to the student?
10. Which intervention is most likely to promote a replacement behavior that will occur and be reinforced in the natural environment?

The intervention plan may be incomplete unless additional supports are provided to help the student use the appropriate behavior. Supports are generally designed to address factors that go beyond the immediate context in which the inappropriate behavior occurs. For example, a student may benefit from working with school personnel, such as counselors or school psychologists, to help him or her deal with academic or personal issues that may contribute to the problem behaviors. Other people who may provide support include:

² See "Addressing Student Problem Behavior-Part III: Creating Positive Behavioral Intervention Plans and Supports," June 2, 2002, prepared by The Center for Effective Collaboration and Practice.

1. Peers - provide academic or behavioral support through tutoring or conflict-resolution activities.
2. Families - provide support through setting up a homework center in the home and developing a homework schedule, or by positively reinforcing their child for appropriate behavior in school.
3. Teachers and paraprofessionals - provide academic support and curricular modifications to address and decrease a student's desire to avoid academically challenging activities.
4. Speech/Language specialists - increase a student's expressive and receptive language skills to provide the student with alternative ways to respond to stressful situations.
5. Community agency service providers – provide broad-based and long-term student and family intervention and support.

DISCIPLINARY PROCEDURES

The DoDEA disciplinary policy views any removal from the school as the last resort in dealing with any student's misconduct. Management of student behavior is a responsibility shared by students, parents, and the school. It consists of teaching and reinforcing positive student attitudes and behaviors. Sufficient diagnostic and counseling services should be provided so that disruptive behavior is handled with corrective therapeutic actions. Besides therapeutic responses, administrative responses such as consultation with parents, alternate scheduling or detention may be necessary.

Suspension

Students with disabilities are subject to the same disciplinary rules and procedures applicable to non-disabled students and may be suspended for up to 10 days (cumulatively or ten consecutive days) without changing the student's placement. However, students who exhibit repeated acts of misconduct or a single serious act of misconduct, but whose disciplinary record has not yet resulted in suspensions cumulating more than 10 days in a school year, must be referred for a FBA. When a disciplinary consequence for a student with a disability involves suspension for more than 10 days and therefore changes the student's placement, the school is required to inform the parents of the disciplinary action no later than the date on which the decision was made to suspend the student.

NOTE: Schools must always notify parents of their procedural safeguards and of discipline actions taken against their child. However, a CSC meeting is not required when individual disciplinary actions are less than 10 days or when the total number of days for all disciplinary actions does not exceed more than 10-cumulative days for the current school year. A referral for an FBA and a follow-up CSC meeting to develop a behavioral intervention

plan is advisable when the student engages in repeated acts of misconduct and his or her IEP does not contain a behavioral intervention plan.

Actions for Removal Over 10 Days

Whenever suspension for over 10 days or expulsion is proposed for a student with a disability, one or more CSC meetings are required. The purpose of the meeting(s) is to:

1. Review the appropriateness of, and as necessary, revise the IEP;
2. Review the appropriateness of the student's current behavioral intervention plan and its implementation, and as necessary, modify the plan and/or its implementation to address the student's behavior;
3. Develop an assessment plan to include a FBA if the student does not have a behavioral intervention plan; and
4. Determine whether the misconduct is a manifestation of the student's disability.

Meeting Participants to Determine Manifestation

Disciplinary CSC

Participants in the disciplinary CSC include the following individuals:

1. Principal or administrative designee;
2. Student's general education teacher;
3. Student's special education teacher;
4. Student's parents; and
5. Additional persons at the discretion of the parents or DoDEA
 - a. Student, if appropriate. (Participation of secondary students is encouraged.)
 - b. Related services personnel, if they are working with the student.

Manifestation Determination

At the manifestation meeting, the CSC must determine whether the student's behavior is related to his or her disability by considering all relevant information including evaluation results, observations of the student, information provided by the parents, and the student's IEP, and current placement. The findings of the meeting determine what the school can and cannot do regarding the student's removal from the school for more than 10 days.

Unless the CSC responds yes to ALL of the following factors, the CSC *will* consider the student's behavior to be a manifestation of his or her disability.

1. IEP and placement were appropriate;
2. Special education services, supplementary aides and services, and behavior intervention strategies were provided consistent with the student's IEP and placement; and
3. The student's disability did not impair his or her ability to control the behavior subject to disciplinary action.

Misconduct IS a manifestation of the disability. The CSC will determine whether the student's behavior is the result of the student's disability by considering all relevant information including evaluation results, observation of the student, information provided by the parents of the student, and the student's IEP and placement. If the CSC determines that the student's behavior was a manifestation of his or her disability, *the student will not be subject to the regular disciplinary rules and procedures. Suspension or expulsion is not a viable disciplinary action.* A change in placement or a modification in a student's IEP may take place but only with parental approval.

Misconduct IS NOT a manifestation of the disability. If the CSC determines the behavior is not a result of the student's disability, *the student may be subject to regular disciplinary rules including removal from the school for more than 10 school days.* However, the school must provide services to the student. The CSC must convene an IEP meeting within 10 days following the date the disciplinary decision was made to suspend the student resulting in removal for more than 10-cumulative school days. The purpose of the CSC meeting is to devise an alternative educational setting for the delivery of services consistent with the student's IEP. The committee's discussion about the provision of services and recommendations of where, when, and how services will be delivered must be clearly documented in the CSC Minutes of Meeting.

CSC Consideration of Student's Behavior

Regardless of whether a CSC meeting is convened to draft an IEP, determine or change placement, or decide manifestation, the CSC must address the behavior that may or has resulted in a disciplinary action by:

1. Reviewing the student's educational placement to ensure it is appropriate in consideration of the student's behavior.
 - a. Should there be a change in the goals on the IEP?
 - b. Should there be a change in service providers or teachers?
 - c. Should there be an increase or decrease in time in the program?

- d. Should there be a change to the behavioral intervention plan?
- e. Should there be a change in schedule (particularly for secondary students)?

2. Revising the IEP to address the behavior.

Although a student with a disability is not subject to regular disciplinary rules when the behavior is the result of his or her disability, all students have a right to learn appropriate behavior. Therefore, it is incumbent upon the CSC to determine appropriate educational services and to recommend disciplinary actions that will enable the student to understand there are consequences to his or her behavior. Examples of disciplinary actions may include:

- a. Suspension from extra curricular activities for a designated period of time.
- b. Community service.
- c. After school or Saturday detention.
- d. In-home restrictions (parent action).

It is important that the student's special education folder contain a written record of the CSC meeting in which disciplinary procedures are discussed. The written record should contain:

1. A description of the observable event(s) and date(s);
2. Names and titles of person(s) involved in the event(s);
3. The CSC determination and recommendation(s);
4. A list of alternative disciplinary activities, instead of suspension; and
5. A summary of recommendations.

Continuation of Services

When a student with a disability is suspended from school for more than 10-cumulative school days during the school year, the CSC must ensure the continuation of services consistent with his or her IEP and that are necessary to enable the student to appropriately progress in the general curriculum. The special education and general education teachers should collaborate on the curricular material to be covered and the length of instruction needed for the student to progress in his or her educational program. Instruction may be provided in the student's home, if one parent is present, or at another site such as community service center, library, or other public area. Correspondence or distance learning courses may be included as part of the student's instructional program.

Emergency Removal (Suspension)

Nothing in the DoD Instruction 1342.12 precludes the emergency suspension, for a period of up to 10 consecutive days or 10 cumulative days, of a student with a disability who endangers or reasonably appears to endanger the health, welfare, or safety of self or any other student, teacher, or school personnel.

1. The student's parents shall be notified immediately of the removal (suspension).
2. The removal is only effective for the duration of the emergency.
3. The appropriate CSC shall immediately determine whether the student's conduct relates to the disabling condition and what, if any, change in educational placement, program, intervention, therapy, etc., is appropriate for the student.
4. If it is determined that the student requires a change in educational placement, the CSC shall ensure that a meeting is held to determine the appropriate educational placement for the student in consideration of his or her conduct.

Alternative Education Setting (AES)

An administrator is authorized to place a student with a disability in an interim AES for up to 45 days when a student:

1. Carries a weapon to school or to a school function under the jurisdiction of the DoD School System; or
2. Knowingly possesses or uses illegal drugs or sells or solicits the sale of a controlled substance while at school or at a school function under the jurisdiction of the DoD School System.

When the administrator proposes removal of a student to an AES, the administrator must contact the District Office to inform the Superintendent and the Special Education Coordinator of the pending decision. The administrator must convene a CSC to decide where the interim AES will be and how the student will receive services consistent with his or her IEP and continue to progress in the general education curriculum. The CSC must also address what services may be needed to prevent the behavior from recurring.

Expulsion

In cases where expulsion is proposed, the school is required to notify the parents of their procedural safeguards and refer the case to the disciplinary committee. Within ten days of imposing the consequence the school will convene a CSC meeting to identify options for the continued provision of services consistent with the student's IEP. When expulsion is proposed

the administrator must contact the District Office to inform the Superintendent and the Special Education Coordinator of the pending decision.

CHAPTER

12

PROCEDURAL

SAFEGUARDS

The DoD Instruction 1342.12, “Provision of Early Intervention and Special Education Services to DoD Dependents,” April 11, 2005 contains a number of procedural safeguards designed to protect the rights of all students with disabilities and to ensure continuous parental involvement in their child's education. The documentation, meetings, and procedures outlined in this guide are minimum and essential requirements of that instruction. All of the procedural safeguards of the DoDI 1342.12 must be afforded students with disabilities and their parents.

Similarly, DoDEA Regulation 2500.1, “Special Education Dispute Management System,” August 28, 2001, prescribes the DoDEA informal dispute resolution mechanisms. The DoDI and DoDEA regulation take precedence over this guide; any conflict with the guide is to be resolved in favor of the regulations. School personnel must become knowledgeable about the specific procedures prescribed by the DoDI 1342.12 and DS 2500.1 and must not rely on this guide for a full explanation of those authorities.

DUE PROCESS

Due process procedures in special education refer to those legal procedures and safeguards created to ensure that the student, the parents, and the school are afforded their rights, under the law. Parents have the opportunity to obtain mediation, due process hearings, administrative appeals, and civil judicial proceedings in order to resolve disagreements related to the identification, evaluation, and provision of a free and appropriate education for their student. The following procedural safeguards must be observed.

Notice

The Individuals with Disabilities Education Act (IDEA) and the DoDI 1342.12 require the parent be provided prior written notice whenever the school, district, or agency refuses a parental request, as well as prior notice when the school proposes to initiate or change the identification, evaluation, or educational placement of the student or the provision of a free and appropriate public education (FAPE) to the student. This requirement is also stated in the DoDEA's Parent Rights and Responsibilities handout.

The parent permission for evaluation, invitation to meeting, eligibility report, and Individual Education Program (IEP) forms document that the school has provided the parent with prior written notice of the school's proposal to initiate or change the identification, evaluation, or educational placement of the student, or the provision of a free appropriate public education (FAPE) of the student.

Written notice must be given to the parents of a student with a disability before the school:

1. Proposes to initiate or change either the identification or evaluation, or to change the educational placement of a student or the provision of free and appropriate education to the student; or
2. Refuses to initiate or change the identification, evaluation, or educational placement of the student or the provision of a free and appropriate education.

The notice shall fully inform the parent of:

1. Procedural rights conferred by the DoDI 1342.12; and
2. A description of the action proposed or refused by the school with a brief explanation for its decision.

The notice shall be provided in a manner that ensures the parent's understanding. This may be achieved by the use of:

1. Simplified language;

2. Delivery of notice in the parent's native language; or
3. Through the use of interpreters or other persons selected by the parents to facilitate their understanding.

Consent

The consent of the parents of a student with disabilities or of a student who may possibly be identified as having a disability must be obtained before any:

1. Initiation of formal evaluation procedures;
2. Initial educational placement under an IEP; or
3. Change in educational placement under an IEP.

A parent may refuse, withdraw or revoke consent at any time. If the parents refuse consent to any formal evaluation, including a functional behavioral assessment, or initial placement in a special education program, the school or the parents may request a conference, request mediation or initiate a due process hearing to determine if the student may be evaluated, re-evaluated or initially placed in special education without parent consent.

Notice of Refusal of Parent Request

When the school refuses a parental request to initiate or change some action related to the student's special education program, the written notice refusing a parental request must include the following:

1. A description of the action refused by the school;
2. An explanation of why the school refuses to take the action;
3. A description of any other options school personnel have considered and the reasons why those options were rejected;
4. A description of each evaluation procedure, test, record, or report the school used as a basis for the refused action; and
5. A statement that the parents of a child with a disability have protection under DoDEA's procedural safeguards and means by which a copy of a description of procedural safeguards can be obtained.

Some circumstances when a school may refuse a parent's request triggering the need for a written notice refusing a parent's request include, but are not limited to, when:

1. Parent submits a written request for an evaluation, but the school has no reason to suspect a disability that would require special education and related services in order to receive a FAPE.
2. Parent requests a specific program or assistive technology device be added to the IEP. CSC concludes that the student would not benefit educationally from the use of the program or device.
3. Parent requests extended school year (ESY) services after the CSC has determined these services are not necessary because the student does not meet ESY eligibility guidelines.
4. Parent requests an independent educational evaluation (IEE) after the school has paid for an IEE and disagrees that another evaluation is needed.
5. Parent requests a change in student placement and the CSC concludes that the change in placement would not be educationally beneficial and/or it would deny the student a right to receive services in the least restrictive environment.

Independent Educational Evaluation

Parents are entitled to an independent evaluation at DoDEA's expense. If a parent requests an independent educational evaluation, the CSC must, without unnecessary delay, either:

1. Initiate an impartial due process hearing to show that the committee's evaluation is appropriate; or
2. Ensure an independent educational evaluation is provided.

NOTE: Parents will bear the cost of the independent evaluation if the school demonstrates in an impartial due process hearing that the evaluation obtained by the parent did not meet DoDEA criteria, or if the hearing officer concludes that the DoDEA evaluation was adequate.

If an independent evaluation is provided at the expense of DoDEA, it must meet the following criteria:

1. Conform to the requirements of the DoDI 1342.12;
2. Be conducted, when possible, within the area where the student resides;
3. Follow all DoD regulations regarding the host nation; and

4. Meet the DoD standards governing persons qualified to conduct an educational evaluation, including an evaluation for related services. The criteria applicable to Military Service providers of related services are prescribed by the DoD Military Services regulations. DoDEA regulations govern criteria applicable to educational services and providers.

If the final decision rendered in a hearing supports the CSC evaluation, the parents have the right to an independent evaluation, but not at DoDEA's expense.

Access to Records

Storage, access, and release of a child's special education records are governed by the Privacy Act, 5 U.S.C. 552a as implemented by the DoD Directive 5400.11, "DoD Privacy Act Program," December 13, 1999, and the Privacy Act Manual that implements that regulation, the DoD 5400.11-R, "DoD Privacy Program," August 8, 1983. The information in this document summarizes and provides guidance on best practices that may not arise under the Privacy Act. Reference should be made to the Privacy Manual for detailed guidance concerning storage, access, and release of a student's special education records.

NOTE: Many parents believe their child is covered by the slightly different provisions of the Family Education Right to Privacy Act (FERPA) that protects the privacy of student education records. FERPA only applies to schools that receive funds from the Department of Education and thus does not apply to DoDEA records, although the protections of the Privacy Act are very similar to those under FERPA.

The parents of a student with a disability have the right to inspect and review all educational records with respect to the identification, evaluation, and educational placement of their child. In the absence of a court order to the contrary, all parents, even those not having custody of their children, have the right to see each education record that a school district keeps on their child. Notes and memoranda prepared by a school official that are not shared with other persons and are maintained by the preparer for personal use are not considered agency records and are not available for examination.

Parents have a right to:

1. A response from the school on reasonable requests for explanations and interpretations of the records;
2. Request copies of the records;
3. Have their selected representative inspect the records; and
4. A parent who believes that the information in their child's record is inaccurate,

misleading, untimely, or irrelevant may request the record be amended. Amendment requests must be in writing and processed in accordance with the DoD PA Manual. However, in the normal course of daily business involving their child, the parent is often called upon to provide information concerning the child. The school determines when this data should be included in the child's educational file. If the parent believes the information should be included or excluded, or that a change should be made in the interest of clarity, the parent may request the school to include the information in the child's record or make the necessary change. Parents who disagree with the school's decision must exhaust the administrative procedure described in the PA Manual.

Parents have the right to confidentiality of personally identifiable information contained in their child's confidential education records. Accordingly, the school must provide written notice to the parent and obtain parental consent for the release of relevant information outside the Department of Defense, unless release is otherwise authorized because of a government-wide DoD or DoDEA routine use exemption, such as a law enforcement officer investigating a crime. These exemptions are published at <http://www.defenselink.mil/privacy/>. In general parental consent must be obtained before disclosure of student record information to anyone other than a DoD agency, servicing Military Educational Developmental Intervention Services (EDIS) or medical officials. A record is maintained in the confidential special education record file that identifies personnel who access each child's file. When in doubt about whether records can be accessed by third parties (i.e., by personnel other than the child or the parent) or what can be disclosed from the file, seek guidance from DoDEA General Counsel.

Transfer of Rights (Age of Majority)

In DoDEA, a student reaches the age of majority at 18. The IDEA requires notification to the child, as part of transition planning, at least one year before the child reaches the age of majority, of the rights that will transfer to him or her under the IDEA. The DoDI 1342.12 requires notice to parents and children upon the transfer of those rights. Both the parents and the student participate in the transition planning meetings. A statement must be included in the minutes of the transition planning meeting a year before the child attains majority reflecting that the child has been advised of the pending transfer of rights, and the child's IEP should be annotated when the child reaches the age of majority. After the student reaches the age of majority and rights have been transferred, any notice required by law such as procedural safeguards and notice of meeting must be provided to both the student and the parents.

The transfer of rights at the age of majority means that the student becomes responsible for his or her educational program. Rights that transfer to the student include the right to:

1. Receive notice of and attend IEP meetings;
2. Consent for reevaluation;
3. Consent to change in placement; and

4. Request mediation or a due process hearing to resolve a dispute about evaluation, identification, eligibility, IEP, placement or other aspects of FAPE.

Disputes and Disagreements

Parents and teachers are encouraged to work to resolve differences as they occur through informal, collaborative problem-solving meetings. Parent-teacher communication forms the basis for positive working relationships between parents and school personnel, and often resolves concerns eliminating the need to move to a more formal dispute process.

Dispute management follows three sequential steps: (1) conferencing, (2) mediation, and (3) due process hearing. The steps become increasingly formal, demanding, and expensive. Therefore, every effort should be made to resolve the disagreement at the most informal step possible.

Precise guidance governing the first two stages of dispute resolution is described in DoDEA Regulation 2500.10, "Special Education Dispute Management System," August 28, 2001.

Procedures governing the hearing process (stage 3) are described in the DoDI 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents," December 16, 2003.

Conference is the quickest process to convene and the most informal. One or more conferences may identify and resolve the actual or potential special education dispute. The participants in a conference include the administrator, the parent, the student's teacher or service provider, and secondary student, as appropriate.

Mediation is a confidential, voluntary, informal dispute resolution process in which the disagreeing parties (school and parent) engage in a discussion of issues related to the child's free appropriate public education, in the presence of, or through, a qualified mediator appointed by the school at no expense to the parent.

Due Process Hearing is the most formal process by which to resolve a dispute between the school and the parent. A parent after requesting, attempting, or declining mediation, may petition the Director, Defense Office of Hearing and Appeals (DOHA), to appoint a hearing officer to decide the dispute and to issue orders to parents, children, and the school concerning their respective duties.

NOTE: The parents must either participate in mediation or refuse mediation in writing before a hearing can be requested. A copy of the written refusal must be maintained in the student's special education folder. No stigma may be attached to the refusal of parents to mediate or to an unsuccessful attempt to mediate.

Special Education Administrative Decisions

The DoDI 1342.12 provides for the administrative resolution of disputes between the parents of a student with disabilities and school authorities over the student's identification, evaluation, placement or free appropriate education. If mediation is unsuccessful in ending the disagreement, either the parents or the school principal has the right to a due process hearing conducted by an impartial hearing officer who is an attorney from outside of DoDEA. Both parties have the right to appeal the hearing officer's decision by filing a written notice of appeal with the Director, Defense Office of Hearings and Appeals (DOHA), who will refer the appeal to the DOHA Appeal Board.

The Freedom of Information Act requires that the decisions of hearing officers and the Under Secretary of Defense (Personnel and Readiness) be indexed and made available to the public.

Protections in Evaluation

Any student who is receiving or entitled to receive instruction from DoDEA and who is referred to a CSC for a possible disabling condition shall receive a full and comprehensive diagnostic evaluation of his or her special education needs. The extent of the evaluation is determined by the CSC with parent permission. This evaluation, given in accordance with DoDI 1342.12, shall be administered before any action is taken regarding development of an IEP or placement in a special education program.

An evaluation to determine if a student has a disability is conducted only with the written consent of the parents, except if authorized by a hearing officer or a court of competent jurisdiction.

Assessment materials and evaluation procedures shall be:

1. Selected and administered so as not to be racially and culturally discriminatory;
2. Administered in the native language or mode of communication of the student, unless it clearly is not feasible to do so;
3. Validated for the specific purpose for which they are used or intended to be used;
4. Administered by trained personnel in conformance with the instructions provided by the producers of the testing device;
5. Administered in a manner so that no single procedure is the sole criterion for determining an appropriate educational program for a student with a disability; and
6. Selected to assess specific areas of educational need.

The evaluation shall be conducted by a multidisciplinary team or group of persons from multiple disciplines, and shall include a teacher or other specialist with knowledge in the area(s) of the suspected disability(ies). The student shall be evaluated in all areas of the suspected

disability(ies).

Confidential Files²

Documents pertaining to special education programs include:

1. Prereferral and referral forms and documentation;
2. Test protocols;
3. IEPs;
4. CSC reports and minutes;
5. Assessment plans, evaluation reports, and summaries;
6. Correspondence with parents (including invitations to meetings and permission for assessments);
7. File access records;
8. Cross-reference locator information; and
9. Samples of the student's work, when appropriate.

² Information pertaining to file or folder retention of Elementary School Special Education Files and Secondary School Special Education Files is included in DS Manual 1100.2.

CHAPTER

13

SYSTEM-WIDE ASSESSMENT

ACCOMMODATIONS
ALTERNATE ASSESSMENT

With the reauthorization of the Individuals with Disabilities Education Act (IDEA) 1997, and subsequent reauthorization in 2004, parents of children with disabilities achieved one of their major advocacy goals, the inclusion of their children in standardized testing and school accountability systems. Children with disabilities must be included in system-wide assessments with or without accommodations or through an alternate assessment.

By requiring all children be included in system-wide testing, children with disabilities are held to the same accountability standards as students without disabilities and schools are responsible for ensuring that children with disabilities achieve academic success that enables them to pursue post-secondary education or competitive work opportunities.

IDEA also affirms the parents' right to see their children included in systems that help them judge if their children are improving academically, regardless of their disability. Standardized assessments do not reflect the academic performance of children with significant disabilities. Therefore, an alternate method of evaluating the academic performance of these children is required, e.g., the Alternate Assessment.

This chapter explains the process of identifying appropriate accommodations for all DoDEA system-wide assessments to include pencil-paper and online testing.

PARTICIPATION WITH ACCOMMODATIONS

The term accommodation is used to define changes in assessment administration and response format, (setting, timing/scheduling, presentation or response) that are not intended to alter in any significant way what the test measures but may influence the interpretation of assessment results.

Accommodations are intended to reduce or even eliminate the effects of a student's disability; they do not reduce learning expectations. Without an accommodation for his/her disability, an assessment may inaccurately measure what the student knows and is able to do resulting in the measure reflecting the disability rather than the student's knowledge and skills.

Accommodations are not intended to give the student an advantage or artificially raise the student's scores; rather, they are intended to establish an equal playing field so students with disabilities can take an assessment on an equal basis with their peers. An accommodation used solely to enhance a student's performance beyond providing equitable opportunity to participate in testing violates Federal regulations and the intent of the DoDEA System-wide Assessment Program.

Accommodations for the system-wide assessment must be those that the student generally uses during classroom instruction and assessment. There must be a link between accommodations used during instruction to assist student learning, during classroom testing to measure what the student has learned, and accommodations recommended for system-wide testing. Accommodations must be considered on a systematic basis from the beginning of the student's educational career or at least from the start of the current IEP services. The student should be familiar and adapt with any accommodation used during a system-wide assessment. The use of unfamiliar accommodations may have a negative impact on the student's test performance. Accommodations should not be considered for the first time just before assessment and they CANNOT be used only during the system-wide assessment.

Figure 1 identifies the cyclical process of identifying and using accommodations throughout a student's educational environment.

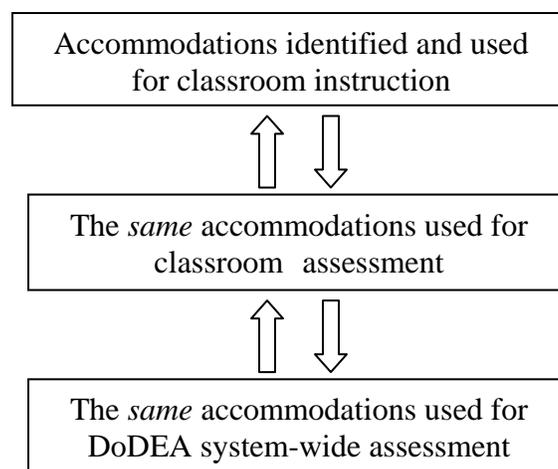


Figure 1. Process of identifying and using accommodations.

Accommodations are practices and procedures made to the administration process of a standardized assessment. Accommodations are commonly categorized in four ways; presentation, response, setting, and timing and scheduling. *The approved DoDEA system-wide assessment accommodations are identified later in this chapter.*

Presentation Accommodations- Allow students to access information in ways that do not require them to visually read standard print. These alternate modes of access are auditory, multi-sensory, tactile, and visual.

- ***Who can benefit from PRESENTATION accommodations?***
Students with print disabilities, defined as difficulty or inability to visually read standard print because of a physical, sensory, or cognitive disability.

Response Accommodations- Allow students to complete activities, assignments, and assessments in different ways or to solve or organize problems using some type of assistive device or organizer.

- ***Who can benefit from RESPONSE accommodations?***
Response accommodations can benefit students with physical, sensory, or learning disabilities (including difficulties with memory, sequencing, directionality, and organization).

Setting Accommodations- Change the location in which a test or assignment is given or the conditions of the assessment setting.

- ***Who can benefit from SETTING accommodations?***
Students that are easily distracted in large group settings and who concentrate best in a small group or individual setting can benefit from setting accommodations. Changes in location also benefit students who receive accommodations (e.g., reader, scribe, frequent breaks) that might distract other students.

Timing and Scheduling Accommodations- Increase the allowable length of time to complete an assessment or assignment and perhaps change the way the time is organized.

- ***Who can benefit from TIMING / SCHEDULING accommodations?***
Students who require additional time to complete assignments or tests will benefit most from this accommodation. Extra time may be needed to process written text (e.g., a student with a learning disability who processes information slowly), to write (e.g., a student with limited dexterity as a result of low motor control), or to use accommodations or equipment (e.g., assistive technology).

NOTE: Questions and answers related to the DoDEA System-wide Assessment program are included in Appendix G.

Classification of Accommodations

Each type of accommodation is divided into three categories (Categories 1, 2, and 3) which represent the potential influence the accommodations may have on the interpretation and results of individual student tests¹. The three identified categories of accommodations are:

Category 1: These accommodations are not expected to influence student performance in a way that will alter the interpretation of assessment scores or what is being measured. Individual students' scores should be interpreted in the same way as the scores of other students who take the assessment under standard conditions.

Category 2: These accommodations may effect the interpretation of individual tests.

Category 3: These accommodations may effect the interpretation of the test and may also change what is being measured.

DoDEA System Assessments

Accommodations are available as appropriate for all DoDEA system-wide assessments, e.g. Terra Nova, National Assessment of Educational Progress (NAEP), and online assessments (e.g., Social Studies, Science, Writing, Biology, History, and Algebra). IEP team members need to be familiar with these tests in order to make informed decisions regarding individual student accommodations to be used routinely and during participation in system-wide assessments.

Post-Secondary Assessment Accommodations

The College Board provides reasonable accommodations appropriate to the student's disability. A student must submit a request for accommodations to the College Board Services for Students with Disabilities (SSD) if requesting accommodations for the SAT, PSAT/NMSQT, and Advanced Placement (AP). If approved for accommodations the student receives an eligibility letter with a unique SSD code. The student uses the letter and SSD code when registering for a College Board exam. The student should ask the school counselor about the process. The counselor will have all the information and forms necessary to complete the process. Student case managers and counselors should work collaboratively to ensure students are afforded appropriate accommodations.

NOTE: Applications for assessment accommodations must be submitted to The College Board several months in advance in order to receive permission in a timely manner.

¹ Guideline for Test Administration, CTB McGraw-Hill

Selecting Accommodations

Although no modification may be made to the content of a test itself, accommodations can be made to the procedures in administration of assessments as well as the manner in which students respond to the assessment. Accommodations should be chosen on the basis of the individual student's needs, not on the basis of the disability category, grade level, or instructional setting.

Determining the appropriate accommodations are part of the IEP development process and entered on the IEP under the section "Standardized Testing-Accommodations." These questions should be considered in the selection process:

- ✓ What is the student's learning strengths and needs?
- ✓ How does the student's learning needs affect the achievement of the grade level content standards?
- ✓ What specialized instruction does the student need to achieve the grade level content standards?

Review the accommodations the student has been receiving in the classroom, and ask these questions:

- ✓ What accommodations is the student regularly using in the classroom and on tests?
- ✓ Has the student been willing to use the accommodation?
- ✓ Have there been difficulties administering the selected accommodations?
- ✓ For older students: What is the student's perception of how well an accommodation has worked?

The CSC/IEP team can use the following guide and questions to assist in determining the most appropriate student accommodation.

PRESENTATION ACCOMMODATIONS

Who Can Benefit	Questions to Ask	Examples
Students with print disabilities, defined as difficulty or inability to visually read standard print due to a physical, sensory, or cognitive disability.	<ul style="list-style-type: none"> ▪ Can the student read and understand directions? ▪ Does the student need directions repeated? 	<ul style="list-style-type: none"> ▪ Large Print ▪ Directions read aloud ▪ Cue student ▪ Use calculator

SETTING ACCOMMODATIONS

Who Can Benefit	Questions to Ask	Examples
Students who are easily distracted in large group settings, or concentrate best in small groups.	<ul style="list-style-type: none"> ▪ Do others easily distract the student? ▪ Does the student have trouble staying on task? 	<ul style="list-style-type: none"> ▪ Change of room or location ▪ Test administered by a familiar teacher ▪ Study carrels

RESPONSE ACCOMMODATIONS

Who Can Benefit	Questions to Ask	Examples
Students with physical, sensory or learning disabilities (including issues with memory, sequencing, directionality, and organization).	<ul style="list-style-type: none"> ▪ Can the student use a pencil or other writing instrument? ▪ Does the student have a disability that affects his ability to spell? ▪ Trouble tracking from one page to another? 	<ul style="list-style-type: none"> ▪ Scribe ▪ Spell checker ▪ Computer ▪ Dictionary ▪ Sign language ▪ Large print

TIMING / SCHEDULING ACCOMMODATIONS

Who Can Benefit	Questions to Ask	Examples
Students who need more time, cannot concentrate for extended periods, have health-related disabilities, fatigue easily, or medical needs.	<ul style="list-style-type: none"> ▪ Can the student work continuously during the entire time allocated for test administration? ▪ Does the student need shorter work periods and frequent breaks? ▪ Does medication dissipate over time impacting the student's performance? 	<ul style="list-style-type: none"> ▪ Extra time ▪ Frequent breaks ▪ Multiple testing sessions

APPROVED ACCOMMODATIONS

This section identifies the approved accommodations for all DoDEA system-wide testing to *include pencil-paper and online assessments*. The accommodation area, code (for entry into the DoDEA Special Education Computer Program), type of accommodation, and category designation are listed below. This list of accommodations is not all inclusive. *In instances when the IEP team chooses to identify additional accommodations (not listed below), the district office assessment coordinator must be consulted to provide guidance in assigning the appropriate category.*

AREA: PRESENTATION ACCOMMODATIONS

Excent Code	Type of Accommodation	CAT. 1	CAT. 2	CAT. 3
PR-10	Use Braille or other tactile form of print.	X		
PR-11	Use a large-print edition of the assessment.	X		
PR-12	Use visual magnification devices.	X		
PR-13	Use PDF version of the test form.	X		
PR-14	Change background color or font size	X		
PR-15	Use tactile graphics (e.g., maps, charts, illustrations).	X		
PR-16	Have directions and/or questions presented through sign language on reading/language/spelling tests.			X
PR-17	Have directions and/or questions presented through sign language, EXCEPT on reading/language/spelling tests.		X	
PR-18	Have directions read aloud.	X		
PR-19	Repeat/re-read and/or clarify directions to student.	X		
PR-20	Have directions, stimulus material, questions, and/or answer choices paraphrased.			X
PR-21	Have stimulus material, questions, and/or answer choices read aloud by a proctor or using computer software (e.g., Kurzweil) EXCEPT for reading comprehension.		X	
PR-22	Have stimulus material, questions, and/or answer choices read aloud by a proctor or using computer software (e.g., Kurzweil) INCLUDING reading comprehension.			X
PR-23	Use audio amplification devices (e.g., hearing aids, computer speakers). N/A for ONLINE tests.	X		
PR-24	Use markers or highlighter to maintain place or for test directions. ONLINE test: Review flags are incorporated into each prompt for answered and unanswered items.	X		
PR -25	Use a calculator or arithmetic table, EXCEPT for a mathematics computation assessment.		X	
PR-26	Use a tape recorder for directions or test items to be read aloud.		X	
PR-27	Cue student to remain on task.	X		

AREA: RESPONSE ACCOMMODATIONS

Excent Code	Type of Accommodation	CAT. 1	CAT. 2	CAT. 3
RS-30	Mark responses in the student test book.	X		
RS-31	Student is assisted in marking responses in test book.	X		
RS-32	Mark responses on large-print answer document.	X		
RS-33	Use lined or graph paper.	X		
RS-34	Use template to maintain place for responding.	X		
RS-35	Use sign language to indicate response.	X		
RS-36	Use a dictionary (Including bi-lingual dictionary, if available).			X
RS-37	Indicate responses to a scribe for verbatim entry into student book or computer, EXCEPT on writing portion of test.		X	
RS-38	Indicate responses to a scribe for verbatim entry into student book or computer, to INCLUDE the writing portion of the test.			X
RS-39	Record responses on audiotape (EXCEPT for constructed-response writing assessment) for later verbatim translation by scribe into student book or computer.	X		
RS-40	Use a spell checker, EXCEPT on writing portion of test.		X	
RS-41	Use a spell checker, to INCLUDE the writing portion of the test.			X
RS-42	Use a computer, word processor, typewriter, Braille writer, or other machine (e.g., communication board).	X		
RS-43	Indicate response with a communication device (e.g., speech synthesizer) for later verbatim translation by a scribe. ONLINE test: If available.	X		

AREA: SETTING ACCOMMODATIONS

Excent Code	Type of Accommodation	CAT. 1	CAT. 2	CAT. 3
ST-50	Take the assessment alone or in a study carrel.	X		
ST-51	Take the assessment in a small group or different classroom.	X		
ST-52	Take the assessment in an identified seat location or with close proximity to teacher or an assistive device.	X		
ST-53	Test administered by a familiar teacher (e.g., special educator).	X		
ST-54	Take the assessment at home or in a care facility (e.g., hospital), with supervision.	X		
ST-55	Use adaptive furniture.	X		
ST-56	Use special lighting and/or acoustics.	X		

AREA: TIMING / SCHEDULING ACCOMMODATIONS

Excent Code	Type of Accommodation	CAT. 1	CAT. 2	CAT. 3
TS-60	Use extra time for any timed assessment (NOT TO EXCEED 150% OF STANDARIZED TIME LIMIT).		X	
TS-61	Take breaks that DO result in extra time for any timed assessment or opportunity to study information in an assessment already begun.		X	
TS-62	Take breaks that DO NOT result in extra time or opportunity to study information in an assessment already begun.	X		
TS-63	Have flexible scheduling (e.g., time of day, days between sessions) that DOES result in extra time but not an opportunity to study information in an assessment already begun.		X	
TS-64	Have flexible scheduling (e.g., time of day, days between sessions) that DOES NOT result in extra time or opportunity to study information in an assessment already begun.	X		

**ACCOMMODATIONS FOR THE
NATIONAL ASSESSMENT OF EDUCATIONAL PERFORMANCE (NAEP)**

A student may not participate in NAEP testing if the student's IEP identifies the student be tested with an accommodation that NAEP does not permit, and the student cannot demonstrate his or her knowledge of reading or mathematics without that accommodation. The type of accommodations allowed by NAEP and the corresponding tests are listed below.

Type of Accommodation	Reading Session	Mathematics Session
Bilingual dictionary	<i>Not allowed</i>	X
Bilingual booklet	<i>Not allowed</i>	X
Extended time in regular session	X	X
Large print booklet	X	X
One-on-one	X	X
Read aloud in regular class	<i>Not allowed</i>	X
Scribe or use of a computer- used to record answers	X	X
Small group	X	X
Other- format or equipment accommodations such as a sign language translator, amplification devices, or magnification equipment if provided by school	X	X

ALTERNATE ASSESSMENT

Overview

The Alternate Assessment is a component of the DoDEA assessment program that ensures ALL students with disabilities participate in system-wide testing.² The Alternate Assessment measures the performance of students who are unable to participate in the system-wide assessment even when accommodations are provided. The Alternate Assessment permits students with significant disabilities to demonstrate their proficiency toward mastery of daily living skills and knowledge of academic standards. An alternate system for measuring performance is necessary because the Individualized Education Program (IEP) goals do not serve as the total curriculum for a student, and the attainment of IEP goals and objectives cannot be easily aggregated for accountability purposes,

The Alternate Assessment is administered to all qualifying students in grades 3–11 during a six week period coinciding with the spring administration of the Terra Nova. The Alternate Assessment measures the same content areas as the Terra Nova but may assess additional content, such as functional skills. The alternate assessment is designed to:

1. Measure student performance;
2. Analyze individual student data to make appropriate instructional decisions;
3. Establish accountability for student performance at the school, district, area and headquarter levels; and
4. Generate student results that can be aggregated for inclusion in DoDEA accountability reports.

The number of students with disabilities qualifying for participation in alternate assessments will be relatively small. It is expected that between 1-2% of special education students will qualify for an alternate assessment. The alternate assessment is most appropriate for students with disabilities who require intensive instruction and extensive support in order to participate meaningfully and productively in daily activities integrated across the school, home, and community.

NOTE: The majority of students with disabilities can take system-wide assessments with or without accommodations.

² DoDEA Regulation 2000.6, System-wide Assessment Program, March 2001

Student Participation in Alternate Assessment

The Individualized Education Program (IEP) team, or Case Study Committee (CSC), makes the decision regarding how and to what extent a student with a disability participates in the DoDEA system-wide assessment. During the IEP annual review, the CSC must determine if a student will participate in the system-wide assessment with or without accommodations. If the CSC determines that the student should not participate in the system-wide assessment, the Alternate Assessment is administered. Parents are informed of the purpose of the Alternate Assessment and what the assessment will measure.

In order for a student to qualify for the Alternate Assessment he/she must meet **ALL** of the following criteria. If the student does not meet all of these criteria, s/he should participate in system-wide assessment with or without accommodations.

Participation Criteria

1. The student's cognitive ability and adaptive behavior prevent the completion of the general education curriculum, even with program accommodations and/or modifications;
AND
2. The student's course of study is primarily functional and life-skill oriented; AND
3. The student is unable to acquire, maintain, generalize and demonstrate performance of those skills in a variety of settings without intensive, frequent individualized instruction.

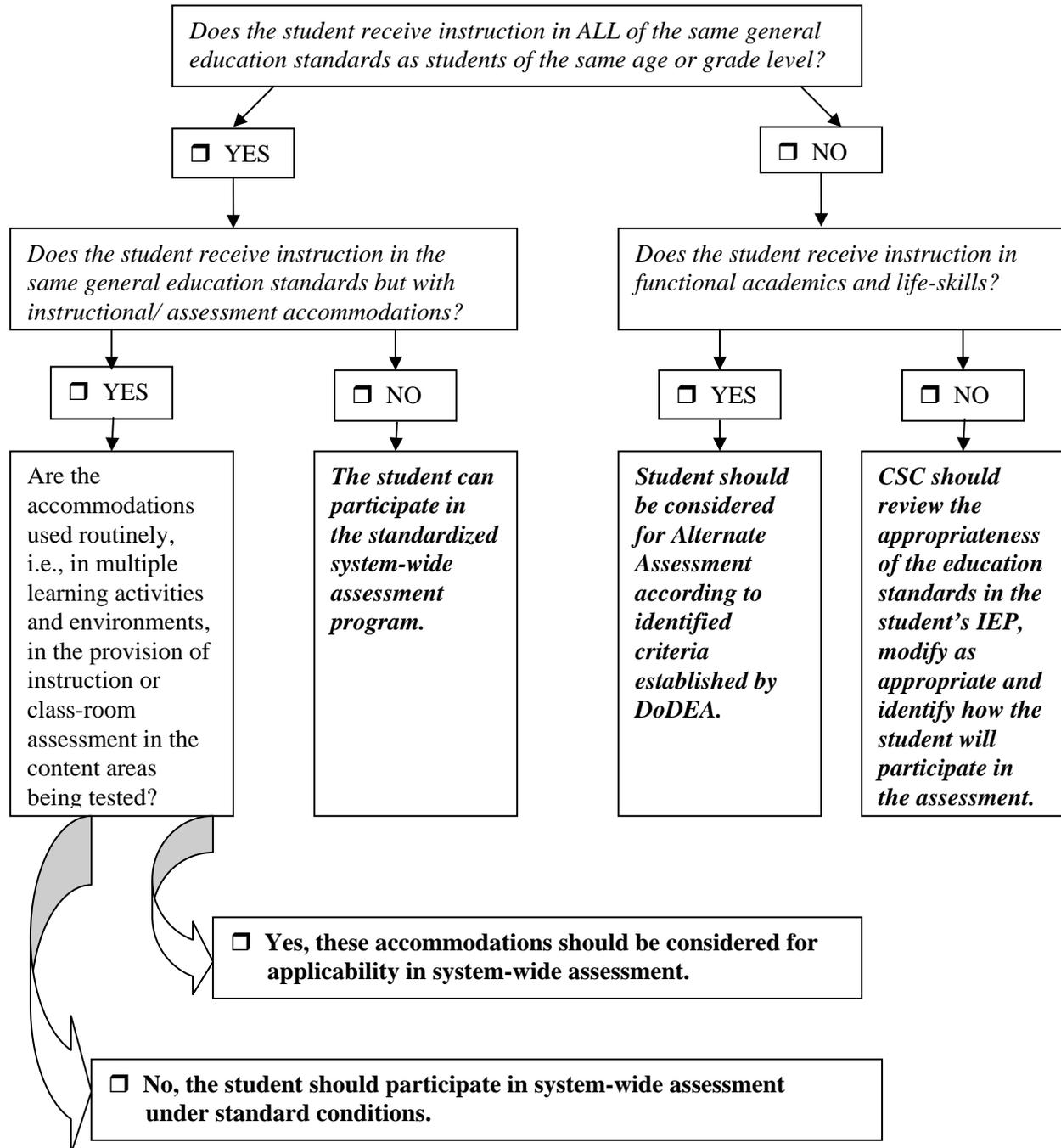
*Students should **NOT** be included in the Alternate Assessment based solely on the fact that the student:*

- a. has a disability;
- b. is academically behind due to excessive absences or lack of instruction;
- c. has difficulty completing the general academic curriculum because of social, cultural or economic differences.

The table below identifies the type of educational modifications the CSC should consider in determining a student's participation in the Alternate Assessment.

Student requires...	Extent of services needed...
Adaptive behavior assistance	...intensive instruction in adaptive behaviors across environments to successfully transfer skills necessary to function in domestic community living, leisure and vocational activities in school, home, and community...
Modification of the general education curriculum	...daily activities and lessons differ substantially from that of other students, different lesson objectives are used, and classroom activities are extensively modified to meet the student's individual needs...
IEP diploma	...the student will not complete the regular diploma program even with interventions, accommodations, and extended school services...

The following flowchart, “Determination of Student Participation in System-wide Assessment”, outlines the steps the CSC can use in determining if a student with disabilities should participate in system-wide testing without accommodations, with accommodations or in an Alternate Assessment. *In determining how the student will participate in the system-wide assessment program, the CSC must consider the following:*



COMPONENTS OF ALTERNATE ASSESSMENT³

The Alternate Assessment addresses the same academic content measured in the system-wide assessment (i.e., Terra Nova). The Alternate Assessment is designed to measure the extent of progress a student makes in the classroom while working toward the DoDEA curriculum standards. This progress is determined by evaluating a sample of the student's work that addresses a specific standard and component.

Each standard and component must be closely aligned with the DoDEA IEP goals/objectives⁴ as demonstrated below.

Math Standard: Understanding Numbers

Component 1: Computation

IEP Goal: M210: *Will Solve Problems Using Computation*

Component 2: Consumer Math

IEP Goal: M235: *Money Concepts*

Documenting the Alternate Assessment

The DoDEA Alternate Assessment is comprised of the following pieces of information:

1. Summary Coversheet
2. Parent Verification Letter
3. Evidence Cover Sheet (e.g., reading, writing, mathematics, functional life skills)
4. Evidence
5. Special Education Student Summary Sheet (Excent)
6. Feedback Form, Educator (Optional)

Summary Coversheet provides student demographic information, a checklist of items to be submitted for the Alternate Assessment, and a section to identify the student's personal strengths and social skills.

Parent Verification Letter provides the opportunity for parents to be part of the assessment process. Parents are asked to validate the student's performance as presented in the Alternate Assessment and to provide input regarding the student's performance in the home.

Evidence Cover Sheet is used to record information specific to the evidence of student performance. The purpose of the cover sheet is to give the reviewer adequate information to score the evidence. There are separate cover sheets for each area assessed, e.g., reading, writing, math, functional life skills, etc.

Special Education Student Summary Sheet (Excent) is necessary to verify student demographic information.

³ Glossary of terms for Alternate Assessment included in Appendix H.

⁴ Special Education Goals and Objectives Handbook, April 2007

Evidence is the collection of student work that documents his/her performance level in attainment of identified standards and components. The collection of evidence occurs within the context of on-going classroom activities and is designed to take a snapshot of the student's typical performance on a limited sample of skills. Evidence may include student writings, journal entries, digital pictures of the student completing a task, etc. Photograph(s), student schedules, and student self-evaluation sheets may be included, as appropriate.

Feedback Form, Educator (Optional) is used to identify additional educator training needs for the administering the Alternate Assessment.

Alternate Assessment Scoring Rubric

The scoring rubric is a three-dimension, four-level scale that describes student performance and measures student proficiency toward the DoDEA standards. It is designed to consider the extent to which an activity can be performed independently in a variety of settings and level of support needed to complete the activity.

Dimension	Proficiency			
	Below the Standard	Partially Met the Standard	At the Standard	Above the Standard
<p><u>Support</u></p> <p>How is the student using natural supports such as peers, general education teacher, co-workers, etc.?</p>	<p><u>Extensive</u> special education support is needed 100 percent of the time.</p> <p>Modifications and/or assistive technology, as needed.</p>	<p><u>Moderate</u> special education support is needed about 50 percent of the time, introduction of natural supports.</p> <p>Modifications and/or assistive technology, as needed.</p>	<p>Special education support is <u>rarely</u> needed, with some natural supports.</p> <p>Modifications and/or assistive technology, as needed.</p>	<p>Natural support provided by general educators, peers, and community members.</p> <p>No support is provided by special education personnel.</p> <p>Modifications and/or assistive technology, as needed.</p>
<p><u>Accuracy</u></p> <p>How well does the student perform targeted skills related to standards, IEP goals, and performance objectives?</p>	<p>Student <u>rarely</u> demonstrates mastery of the targeted skill related to the standard.</p>	<p>Student <u>occasionally</u> demonstrates mastery of the targeted skill related to the standard.</p>	<p>Student <u>frequently</u> demonstrates mastery of the targeted skill related to the standard.</p>	<p>Student <u>routinely</u> demonstrates mastery of the targeted skill related to the standard.</p>
<p><u>Setting</u></p> <p>Where is the learning taking place or being applied?</p> <p>In how many environments?</p>	<p>Student performance is demonstrated primarily in <u>one</u> setting.</p>	<p>Student performance is demonstrated in 2 or more settings, 1 of which is an integrated environment.</p>	<p>Student performance is demonstrated in 3 or more settings, 2 of which are in an integrated environment.</p>	<p>Student performance is demonstrated in 4 or more settings, 3 of which are in an integrated environment.</p>

ADMINISTRATION OF THE ALTERNATE ASSESSMENT

Planning and conducting an alternate assessment is a team effort that begins early as part of the annual review process and is not the responsibility of just one person. Planning involves the student's special education teacher(s), parents, and other personnel who work regularly with the student. The educator with whom the student is most familiar should conduct the Alternate Assessment. In most cases, this will be the teacher responsible for the delivery of the student's educational services.

All personnel who work with the student should help to identify the IEP goals most closely aligned with the assessment standards. Evidence to support each standard is gathered within the context of ongoing classroom activities and opportunities to demonstrate proficiency should be part of the daily instructional routine.

Prior to Conducting the Alternate Assessment

1. Ensure the IEP goal is closely aligned with the standard and component for each of the areas assessed.
2. Determine the most appropriate level of task difficulty for each of the pieces of evidence that will be collected to measure the student's present performance of the skill. The scoring rubric may be used as a guide.
3. Establish a schedule for the collection of evidence during the student's instructional day. Students should not perform all activities on the designated day, but all tasks need to be completed within the designated period from March to May.
4. If videotaping will be used to record student performance, plan ahead to schedule time/date, and availability of equipment. Obtain parent permission to videotape the child.

General Guidelines – Video / Audio Tapes and Pictures

- Student evidence should be specific, brief, and include a written script identifying the context under which the skill was taped
- Videotapes may be in a digital format or 1 ½ inch VHS
- Audiotapes are standard size cassettes
- Write the student's name on the video, CD-Rom, or tape
- Pictures should not be used as primary evidence, but can be used to enhance student products and teacher data
- Pictures must be captioned and provided details about the instructional content

Conducting the Assessment

The Alternate Assessment is a snapshot of a small sample of the student’s present skills as they relate to the curriculum standards. The Alternate Assessment is intended to capture a student’s typical performance on specific tasks. The following are guidelines to remember during the Alternate Assessment.

1. Provide instruction and obtain responses using the student’s routine or daily mode of communication.
2. Identify any modifications / augmentative devices / assistive technology the student requires in order to complete the activity. Describe in relation to what/how and how much a student without an identified disability would do.
3. Provide the level and type of assistance normally provided during instruction.
4. If during the activity, the student is unable or unwilling to continue and/or the student’s behavior is unusually disruptive that day, stop the activity (collection of evidence) and reschedule for another time/day.
5. Grade each piece of evidence with either the percent correct or a letter grade.
6. Complete the Evidence Cover sheet in it’s entirety for each area assessed (i.e., reading, math, writing). To include IEP goal, present level of performance, a narrative description of the activity, circumstances of performance, modifications, and assistive technology.

General Guidelines – Collecting Student Evidence

Evidence is:

- data collected during student performance on an activity
- the “best” example of student work
- the product the student has completed along with a description of how it was completed
- presented in a manner to keep the integrity of the student in mind (e.g., don’t include pictures of student during toilet training)

Following the assessment

The following are completed at the conclusion of the Alternate Assessment:

1. Complete one (1) Summary Cover sheet for the overall Alternate Assessment with a narrative reporting the student’s strengths and social skills. The purpose of the coversheet is to provide the scorer an overview of the student’s ability and instructional needs.

NOTE: Test scores and eligibility information are not to be included.

2. Review the Alternate Assessment with the parent and have the Parent Verification letter signed.
3. Assemble all components of the Alternate Assessment relevant to each student.
4. Make a copy of the entire Alternate Assessment and retain with your records.
5. Submit the original Alternate Assessment package(s) to the District Special Education Coordinator.
6. The DSO will mail the alternate assessment using the same mailing standards used for Terra Nova to: DoDEA – Education Division, ATTN: Special Education, 4040 North Fairfax Drive, Arlington, VA 22203.

Reporting Student Performance

Early in the school year, each school will receive two copies of the DoDEA Alternate Assessment Individual Student Score Report. One copy is placed in the student’s confidential file and the second copy must be reviewed and provided to the parent.

The Alternate Assessment results are included as part of the system-wide accountability report published by the DoDEA Assessment and Accountability Branch. Student proficiency on the Alternate Assessment is reported in the same format as other system-wide assessments. This provides DoDEA uniformity in reporting student performance for the entire student population.

CHAPTER

14**SPECIAL EDUCATION****ESL
CONSIDERATIONS**

DoDEA is responsible for the provision of a free public education of high quality for eligible dependents including programs designed to meet the special needs of those students with limited English speaking ability and students with disabilities. This section discusses the process for distinguishing students whose ability to benefit from the educational program is adversely affected by the student's need to acquire English language skills from those whose difficulties arise from a disability, such as a learning delay or language disorder. In the earlier stages of language development, it is difficult to differentiate between the characteristics that are typical of a student learning a second language and behaviors stemming from a disability.

The purpose of this section is: 1) to outline the pre-referral and referral processes, and 2) to provide background information on typical and atypical second language acquisition characteristics that may be confused with disability characteristics. This chapter, written in collaboration with Special Education, is taken directly from DoDEA ESL Program Guide, March 2007.

Special Education Program Guidelines for English Language Learners

Under the DoDEA program guidelines for special education and English as a Second Language (ESL), English Language Learners (ELLs) can be referred for and receive special education services while also being served by the ESL teacher. The classroom teacher, parent, or any other individual who has relevant knowledge about the child's educational performance can make a referral for special education evaluation. Prior to the Case Study Committee (CSC) accepting a referral, the initial task of the ESL and general education teacher(s) is to differentiate the student's performance issues that are related to linguistic and cultural differences, lack of instruction, or a suspected disability.

The specific guidelines that govern the referral and eligibility process for special education are described in Department of Defense Instruction 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents," dated April 11, 2005, and the Special Education Guide 2500.13 for these guidelines.

The Special Education Pre-referral Process

The period of teacher-designed adjustments to assist a struggling student to improve while consideration is given to referring the child for special education evaluation is known as the period for "pre-referral" activities. The pre-referral process is characterized by problem-solving that involves identifying the nature of the problem, generating a range of alternative approaches to resolving the problems, developing a plan, taking action, and evaluating the action. The process of investigating whether the underlying factors concerning the student's learning problems are related to learning a second language or arising from a disability requires the perspective of many individuals (e.g., the content area teachers, ESL teacher, special education teacher, parents, student, language arts-reading specialist, counselor, school nurse, school psychologist, and school administrator).

The special education pre-referral intervention process provides essential information needed to rule out language acquisition and other concerns (i.e., cultural, socioeconomic and/or other ecological/environmental differences) as a primary source of the student's academic difficulties. Research has indicated that ELLs with learning disabilities are generally less responsive to interventions than students who are merely in the beginning stages of acquiring English.¹ The interventions and assessments build a more complete picture of the ELL's capacity for learning and are useful in differentiating between second-language-based and disability-based learning difficulties. Information collected about the student and the learning environment can be used to plan and implement interventions targeted at multiple sources (students, parents, and teachers), settings (home, school), and situations (instruction, classroom management) (Lopez, 1998). The pre-referral process promotes interdisciplinary partnerships, classroom based interventions, and the reduction of inappropriate referrals for special education consideration.

¹ Jittendra, A & Rohena-Diaz, E. (1996). Language assessment of students who are linguistically diverse: Why a discrete approach is not the answer. *School Psychology Review*, 25, 1,40-56.

Steps in the Special Education Pre-referral Process: Language acquisition issues are distinguished, whenever possible, from disability concerns.

Step 1: The ESL and general education teachers implement a variety of strategies to resolve the student's difficulty. The ESL and general education teachers document the student's progress and behavior, contact the parents, and use interventions as needed.

Step 2: The ESL and general education teachers request assistance from the in-school problem-solving team (e.g., Student Support Team (SST)) or from other resources in the school or district. It is important that someone with expertise in second language acquisition participate on the team when possible.

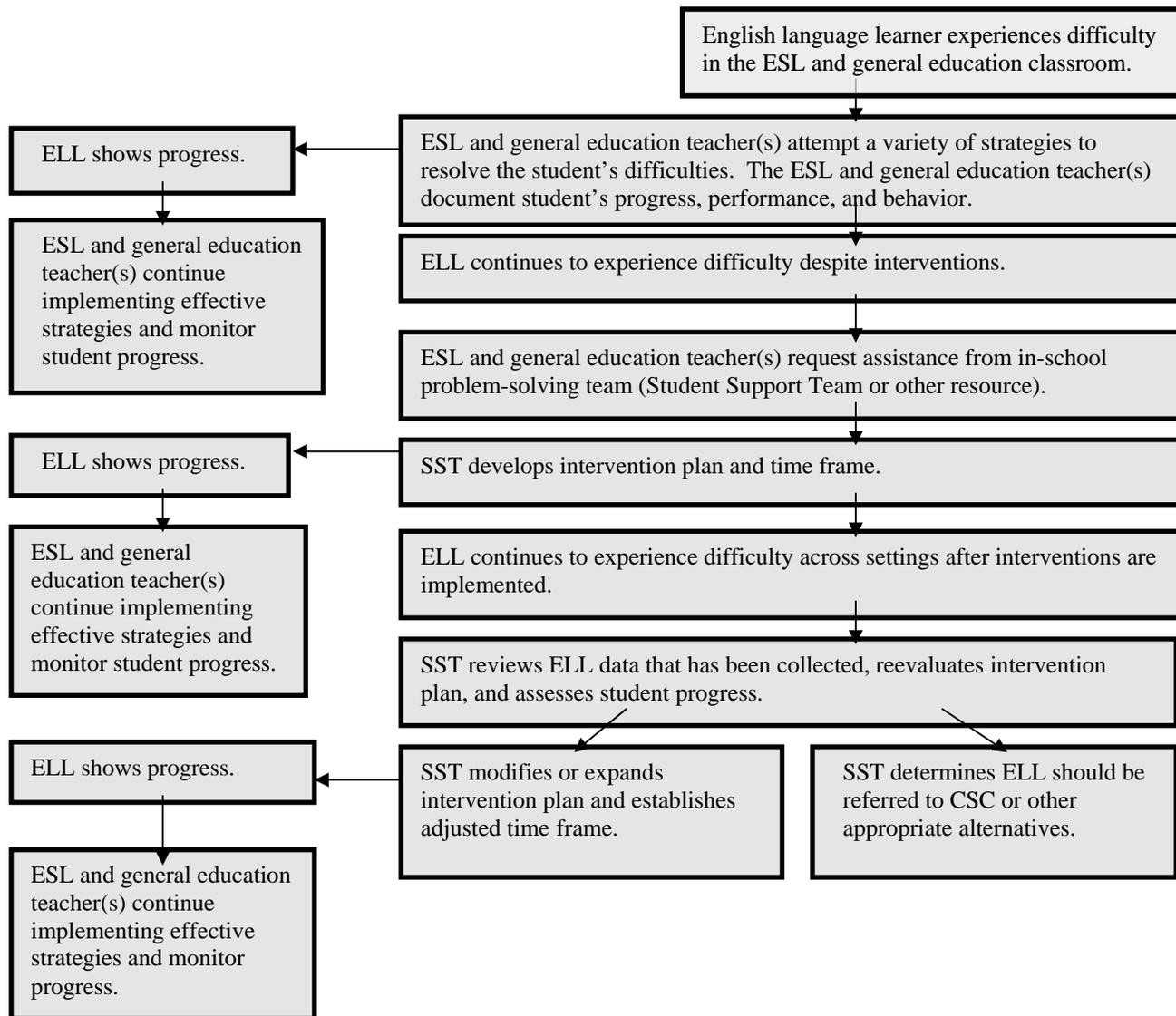
Step 3: The SST develops an intervention plan, time frame for implementation of interventions, and schedules date for follow-up meeting. The student's progress and responses to recommended interventions are carefully documented and monitored by the ESL and general education teachers and shared at follow-up meetings with the SST.

Step 4: The SST reviews the information, reevaluates the intervention plan, and assesses the student's progress. The team modifies or expands the intervention plan and adjusts the time frame.

OR

The SST determines the student should be referred for special education evaluation (i.e., to the Special Education CSC), or for consideration for other appropriate programs.

THE SPECIAL EDUCATION PRE-REFERRAL PROCESS



NOTE: *If a parent or educator working with an ELL believes that ELL has a disability, the student can be referred directly to the CSC. There is no predetermined period of time to wait before making a special education referral if a student is not making expected progress in learning in comparison to peers from similar backgrounds or if a parent requests a referral.*

Pre-referral information that may be gathered includes the following, but is not limited to:

- A comprehensive review of the student’s academic record:
 - Years of formal schooling.
 - Grades and achievement data.
 - Frequency of school attendance.
 - Number of schools attended in the past.
 - Learning difficulties noted in the native country.
 - Language of instruction in native country.
- A review of family history including cultural economic background:
 - Socioeconomic background, the educational level, and occupation of family members.
 - Family cultural background including ethnic group, country, beliefs, language.
 - Medical history including a current vision and hearing evaluation.
- Information about language dominance and the student’s motivation to learn English or speak in his/her native language:
 - Parents’ fluency and level of proficiency in the native language and in English.
 - Acculturation levels of parents and student.
 - Duration and quality of instruction in the native language and English.
- Information about the student’s proficiency in the use of language in the 4 modalities (speaking, listening, reading, and writing) (in English and native language- if feasible):
 - Basic interpersonal communication skills.
 - Cognitive/academic language skills².
 - Academic screenings.
 - Work samples.
 - Oral language samples.
 - Observations such as the SOLOM (Student Oral Language Observation Matrix).
 - Classroom observations including student’s interaction and communication with peers and staff across settings.
- Information regarding services, interventions, and strategies previously used by the student:
 - Types of services.
 - Learning style.
 - Types of classroom adaptations including accommodations and modifications and their effectiveness.

² Cummins, J. (1984). Bilingualism and special education: Issues in assessment and pedagogy. Clevedon, England: Multilingual Matters.

Information that may be gathered during the pre-referral process when considering a referral for a young child includes but is not limited to:

- Information about the child's language dominance and proficiency, in both English and home language, of family members. An interpreter/translator may be needed to facilitate communication with the family.
- Information about the language dominance and proficiency of other caregivers or children who interact routinely with the child.
- Information from the family on their impressions of the child's development.
- Information obtained from a cultural guide, if needed, to help interpret the child's behavior.
- Information obtained from observing the child in both the early childhood environment and the home setting.
- Information about the length of time that the child has been exposed to the linguistic and social environment of the early childhood setting.
- Information on the child's social, cognitive, and motor skills when observed in an environment where language comprehension is not required.

Formal Referral to CSC

At the end of the pre-referral process, the ESL Student Team, and other appropriate educators review, the student's progress and information gathered with the parent to make the decision as to whether or not language acquisition can be ruled out as a factor affecting the child's performance. A formal referral to the CSC for a special education evaluation should be pursued and a formal language assessment conducted. Referral of the student to the Case Study Committee should indicate that all other avenues have been explored and the general education program alone can not meet the student's needs. *The CSC must include the ESL teacher for all ELL referrals.* An ELL is likely to be considered a candidate for an evaluation if:

- The curriculum and instruction have been appropriate for English language learners.
- The delays and difficulties are evident in **both** the native language and in English.
- Instruction has been continuous, appropriately sequenced, and has included teaching prerequisite skills.
- The student has not made satisfactory progress in comparison to his peers and the problem is exhibited across settings (school, home, and community).
- Best practice interventions have not been successful in increasing the student's academic progress.
- Work samples, teacher anecdotal records, instructional environment, and classroom characteristics support further investigation into possible disabilities.
- There is a significant history of medical and/or developmental problems.

Planning and Administering Language Assessments

The assessment of ELLs is challenging. The scores of children with language difficulties on standardized tests, such as the Woodcock Johnson and WISC, may be misleading. There is little guidance provided on how to administer the tests (i.e., how to provide appropriate accommodations to these children) to ensure that they understand the test questions. There is also little guidance on how to apply the normed values for these tests to the population of students with ESL issues. Accordingly, it is important to use a wide variety of measures and assessment methods, as well as input from a variety of people familiar with the student, his/her culture, and primary language. This information is used to identify strengths and weaknesses as well as appropriate instructional methods for a particular child.

Assessment personnel should have a good understanding of first and second language acquisition theory, effective instructional practices for ELLs, and the influence of culture and socioeconomic status on student performance.³ Best practice indicates individuals completing various parts of the evaluation must collaborate. This collaboration should take place prior to selecting and administering tests and other assessment strategies and prior to arranging for any interpretive service.

The following guidelines should be followed when planning and administering assessments for English language learners:⁴

- *When appropriate, available and possible*, assessment should be conducted in both the dominant language and English. If English is the dominant language, there is no requirement to assess in the student's native language.
- *When appropriate, available, and possible*, use equivalent instruments and procedures in the dominate language and English. With equivalent instruments, comparisons can be made as to what the student knows in each language and describe what the student knows cumulatively.
- Results of standardized tests should be cross-validated with data from other sources (e.g., observations, criterion-referenced tests, work samples, interviews, etc.).
- The use of translated tests should be considered carefully before administering. Many translated tests were not developed specifically for the intended cultural/linguistic group on which they are being used and the test content may be biased.
- Careful consideration should be given before using interpreters. It is critical that interpreters be trained to interview carefully, to not modify communication, to not let their perceptions or bias affect communication, to translate items accurately, and to understand test

³ Ortiz, A., & Yates, J. (2001). A framework for serving English Language learners with disabilities. *Journal of Special Education Leadership*, 14(2), 72-80.

⁴ Synthesis Brief: English Language Learners with Disabilities [NASDSE Project Forum, March 2004]. National Association of State Directors of Special Education, Alexandria, VA.

administration procedures. It is critical to document in the individual assessment report that an interpreter was used to administer the assessment.

- It is critical to document and fully discuss in the individual assessment report any modification in test administration.
- The use of appropriate testing of the limits, such as:
 - allowing extra time for timed verbal items,
 - substitution of dialectally/culturally appropriate vocabulary,
 - deletion/modification of culturally inappropriate items,
 - explicit instruction beyond that allowed in administration criteria and use of practice items,
 - dual scoring of test protocols- both with and without modifications,
 - probing for reasons for responses, and
 - translation.

Testing of the limits must be documented in the individual assessment report.

- In addition to the assessment information required by DS 2500.13, the individual assessment reports for ELLs should include:
 - The student's culture and possible significance.
 - The student's command of social and academic English skills and the implications.
 - Any informal assessment information and possible significance.
 - Any discrepancies in the data and possible significance.

Authentic/Alternative Assessment

The use of alternative or authentic assessment procedures that are context-embedded provide information on how the student thinks and learns. Alternative or authentic assessment refers to gathering information utilizing means and methods that vary from traditional standardized normed referenced tests.⁵ Alternative/Authentic methods include:

- Interview with persons in the student's environment, such as parents, teachers, nurse, and paraprofessionals, as well as the student.
- Observations in a variety of settings.
- Use of checklist, rating scales, and self reports by parent, teachers, student, and others.
- Student work samples.

⁵ Collier, C. (1998). Separating differences from disabilities: assessing diverse learners. Ferndale, Wash.: CrossCultural Developmental Education Services.

- Criterion-referenced assessments.
- Curriculum-based assessments.
- Analytical (diagnostic/prescriptive) teaching.
- Dynamic assessment (test-teach-retest).

Individual Assessment Reports and Results

Valid assessment results for ELLs require that all assessment and intervention practices be based upon a solid knowledge of first-and second-language development. Factors that should be considered when interpreting assessment data are:

- The student's stage of second language acquisition.
- The student's language background (e.g., years of exposure to the English language, academic vs. informal exposure to English).
- The quantity and quality of exposure to the first and second language.
- The level of proficiency of the first language at the time the second language was introduced.
- The age of the child at the time of the second language acquisition.
- Personality factors (e.g., introversion vs. extroversion).
- Motivation for learning the second language.
- The social distance between the student's culture and the culture of the second language (Emilia C. Lopez, Best Practices).
- Verbal ability scores are interpreted with *extreme* caution. A significantly lower verbal score does not necessarily mean that the verbal ability is lower than nonverbal ability.
 - Verbal scores may be depressed if certain vocabulary was learned in a language other than English.
 - Scores of timed verbal tests may be depressed due to the student's need to mentally translate.
- Achievement scores may be depressed if the subject (reading, math, and writing) being tested was taught in another language. The depressed score may be due to the student's lack of exposure to the subject in English.

Language Proficiency/Dominance

The purpose of language proficiency testing and establishing the dominant language is to gain a measure of the student's language capabilities in both the native language and in English. It is important to gain an understanding of the language capability so that language proficiency will not impede the student's performance in the cognitive and academic assessments. The cognitive and academic assessments should measure the extent to which a student may have a disability and not the student's English language skills. Establishing language dominance cannot be done solely in the context of the school environment. Information critical to determining the dominant language comes from the parents and the student.

The acquisition of a second language does not develop evenly. A student may be more proficient in some aspects of his/her first or native language and in other aspects of the second language. As an example, a child may have a larger vocabulary in the second language but a stronger grasp of grammar in the first language. It is critical that the language proficiency level be determined. If the student is considered "fully proficient," it is still important to collect information regarding the student's rate of English language acquisition compared to his/her peers.

When students identified as limited English proficient experience academic difficulties, concerns regarding the nature of those difficulties, their relationship to the first language, and the level of English proficiency are critical. Language dominance and proficiency must address all four modalities: reading, writing, speaking, and listening. Documentation of the status of all languages is important for three primary reasons:

1. To establish the absence or presence of a primary learning impairment in the first language.
2. To determine the level of English proficiency.
3. To determine the language(s) of assessment should the CSC decide assessment is necessary.

Distinguishing Between Second Language Acquisition and Disability Characteristics

Differentiating between the characteristics of an English language learner and an ELL with a disability begins with the understanding of three things:

1. Many factors affect second language acquisition.
2. Language develops over an extended period of time.
3. The process of acquiring a second language is complex.

The acquisition process varies with each student and is greatly influenced by the context in which it takes place. Individuals will acquire language at varying rates as varying degrees of social and academic language proficiency skills are acquired. Observing and commenting on

these factors in the ELL individual assessment report provides valuable baseline information on ELLs suspected of having a disability.

Tasks requiring language proficiency should be interpreted with the following considerations.

- As children are exposed to a second language, they may demonstrate a loss of receptive and expressive language skills in the first language. Thus, less developed skills in the first language may be due to the normal second language acquisition process and not to language disabilities.
- ELLs' proficiency may vary depending on the context in which the language is being used. For example, some dual language children are able to communicate well in the first language in interpersonal situations, but are more proficient in the second language in academic situations. On the other hand, some students may be able to communicate in the second language in interpersonal situations, but are more proficient in the first language within academic situations.

The normal process of second language acquisition is often confused with a learning disability because they both have similar surface characteristics. One way to tell them apart is through on-going classroom assessment and the documentation of patterns in those assessments. ELLs going through the normal process of second language acquisition make progress over time. The ELL with a learning disability is usually less responsive to interventions than the ELL in the early stage of second language acquisition.⁶

Eligibility for Special Education Services

Eligibility for special education services is based on the following three considerations:

1. Evidence that the disability exists in the student's first language as well as in English and across a variety of settings. For example, if a student is said to have a problem with "auditory processing," the problem should be evident not only on the tests, but also evident in the classroom and at home. The auditory processing problem for the ELL should also be evident in the student's first language as well as English.
2. Formal and informal assessment data indicates that the learning problem is NOT due primarily to cultural differences or factors related to learning English as a second language. This statement must be documented in the special education eligibility report. To determine whether an ELL is eligible for special education, consideration of his or her English language development should be through interdisciplinary collaboration. *Input from the ESL teacher or other personnel with expertise in the second language acquisition process at the eligibility meeting is strongly recommended. This interdisciplinary collaboration will help determine the extent of the need for both ESL and special education services.*

⁶ Jittendra, A & Rohena-Diaz, E. (1996). Language assessment of students who are linguistically diverse: Why a discrete approach is not the answer. *School Psychology Review*, 25, 1,40-56.

3. The student meets other criteria used to determine eligibility for special education and related services required by DoD 1342.12.

Additional considerations when determining eligibility for special education services:

- Has the student's problem persisted over time?
- Has the problem resisted normal classroom instruction? Has the student received explicit instruction in the problem area and still not improved?
- Does the problem interfere with academic progress?
- Does the student have a clear pattern of strengths and weaknesses?
- Is there an irregular pattern of success? Does the student seem to get it one day and not the next?

If an ELL is determined eligible for special education services and the student is also enrolled in the ESL program, there are several program development factors to consider. It is important to develop the IEP for the least restrictive environment. This implies that the special education teacher and ESL teacher responsible for providing services team together so the student is not pulled from the content classroom an excessive amount of time and that the content and instructional strategies are complementary. Since the language and placement needs of ELLs with disabilities vary widely, it is important for the IEP team to consider a range of options in which the student can receive appropriate language and special education support. The focus should be on providing seamless services that allow for progress in the general education curriculum and toward the specific goals and objectives of the IEP.

If the ELL is found not eligible for special education services, the in-school problem-solving team may continue to serve as a resource and to provide support to both the student and his or her teachers as needed.

IEP Development

When an ELL is eligible for special education services, the CSC *should* include the student's English as a Second Language teacher to ensure that issues related to both the student's special education needs and language proficiency are carefully considered.

Essential attributes to consider in developing the IEP include:

- The student's disability and the degree it impacts second language development.
- The student's current stage of second language acquisition (both oral and literacy levels).
- The student's particular skills by area (strengths and weaknesses in listening, speaking, reading, and writing).
- The student's communication needs in the second language.⁷

In determining the type and intensity of the special education and ESL services needed, the CSC must consider what services are required to address the student's needs that enable the student to be involved and benefit from the general education curriculum, and to work toward the goals of the IEP. The student's need for specially designed language proficiency instruction *required to benefit from special education* must be addressed on the IEP and in the CSC minutes of the meeting. The information should include a description of the services to be provided, the location and the frequency, including the time and extent of services. Any accommodation required to meet the student's cultural and linguistic needs must also be addressed on the IEP.

The CSC is responsible for determining the appropriate participation in system-wide assessments for ELLs who receive special education services. The level 1 or, as appropriate, level 2 ELL is eligible to participate in the DoDEA Alternate Assessment either through ESL or special education. The CSC must also determine what assistive technology may be needed for the English language learner.

The IEP for ELLs

- Includes a statement of ESL and special education services needed to enable the ELL to benefit from special education and general education curriculum:
 - Description of ESL and special education services.
 - Location of ESL and special education services.
 - Frequency of ESL and special education services.

⁷ Cloud, N. (1988). ESL in Special Education. [ERIC Digest ED 303044]. ERIC Clearinghouse on Languages and Linguistics, Washington DC.

- Accommodations or modifications needed for the ELL to make progress in the general education curriculum and to work toward the goals of the IEP.
- Participation in system-wide assessment or the ESL Alternate Assessment, as appropriate.
- A statement regarding any assistive technology required.

Characteristics of ELL Students with and without a Disability

Characteristics	ELL Student	ELL Student with a Disability
Cause of Perceived Problem	Extrinsic. Adaptation process to environment.	Intrinsic. Physiological in nature
Social Abilities/Affective Factors	Demonstrates appropriate social skills for home country. May have some social problems due to lack of familiarity with American customs, language, and expected behaviors. May experience social isolation. Student may tend to interact more with pupils from own cultural group. May exhibit behavioral problems associated with experiences of failure in the regular or special education program.	May exhibit behavioral problems not attributable to adjustment and acculturation; may have difficulty forming appropriate social relationships; may have frequent fights or arguments. May experience cultural identity problems and have poor self-esteem.
Communication Skills	Normal language learning potential. Demonstrates ability to achieve communicative competence in first language. Errors are attributed to second language acquisition rather than speech/language disability. Eventually, the student communicates proficiently in the second language.	May not achieve communicative competence in either first or second language. Speech language disorders exhibited in the areas of articulation, voice, fluency, or receptive and expressive language. Student does not express basic needs adequately. Peers indicate that they have difficulty understanding the student.
Language Skills	First language is age appropriate. Nonverbal communications skills (such as eye contact, response to speaker, clarification or response, turn taking, etc.) are appropriate for age and culture. English language acquisition corresponds to that expected based on the student's length of time in English speaking schools. Student may demonstrate a loss of receptive and expressive language skills in first language when exposed to second language.	First language is not appropriate for age level. Student does not learn English at the same rate as student without disability. Nonverbal communication skills are not appropriate for age level. Sentence structure is shorter or disordered, and grammar is incorrect for age. Student may replace speech with gestures and communicate nonverbally when talking would be appropriate and expected. Student perseverates on a topic even after a topic has changed. May need to hear things repeated, even when they are stated simply and comprehensibly. Student may echo what she or he hears. English language acquisition does not correspond to that expected based on the student's length of time in English speaking schools.

Characteristics of ELL Students with and without a Disability

Characteristics	ELL Student	ELL Student with a Disability
Academic Functions	Normal potential. Apparent problems are related to lack of or inadequate schooling in home country.	Significantly below grade level performance may be due to inability to make progress in second language acquisition or difficulty retaining academic information despite a variety of interventions; history of academic difficulties in home country or first language.
Cognitive Abilities	Cognitive abilities are average. Students usually score better on nonverbal sections of cognitive tests and their scores on the verbal portion of the tests increase over the years.	Verbal and nonverbal abilities are inconsistent or significantly low. Students score better on nonverbal sections of cognitive tests and their scores on the verbal sections of the tests do not increase steadily over the years.
Progress	Shows expected progress in English acquisition and development of academic skills. No marked discrepancy between different areas (such as oral and writing skills). English progress should continue steadily even if slowly.	May show less than expected progress in English acquisition and development of academic skills. May show a marked discrepancy between different areas (such as oral and writing skills) which cannot be attributed to lack of sufficient time or appropriate interventions.
Health	No significant health characteristics.	History of ear infections, hearing problems, sleep or eating disturbances, incontinence, and family incidence of learning disability may have influence on learning.
Sensory Functioning	May exhibit periodic "overload" response such as gazing off and blanking out what is heard for short periods of time during an initial adjustment to new setting.	Auditory or visual processing difficulties exhibited over period of time without signs of improvement.
Motor Skills	Normal	Exhibits fine and/or gross motor impairments.
Productivity	May have difficulty with verbal and written directions or beginning/switching tasks due to insufficient English development but often finds strategies or techniques for coping.	May have difficulty with verbal and written directions or beginning/switching tasks for a variety of reasons and may not acquire strategies for coping; has difficulty completing tasks following explicit instructions.

APPENDIX

A

**QUESTIONS &
ANSWERS**

CRITERION A

This appendix contains questions and answers specifically related to Autism Spectrum Disorder and Attention Deficit Disorder both disabilities under Criterion A – Physical Impairment. In addition, this appendix contains guidance on a functional vision assessment.

CRITERION A – PHYSICAL IMPAIRMENT

QUESTIONS AND ANSWERS

Autism Spectrum Disorders

1. *Can a diagnosis of an autism spectrum disorder be made by a family practice physician for DoDEA eligibility?*

A family practice physician cannot diagnosis autism. A clinical specialist in the area of autism must make the diagnosis. This may include clinical psychologists, psychiatrists, or developmental pediatricians. It is highly unlikely that a family practice doctor or general practitioner would have sufficient knowledge in the specialty area of autism.

2. *What are suggested language instruments for an autism spectrum disorder?*

As with any assessment, the choice of instruments should be driven by the information gathered during the prereferral. In most cases, testing will include a comprehensive language assessment (CELF or TOLD) and a pragmatic language assessment. It is not uncommon for a child with Asperger’s syndrome to score in the average to above average range on these standardized measures. Therefore documentation of language problems should be gathered through communication samples and observations. This would include how many times a child used communication for requesting, informing, regulating, expressing emotions, commenting in social rituals, as well as use of gestures. Other language aspects to be analyzed include literal interpretation of language, inability to understand humor, sarcasm, puns, and the effect that visual input (pictures) has on comprehension and oral output.

3. *How do you complete a language assessment on a non-verbal child?*

Documentation of a child’s communication skills may be completed using checklists, observations, and a communication sample. These observations should include both the method for communication (signing, gestures, leading, fixed gazes, echolalia, proximity, aggression, self-injury, etc.), and the function of communication (request help, attention, preferred objects/activities, share an object, indication of physical pain, protesting, etc.). By structuring stimulus and responses and observing communication attempts the assessors can gather additional information about the child’s communication skills. For example, you may put a desired object out of reach to see how the child reacts, see if you can get the child to imitate sounds or actions, or give the child various objects (letters, numbers, toys, blocks, eating utensils, etc.) to see what he or she does with them.

4. *How could you gather assessment information for young children for whom standardized tools do not work?*

The first choice would be to administer the Psycho-educational Profile – Revised (PEP-R) to the child. This assessment is designed for children with autism or autism spectrum disorders and

focuses on communication, cognitive, fine motor, gross motor, socialization, and imitation skills. Other methods are observations, interviews, teacher reports, and record reviews. The examiner may also set up informal assessment situations.

5. *Once a child is given a diagnosis of autism spectrum disorder doesn't he or she automatically qualify for special education under Criterion A?*

A diagnosis does not automatically qualify a child for special education. In addition to a diagnosis there has to be an adverse impact on education if the modifications are removed. Adverse impact on educational performance may be documented through interviews, observations, and student self-assessment.

Adverse impact manifests itself in the child's inability to form or maintain interpersonal relationships. These are the children who have no friends and are often left alone during free time by other students. They may be teased or bullied by other children. These children do not join in student activities because they may not have the social language to ask to join, do not understand the rules of the game, or blurt out embarrassing comments with no respect to others feelings. They may be unable to hold a "give and take" conversation with adults and peers.

These children may appear to be unorganized or compulsively organized. They display a lack of flexibility or resistance in dealing with changes in routine, environments, and personnel. Misunderstandings with peers and inappropriate interactive behaviors may be evidenced as a result of the misunderstandings or personal perceptions.

Additionally, students with high-functioning autism and Asperger's syndrome, who are doing well academically in the classroom and who score well on standardized assessments, may still have problems in forming and maintaining peer relationships, using social language, and communicating effectively. It is often these characteristics that affect their ability to function independently in the educational environment and as adults.

6. *In addition to addressing academics, what other areas need to be considered in development of the IEP for students with an autism spectrum disorder?*

In addition to academics the CSC should consider the skills related to social interaction, communication, learning strategies, and behavioral interventions if warranted. This may include the following skills:

Communication – Includes not only semantics and syntax, but also pragmatic skills, such as initiating and maintaining a conversation, topic maintenance in conversation, repairing and preventing breakdowns in communication, commenting, and routine social language.

Social – Includes social body language, friendship skills, conversational skills, understanding thoughts and feelings of others, social problem solving, conflict management, and self-awareness.

Behavioral – Includes following rules, understanding cause and effect, the relationship between actions and consequences, identification of potential conflicts, anger management and self-

control, and identification of problem behaviors.

Learning Strategies – Includes organizational skills, time management, task completion, and memory strategies.

7. *What are some service delivery options for students identified with an autism spectrum disorder?*

The educational programming (services) options for a child with an autism spectrum disorder exist across the full continuum of special education services. As with all children, programming (services) are designed based upon the individual needs of the child.

8. *Who would be the most appropriate service providers for students with autism spectrum disorders?*

The identification of service providers is based on the identified needs of the student. A student who is significantly involved may require services from a teacher of the moderate/severe, occupational therapist, physical therapist, school psychologist, and speech/language pathologist. On the other hand, if a student's need is for only social skills training the service may be provided by a school or clinical psychologist, speech/language pathologist, counselor or special education teacher.

9. *What is the value of a functional behavioral analysis for a child with suspected autism disorder?*

Although functional behavior assessments are often conducted for children with problem behavior, they can be very useful for a child with suspected autism disorder even if behavior is not an issue. A functional behavior assessment identifies a number of factors (reinforcers, replacement behaviors, likely responses to certain tasks, sensory factors, etc.) that will assist in setting up individual programming.

10. *How do we decide whether a child is eligible as a result of having autism vs. an intellectual disability?*

A differential diagnosis can be difficult; however, the diagnosis does not affect the type of services provided to the child. As with all special education students, services are provided based upon the individual needs of the child.

11. *What observable signs would lead us to include an assessment by an Occupational Therapist to identify related needs?*

Based on the characteristics that compose diagnoses of autism spectrum disorders, it is very likely that assessment by an Occupational Therapist for both motor and sensory integration needs would be appropriate.

Observation by all educators during prereferral and the assessment phase are very important for

these children. Particular signals that could indicate a need for an OT evaluation may appear during the observations. Information from parents about behaviors at home should also be solicited during this period.

The child may seek particular types of sensory input and/or reject others. For example, we could observe an interest in or avoidance of:

- a. Particular food textures, flavors, and/or odors
- b. Particular movements with his or her body
- c. Touch from others and/or tactile defensiveness
- d. Particular visual stimuli
- e. Engaging in self-stimulating behaviors

These characteristics may be accompanied by poor motor skills that are evident in physical education and gross motor activities.

When looking at secondary (high school) students, the focus would be on the ability to complete job-related tasks and difficulty sequencing tasks.

Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

1. What is ADHD?

ADHD is a pervasive neurophysiologic disorder characterized by developmentally inappropriate levels of attention and impulsivity with or without hyperactivity.

2. What types of information are used to make the diagnosis?

There is no specific diagnostic test for ADHD. The diagnosis is made using a multidisciplinary approach that includes family and developmental history from parents, behavioral observations by parents and teachers, and medical evaluation by a physician.

Parents should provide complete family and developmental histories to the physician. Both parents should also complete standardized behavioral questionnaires about their child. Additional information from other care providers may also be helpful in establishing a diagnosis of ADHD.

Teachers should provide information based on classroom observations using standardized behavioral questionnaires (e.g., Conner's Teachers Questionnaire, ACTeRS). Baseline information about prior classroom interventions and current academic achievement (report cards, group standardized tests) is necessary in the diagnostic formulation. Independent observation by the counselor, teacher of the emotionally impaired, or school psychologist is also a vital part of the initial evaluation in the classroom setting.

With this background information obtained from parents and teachers, the physician can initiate the medical evaluation. The evaluation should include a complete medical history and physical exam as well as independent observations and review of all information. Vision and hearing screening should be completed for all children. Laboratory tests may be ordered as clinically indicated to rule out other medical conditions.

3. What are some observable classroom behaviors that indicate potential learning and/or behavioral difficulties of suspected ADHD students?

Children may display behaviors that reflect the symptoms of impulsivity, hyperactivity and inattention. When such behaviors persist for a period of six (6) months or more the child may have an attention deficit disorder.

4. Why do these behaviors not appear in all situations?

Adults often are bewildered about why children can focus and pay attention during situations such as when playing video games or watching television. In settings where the strength of the reinforcement of the stimulus is great, the distractions are low, and the control system is strong, attention to task can be predictably high and sustained.

5. *Can children with ADHD have other associated problems?*

Yes, children with ADHD may have other problems with learning, conduct or behavior. The student with ADHD may have emotional disturbances, speech/language delays, and other medical conditions.

6. *What types of treatment might be offered?*

ADHD is a chronic disorder that at the present time has no cure. Treatment is directed at symptom control and improvement of self-esteem in the areas of cognitive, social and physical functioning. Possible therapeutic modalities include parental education and counseling, counseling for the student, behavioral management strategies and medication. The most effective treatment plans often combine aspects of multiple treatment modalities provided by parents, teachers, other educational specialists and medical personnel.

7. *What is the approximate length of time before a treatment can be determined to be therapeutic?*

When a therapeutic plan, which may include medication, has been established and is in place, a positive effect is most often observed within one to two months.

8. *How is the therapeutic effect monitored?*

Monitoring may be accomplished through standardized questionnaires, parent/teacher/physician conferences, and academic progress reports. The need for on-going objective data from educational personnel is essential. Periodic physician follow-up with the child and parents is critical. Accurate monitoring requires education of all observers for expected changes and side effects. Monitoring will vary with changes in the treatment plan with increased frequency expected during the initial treatment phase and any subsequent changes.

9. *Where should the school begin when working with a child who may have ADHD?*

The initial steps taken with a child suspected of having ADHD occur within the general education classroom. The interventions involve a team effort of individuals working across disciplines. The term “transdisciplinary” is often used to describe this kind of team effort.

10. *What is the purpose of transdisciplinary interventions?*

The ultimate goal of all interventions is to build the child’s sense and level of competence. The intervention process requires a team effort. The team’s purpose is to attempt interventions that address all the factors and integrate team efforts. In implementing intervention strategies, the team will need to consider the following factors:

- a. Strength of the reinforcement of the learning task
- b. Strength of the control system in the learning environment
- c. Amount of distraction in the environment
- d. Degree of distractibility of the child

11. *Who would constitute a transdisciplinary team?*

At a minimum, the team would consist of the student's teacher(s), parents, counselor, school nurse, and medical specialists, plus others who are assisting with interventions to resolve the concerns and difficulties.

12. *What types of interventions are typically conducted within the school setting?*

After a thorough review of the student's record, the school should address four variables in terms of interventions. These variables are: (a) learning environment, (b) implementation of instructions to students, (c) the student's role during the intervention period, and (d) behavior modification and self-esteem enhancement.

13. *What school/resource persons facilitate and provide these interventions?*

During the intervention phase resource personnel (e.g., counselors, school psychologists, teachers of the emotionally impaired, etc.) may assist in the facilitation and implementation of strategies. Working collaboratively, the teacher, the parent(s), and the resource personnel will decide when it is appropriate to refer the child for a medical evaluation.

14. *What type of intervention do parents typically conduct?*

Parents should be involved in the intervention process from the beginning. The classroom teacher should contact the parents as a first step; typically, intervention activities begin with a parent/teacher conference during which the difficulties are discussed. At the very least, the parents should be contacted by telephone or letter. Contacts at regular intervals during the process should occur until the intervention period is brought to closure.

15. *At what point should a referral to the Case Study Committee (CSC) be considered?*

When a student continues to demonstrate learning and/or behavioral difficulties after the implementation of problem-specific, collaborative interventions, a referral to the CSC may be warranted. At that time, the difficulties have proven to be resistant to the application of the interventions. It is important to emphasize that the documentation of varied, student specific interventions, unique to the difficulties, will facilitate the CSC decision-making process, including the subsequent identification of any suspected educational disability. The logging of interventions, including the degree of their success, is a crucial activity for professionals and parents who are engaged in a collaborative effort to resolve a student's problems.

16. *What is the appropriate eligibility criterion to pursue?*

Based on scrutiny of documented interventions, the CSC may pursue any DoDEA eligibility criterion.

17. *What would be the conditions for suspecting eligibility under Criterion A – Other Health Impaired?*

Those students diagnosed with ADHD who do not exhibit primary signs or symptoms of emotional, communication, or learning impairments may be considered for eligibility under Criterion A – Other Health Impaired. In developing a formal assessment plan under Criterion A, the CSC must scrutinize prereferral activities to ensure all other eligibility areas have been considered.

The evaluation for eligibility would include academic achievement testing, task analysis of skill performance, collection of Social/Family/Medical History, classroom observations, curriculum-based assessment, and a medical evaluation for ADHD.

18. *What are some ways in which ADHD adversely affects educational performance?*

ADHD adversely affects educational performance with respect to listening, following directions, planning, and organizing and completing academic assignments that require reading, writing, spelling, or mathematical calculations in the classroom setting. During formal assessment procedures the following characteristics must be investigated:

- a. Rate of learning
- b. Perseverance to tasks
- c. Changes in response style for task demands
- d. Attention to directions and compliance
- e. Response patterns for timed and untimed tasks
- f. Tolerance for new tasks
- g. Proficiency for task completion
- h. Response style for tasks presented with different modalities
- i. Organization of materials to complete tasks

The observations of the above characteristics are just as important as the results of the formal assessment. These characteristics may be observed in educational settings that require cooperative learning with peers and group instruction as well as during the administration of individual assessments.

FUNCTIONAL VISION ASSESSMENT

The medical report will give information about acuity (usually only distance unless near is requested) for each eye, indicate any blind spots or loss of central or field vision (usually recorded on a grid sheet), and provide a diagnosis, including whether or not the eye condition/disease is degenerative in nature. The medical report is rather like an IQ test in that it provides information that, interpreted correctly, broadly describes someone's visual abilities and limitations. What a medical report does not address is how a specific individual functions on a daily basis with what vision he or she has. This is where the functional assessment comes in.

Background Information: In the functional assessment summary, the medical condition is described in lay terms and addresses likely problems associated with it/them. For example, a medical report may say someone has nystagmus but doesn't define it or describe likely problems. The functional summary would say something such as this: "Nystagmus, an involuntary movement of the eyes, may result in visual fatigue (headaches, blurring of vision, squinting) more frequently when doing prolonged, close visual tasks. Mary Jane should be encouraged to indicate her need for a break. The frequency and length of rests periods should be monitored; if there is a significant increase, the ophthalmologist should be consulted." The general summary also describes implications of any field loss/blindness in one eye as it relates to appropriate presentation of materials and approaches to the student. For example, if the student is blind in the left eye, the teacher should make sure presentations are from the right and the student has a buddy walking on his or her left when in traffic, etc. The general summary also includes a brief statement about assessment conditions: time of day, inside/outside, aids used (glasses, contacts, hand-held scope) and their condition. Any secondary disabilities and associated needs are also described. The summary should be as short as possible, use understandable language, and provide an overview of related needs.

Instruments Used: Include such things as records review, consultation with family, teachers, eye doctors, and use of acuity cards (New York Lighthouse, for example), etc.

Assessment: Statements should address such things as seating and lighting needs, most appropriate print size (usually the one student is most comfortable with), color recognition (to rule out color blindness), any problems with central or peripheral vision loss and specific needs related to it, mobility needs, use and care of any visual aids, including glasses, etc. All of this can be listed as bullets in short phrases.

Summary and Recommendations: This is a list of specific recommendations such as large type, Braille instruction, seating and lighting requirements, recommended adapted aids/appliances, need for additional medical information, etc. The assessor should try to include suggestions for including the student in decision making and in taking on increasing responsibility for monitoring his or her needs and letting teachers and others know what works best for them.

In summary, the functional assessment should tell *how* a student uses the vision he or she has to perform school and daily living tasks in his or her specific environments and what changes in the environment are needed, such as lighting, visual clutter, even time of day.

APPENDIX

B

QUESTIONS & ANSWERS

CRITERION B

This appendix contains questions and answers related to
Criterion B - Emotional Impairment.

CRITERION B - EMOTIONALLY IMPAIRED

QUESTIONS AND ANSWERS

General

1. *What condition must be confirmed by clinical evaluation and diagnosis?*

A condition that is a clinically significant syndrome or a disturbance that is represented by a psychiatric diagnosis as defined under the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). This diagnosis is made by a psychiatrist or a clinical psychologist.

2. *Once a child is given a psychiatric diagnosis, doesn't she or he automatically qualify for special education under Criterion B?*

There are no conditions that will automatically qualify a child as eligible for Criterion-B. Although the psychiatric diagnosis is needed to determine the presence of a psycho-emotional condition, it alone does not affirm eligibility. The CSC uses all available evaluative data to determine whether the student's condition:

- a. Reflects the limiting factors of pervasiveness, intensity, and duration;
- b. Is the direct cause of at least one or more of the maladaptive behavioral characteristics; and
- c. Adversely affects educational performance.

3. *May the CSC determine eligibility without the evaluation of a psychiatrist or clinical psychologist?*

No. DoDEA requires that the presence of a psychoemotional condition be documented before determining Criterion B eligibility. In most cases, a psychoemotional condition can be confirmed only by evaluation by a psychiatrist or a clinical psychologist. Eligibility should not be declared pending the clinical evaluation.

4. *What are the three limiting factors?*

The three limiting factors are duration, pervasiveness, and intensity.

5. *What is duration?*

This is the limiting factor that reflects the need for maladaptive behaviors associated with one or more of the characteristics to be demonstrated over a long period of time. Such evidence is needed to help the CSC rule out a number of temporary adjustment reactions such as developmental changes (e.g., puberty) or normal reactions to psychosocial stressors (e.g., moves, family problems, and separations from or death of a loved one).

6. *What is pervasiveness?*

Pervasiveness means that the child demonstrates the characteristics of his or her condition across almost all settings (home, school, community) and with almost all people. Given the differences in conditions and stresses among settings, however, characteristics need not be evident to the same degree in each of them.

7. *What is intensity?*

Intensity means the child's negative behaviors must be observable and acute, and they must produce significant distress either to the student or to others in his or her environment. The demonstrated behaviors must be the result of the identified emotional condition.

8. *What are some characteristics that may be caused by the presence of an emotional condition?*

The five characteristics include the following:

- a. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- c. The demonstration of inappropriate types of behaviors under normal circumstances.
- d. A tendency to develop physical symptoms or fears associated with personal or school problems.
- e. A general pervasive mood of unhappiness or depression.

Maladaptive Behaviors

Maladaptive behaviors alone cannot determine eligibility. They must exist within the context of the three limiting factors and an adversely affected educational performance.

1. *What are some observable maladaptive behaviors that may reflect an inability to learn?*

- a. Inability to complete assignments
- b. Inability to initiate tasks/work
- c. Inability to be productive during class periods and/or study periods
- d. Significant decreases in grades, performance ratings
- e. Lack of concentration for assigned tasks
- f. Persistent fluctuation in level of attention during instruction and/or work periods
- g. Variability in classroom success
- h. Unable to complete quizzes/tests
- i. Failure in spite of appropriate interventions
- j. Failure despite his/her efforts to *try* to do better
- k. Inability to function in group learning situations

2. ***What are some observable maladaptive behaviors that may reflect an inability to maintain satisfactory interpersonal relationships with peers and teachers?***
 - a. Lack of friends either in school, home, or community
 - b. Non-communicativeness with peers and teachers
 - c. Lack of interest in social interactions/recreational settings
 - d. No maintenance of relationships
 - e. Short, intense, conflicting relationships
 - f. Inability to comply with expectations
 - g. Inappropriate language content for setting/topic

3. ***What are some observable maladaptive behaviors which may reflect the demonstration of inappropriate types of behaviors under normal circumstances?***
 - a. Mood lability, fluctuation of moods and emotions
 - b. Hallucinations
 - c. Bizarre or catastrophic reactions to normal circumstances
 - d. Delusions of thought
 - e. Repetitive, ritualistic behaviors
 - f. Self-stimulation
 - g. Lack of contact with reality
 - h. Unrealistic plans for self
 - i. Lack of affect
 - j. Disorientation
 - k. Harmful behaviors to self or others in ordinary circumstances
 - l. Regression to behaviors appropriate for younger ages

4. ***What are some observable maladaptive behaviors that may reflect a tendency to develop physical symptoms or fears associated with personal or school problems?***
 - a. Physical symptoms or complaints with no organic basis
 - b. Avoidance of situations and/or circumstances
 - c. Feelings of fear which have no reasonable basis or explanation

5. ***What are some observable maladaptive behaviors that may reflect a general pervasive mood of unhappiness or depression?***
 - a. Little or no pleasure or interest for events/happenings
 - b. Significant changes in sleep habits, weight, eating habits
 - c. Feelings of poor self-worth
 - d. Little or no affect
 - e. Self-injurious behavior
 - f. Fatigue/exhaustion/lethargy
 - g. Little or no pragmatic communication skills
 - h. Feeling that "things will not get better"; hopeless attitude
 - i. Inability to concentrate

Educational Performance

1. What is adversely affected educational performance?

The behaviors reflecting the psychoemotional condition must occur in the school setting and result in an impairment of the student's ability to benefit from group or individual instruction.

Adverse impact upon educational performance can be demonstrated in a number of ways, including the following:

- a. Achievement that is significantly lower than one would reasonably expect for the student's level of cognitive functioning
 - b. Decreased quality, amount, and timeliness of task completion
 - c. Inappropriate classroom participation or interaction
 - d. Lack of self-management and organizational skills
 - e. Inability to accommodate moods and behaviors to educational or environmental expectations
- ### ***2. What are some sources of information that could illustrate adversely affected educational performance?***

Sources of information may include the following:

- a. Work samples
- b. Curriculum-based assessment techniques
- c. Academic records (current grades, cumulative records, group achievement scores)
- d. Observations in classroom settings
- e. Discipline/counseling records/logs
- f. Reports or conferences with the student
- g. Criterion-based assessment techniques

An adverse effect upon educational performance also may be presumed when a child is *actively* dangerous to self or to others in the educational setting and the actions are *not* due to a behavioral disorder (e.g., violent crime, gang activity, drug usage, etc.).

Prereferral/Referral/Assessment

1. What are appropriate prereferral activities and how may they be documented?

Meaningful, specific problem-solving prereferral activities and interventions are crucial for students suspected of being eligible for Criterion B. Such activities, involving both school and community resources should focus on the remediation of difficulties. If these are *not* successful, the accumulated documentation provides a solid basis for subsequent CSC actions, including the possible acceptance of a formal referral for eligibility determination.

The following are some examples of prereferral activities:

- a. Review of records (health, cumulative, discipline, attendance)
- b. Review of academic progress (grades in records, current grades, group achievement scores)
- c. Counseling by school personnel
- d. Behavioral intervention strategies by special educator, school psychologist, counselor, resource person, etc.
- e. Anecdotal records of illustrative incidents
- f. Observations with subsequent intervention planning
- g. Task analysis of student's behavioral patterns
- h. Use of school disciplinary procedures
- i. Teaching strategies required for classroom tasks
- j. Reassignment of classroom
- k. Changes in schedule/classes
- l. Conferences and strategy planning with school nurse
- m. Conferences and strategy planning with resource staff, administrator, and parents(s)
- n. Counseling by mental health professional from community or medical treatment facility
- o. Curriculum-based screening or strategy-based screening by resource educator or school psychologist
- p. Modifications of expectations in regular classroom
- q. Use of informal, school-based checklists/observation forms
- r. Gathering of baseline data for the chronicity, pervasiveness, and intensity of the maladaptive behaviors that are of concern
- s. Interviews with parent(s)

If the CSC accepts the referral, the detailed account of prereferral activities and interventions provides the CSC with invaluable assistance in developing an assessment plan. This will address the student's particular needs and the requirements for eligibility determination. The thorough collection of prereferral information can facilitate a timely response from related services evaluators.

2. *What outside resources are available during the prereferral intervention period?*

Community resources will vary depending upon the size, location, and branch of the service of the community. Some types of intervention assistance include, but are not limited to mental health professionals from the local medical treatment facility, drug and alcohol counselors, community social workers, pediatricians, and other medical personnel.

3. *Why is a recent intellectual assessment important to the related services team? Shouldn't an emotional condition be ruled out before cognitive testing is done?*

The differentiation of cognitive limitations from emotional impairment is one of the most important, as well as one of the most difficult, aspects of the Criterion B evaluation. The

related services team uses the results of a comprehensive cognitive assessment as a crucial piece of information in correctly attributing areas of emotional dysfunction to a true psycho-emotional condition that is caused by something other than simply the student's reaction to academic difficulty. Without knowledge of the level and quality of the child's intellectual functioning, it is difficult to make such a definitive diagnosis. In many cases, knowledge of cognitive test results also helps to determine what clinical procedures the related service team will use during the course of its evaluation. In addition, it leads the team to consider, discuss, and resolve reasons for the related service results that are unusual or unexpected based on the child's measured cognitive functioning.

4. *Why are observations during the administration of all assessments important to the eligibility decision?*

The evaluator's observation of a student's behaviors during assessment is a critical need in determining eligibility. It lends insight into the child's ability to use specific problem-solving strategies and effective response style, to cope with academic and interpersonal challenge and frustration, and to work within a structured situation. These behaviors assist in the interpretation of assessment results. Observations should be described and their influence on scores clearly documented in each individual evaluators report.

Service Delivery

1. *What service delivery options are available for Criterion B students?*

The service delivery options for Criterion B students range across a full continuum from classroom modifications, to consultative psychotherapy services, and self-contained special education placement. The needs of the student determine the services and the placement required. Due consideration, on a case-by-case basis, should be given to delivering these services within the least restrictive environment.

2. *What are some program options available for students who are determined not eligible for special education under Criterion B?*

When determined not eligible, a student may receive support services from various school and community resources. Services could be offered, either direct or consultative, by a special educator, time, and resources permitting. *If conditions warrant*, the CSC may reconsider the eligibility at a later date by fulfilling the requirements of the special education eligibility process.

Other Behavioral Conditions

1. *What types of DSM diagnoses represent a conduct or behavior disorder?*

The DSM classifies conduct disorders and oppositional defiant disorder under the heading of *Disruptive Behavior Disorders*.

2. *Is a child with a disruptive behavior disorder ever eligible for Criterion B?*

Although disruptive behavior disorders are categorized as mental disorders in the DSM, they are not sufficiently indicative of serious emotional disturbance for special education purposes unless they occur in addition to another emotional disorder. This means that the child has been given another DSM diagnosis in addition to the disruptive behavior disorder. For example, the child may also have a mood disorder or an anxiety disorder. If this second condition meets the limiting factors, is one of the five characteristics, and exerts an adverse impact on the child's education then it is possible that the child may be Criterion B eligible. It is extremely important to demonstrate that all eligibility criteria and characteristics *are a direct result of the emotional condition that is not a behavior disorder.*

3. *But why can't a child with only a disruptive behavior disorder be considered eligible for Criterion B when she or he isn't doing well in school?*

Although it is true that behaviorally disordered children often have a great deal of academic difficulty, the DoDEA guidelines as noted in this guide specifically exclude them from special education eligibility. Their primary conflict is in their relationship with parents, teachers, and society, reflecting social, not emotional, maladjustment. In addition, their behavior problems are often purposeful and situation-specific, rather than pervasive. That is, they tend to demonstrate markedly different responses in different situations or with different individuals. Although their behavior is disturbing to others, it is rarely unexpected or surprising, unlike the behavior of Criterion B students, who often appear bizarre, non-goal-oriented, and unpredictable.

4. *What is meant by antisocial behavior?*

This description is used when the focus of attention is antisocial behavior that is apparently not a part of a persistent pattern, such as that reflected by conduct disorder or an antisocial personality disorder. Examples of this include isolated antisocial acts of children or adolescents such as stealing, fire starting, or aggression.

5. *What is an Adjustment Disorder?*

The DSM-IV states that an adjustment disorder is the "*development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor or stressors. The symptoms must develop within three months after onset of the stressor. An adjustment disorder must resolve within six months of the termination of the stressor, but the symptoms may persist for a longer period of time if they occur in response to a chronic stressor. The maladaptive nature of the reaction is indicated either by impairment of (school) functioning or in usual social activities or relationships with others.*"

Acute: if the disturbance lasts less than 6 months

Chronic: if the disturbance lasts for 6 months or longer

6. *Is a child with an adjustment disorder Criterion B eligible?*

Because the diagnosis of adjustment disorder is given only when it persists for less than six months, it is not usually a qualifying condition because it does not meet the test for "*a long period of time.*" However, if the child has a concurrent emotional condition in addition to

the adjustment disorder, he or she may be eligible as a result of this additional condition.

7. *What is an interpersonal or life-circumstance problem?*

This refers to specific problems in getting along with others, coping with a particular developmental phase or handling the challenges of everyday living that are not the result of a psychological condition or a mental disorder. Examples of these are difficulties with specific classmates or teachers, problems associated with entering school, beginning to leave parental control, or moving.

8. *What are examples of parent-child or family problems?*

Sibling rivalry dealing with family changes related to divorce, remarriage, adoption, or the parents' marital problems; or difficulties in developing effective routines or child management practices can be represented in this criterion when the focus of attention is a situation that is apparently not due to an identified emotional condition in the child.

9. *What is a Personality Disorder?*

A personality disorder is a diagnosable psychiatric condition that reflects a set of long-term and pervasive maladaptive, inflexible personality traits that result in a marked impairment in perceiving, relating to, and thinking about other people and oneself. These cause significant impairment in personal, social and/or school functioning, and usually severe emotional distress.

10. *Is a child with a Personality Disorder eligible for Criterion B?*

Because a personality disorder is, by definition, chronic, pervasive, and intense, and because it reflects much more than only a behavioral disturbance, it may be considered a psycho-emotional condition for special education purposes. The student must, of course, meet all other Criterion B eligibility requirements.

11. *What types of information are helpful to the related service evaluation team?*

A series of specific, well-defined referral questions, accompanied by prereferral documentation, allows the related service team to pinpoint its recommendations to the CSC's concerns. Anecdotal reports of the student's past and current personal and classroom functioning, summaries of teacher, parent, child interviews, and behavioral observations help the team understand how the child functions in school and at home. This information is important, because behavior in other settings may be vastly different from the way the child behaves at the clinic. The related services team uses available summaries of previous referrals and evaluations and interventions already undertaken to choose evaluation procedures that are most likely to provide useful new information to the CSC. Results of formal cognitive, language, and behavioral or personality testing are also extremely helpful to related service evaluators.

PSYCHIATRIC REPORTS

The following describes each of the AXIS diagnoses/statements contained in reports from psychiatrists and clinical psychologists. Reports should contain all five axes. Clinicians who do not wish to use the multi-axial format may simply list the appropriate diagnoses. The principal diagnosis is listed first. Always call upon the school psychologist for assistance in understanding psychiatric reports.

- AXIS I:** Describes the major psychiatric illness or disorder. Conduct/behavior and adjustment disorders are stated here, even though they are not generally considered to be serious emotional disturbances by the DoD regulation. Axis I may also include learning, communication, and motor skills disorders.
- AXIS II:** Describes developmental disorders (mental retardation-IQ below 70, learning disabilities, etc.), and personality disorders.
- AXIS III:** Medical conditions. Sometimes there are no significant medical concerns.
- AXIS IV:** Describes the current psychosocial stressors in a child's life. It is given a rating on a scale from 0 to 4. A rating of "0" means there are no psychosocial stressors, "1" is given for routine overseas living, "4" means there is a catastrophic event in the child's life, such as a death in the immediate family.
- AXIS V:** Global Assessment of Functioning Scale (GAF). This area is given a numerical rating and may include a GAF for highest level of functioning in the last year and a current level of functioning. Please refer to the GAF scale for interpretation of rating.

Notes:

1. There may be more than one diagnosis listed under any Axis.
2. "Rule out" indicates that the psychiatrist **will** (in the future) consider this diagnosis and will follow the child over a period of time before deciding whether or not the diagnosis is appropriate. Assessment will be ongoing to rule out or confirm this diagnosis.
3. "Provisional" indicates that the psychiatrist is relatively sure that his/her diagnosis is appropriate.
4. "Psychotic disorder not otherwise specified" indicates that the child had impaired reality testing but does not meet all of the aspects generally associated with schizophrenia at this time.
5. "Bipolar" is the term used for what is sometimes referred to as manic-depressive.
6. "Dysthymic" is pervasive and chronic mild to moderate depression with loss of appetite or sleep or energy; a general mood of sadness.
7. NOS = not otherwise specified. This term means that the diagnosis can be defined well enough to put in a general category but cannot be defined well enough to be more specific.

APPENDIX

C

QUESTIONS & ANSWERS

CRITERION C

This appendix contains questions and answers developed by DoDEA educators and related service personnel concerning the criterion of Communication Impairment. The questions and answers address concerns such as interpretations related to assessment and eligibility in this area.

Appendix includes sample articulation, fluency, language, voice, and oral peripheral checklists. The procedure is required, but use of the enclosed checklists is optional.

CRITERION C – COMMUNICATION IMPAIRMENT

Questions and Answers

General

1. *When and where should required observations be conducted for Criterion C referrals?*

The observations should be conducted at a time and location where the suspected disability and its impact on educational performance can most likely be evidenced.

2. *All areas of suspected communication impairments require an observation and/or report by the classroom teacher. How are these sources of assessment information different?*

The report from the classroom teacher can be the impact analysis checklist (included at the end of the appendix) and the prereferral information. It should include all aspects of a child's educational performance such as academic learning, classroom participation, socialization, and possibly career/vocational skills. This would be different from the formal observation(s) of the student during a specified period of time by someone other than the classroom teacher.

3. *When considering eligibility for Criterion C, how much emphasis should be placed on assessment results versus adverse impact on educational performance?*

Equal or greater emphasis should be placed on the impact that the speech or language disorder is having on educational performance. When assessment results are inconclusive or of questionable validity, it is imperative that the CSC look at the adverse impact on educational performance to make the determination of eligibility. The CSC should have a clear picture of how the student's performance in the educational environment is affected by his or her disability. Evidence of current adverse impact must be documented as part of the comprehensive assessment. This does not include predictions of future or possible adverse impact.

4. *How does the CSC determine adverse impact on educational performance for any of the communication impairment areas?*

Upon completion of an analysis of the impact on educational performance, records review, observations, etc., the CSC should have collected enough information to make a determination about the negative influence that has resulted from the child's disability. Checklists for analyzing the impact on educational performance have been developed for this purpose.

Articulation

1. How does the CSC determine if the articulation errors are the result of a dialect difference?

Review of records, consultation with parents, familiarity with the local culture and language, and consultation with the English as a Second Language (ESL) or host nation teacher are appropriate sources of information.

2. Who would be an appropriate person to conduct an observation?

Appropriate people would be parents, nurse, special education specialists, other special education teachers, counselors, administrators and other teachers. The person conducting the observation does not have to be familiar with articulation disorders in order to conduct an observation.

3. The assessment criterion for articulation includes a determination of phoneme stimulability and intelligibility. Is there a cutoff for level of intelligibility or stimulability in order for a student to qualify for services?

The level of phoneme stimulability and the degree of intelligibility are more related to prognosis than to a determination of eligibility. These two factors are important in the assessment of the student's articulation and should be discussed in an assessment report. The prognosis for remediation is not considered a factor for determining eligibility.

Fluency

1. What is meant by "two or three different settings?"

"Settings" should be equated to "speaking situations." Examples of different settings or speaking situations include observations during conversational and elicited speech. Settings may include but are not limited to reading when called upon, talking with a friend (in a classroom, cafeteria, on the playground), answering a teacher's question, giving an oral report, talking on the telephone, talking in a small group, and relating a familiar story or verse.

2. How many total speech samples and observations are needed to establish the presence of a fluency disorder?

As indicated, the student must be observed in more than one setting or speaking situation by at least two observers. For example, the CI teacher could observe the student in the classroom and during an elicited speech sample in the therapy room (this would be two observations) and the administrator could observe the student on the playground (this is a third observation). Any combination of the above settings and speaking situations by two or more professionals would meet the intent of this assessment requirement.

3. *How can a parent document observation of non-fluent speech?*

A parent questionnaire can be completed or conversations could be audio or video taped in the home environment.

4. *When would a formal language assessment be considered?*

A formal language assessment should be considered when any CSC member suspects an underlying language problem.

Language

1. *What is meant by a “weakness across subtests or clusters of more than one assessment instrument”?*

It means the CSC is looking for patterns within test results and not judging a child’s performance on any single measurement, subtest, or task type. The requirement is that the deficit area be substantiated by a group of subtest scores from one test or the results of more than one test, behavioral observations, and/or classroom performance in the documentation.

2. *Is it necessary to give a standardized individual achievement test to determine adverse affect on educational performance?*

An assessment plan for Criterion C-Communication Impairment, Language Disorder requires a formal and/or informal measure of academic achievement. For younger children, ages 3-8 a combination of informal assessments such as a collection of classroom work, chapter tests, and report card grades may provide a reliable indication of educational performance. A formal measure of an individually administered standardized assessment is required for most students 9 and older.

3. *Why would an oral peripheral exam be conducted for a suspected language disorder?*

An oral peripheral exam is completed to determine if there are indications of neurological problems and to identify possible structural/functional causes of the language disorder.

4. *When would a student qualify on the basis of a language sample without supporting standardized assessments?*

A language sample can be used when we are unable to obtain a standardized measurement. This may occur when the child is difficult to test, very young or severely impaired. When the language sample is the only assessment used, the sample must provide documented evidence of a language disorder.

5. *What constitutes an informal measure of academic achievement?*

Because adverse impact on educational performance is not based solely on academic achievement, the CSC would be looking at a variety of sources that may include but not be

limited to chapter tests, work samples, Terra Nova scores (looking for patterns from year-to-year), and report cards. These areas would be documented separately from the review of records. Use of checklists for analyzing adverse impact on educational performance would also be beneficial in the absence of formal academic measures to document impact on classroom participation and socialization.

6. *Because phonological processing has been classified as a language disorder rather than a speech disorder, how is phonology defined and how can the CSC determine the difference between phonology and articulation?*

By definition, a language disorder may involve difficulty with the form of language (phonology, morphology, syntax), the content of language (semantics), and/or the function of language in communication (pragmatics) in any combination. Phonology is the sound system of language and the rules that govern the sound combinations. An articulation disorder is the atypical production (motor component) of speech sounds characterized by substitutions, omissions, additions, or distortions that may interfere with intelligibility. Phonology should be assessed as a part of the language evaluation.

7. *Is a formal phonological analysis required to determine the presence of a phonological disorder for Criterion C – Language/Phonology?*

A formal phonological analysis is required in order to determine if a student qualifies under Criterion C – Language/Phonology. Some phonological processes can be detected from the results of traditional articulation tests (e.g., when most of the phonemes in the final position on the articulation test show a deletion symbol the clinician recognizes the pattern of final consonant deletion), whereas other error patterns are not as easily identified. Patterns of assimilation, transposition, metathesis, and migration cannot be identified through the sound-by-sound comparisons common in traditional testing, but require analyses that take the entire word or word shape into account.

In traditional articulatory assessment, we might say that a child has 14 sound errors – 8 in initial position and 6 in final position. We might also note that 11 different errors are represented – 8 involving substitutions and 3 involving omissions. In a phonological process analysis the child's errors would be seen as resulting from 6 consistent phonological processes, final consonant deletion, velar fronting, depalatalization, gliding of liquids, final devoicing, and initial voicing. Treatment would be aimed at eliminating those phonological processes rather than perfecting individual sounds, one or two at a time.

8. *What factors should be considered when preparing assessment plans?*

The investigation of Criterion C-Language would be appropriate when the child is too young to obtain valid academic achievement results from current standardized test instruments (generally grades K-2).

The investigation of Criterion D-Specific Learning Disability would be appropriate when the child reaches an age/grade at which valid academic achievement results can be obtained from a norm-referenced instrument.

Voice

1. What type of medical personnel should provide the Ear, Nose, and Throat (ENT) exam?

It is preferred that a qualified ENT specialist conduct the exam, however, in the absence of a qualified ENT, a qualified physician would be appropriate. The physician should be able to answer the specific questions pertaining to the voice referral (i.e., Does the student have vocal nodules? Is there a medical reason for the hoarse, strained vocal quality?) The CSC is reminded that the ENT does not make the diagnosis of a voice disorder but rather the CSC makes the determination based upon the synthesis of all the data.

2. What type of information should be provided by the teacher of the communication impaired with the related services referral?

It would be appropriate for the teacher of the communication impaired to provide a description of the vocal characteristics motivating the referral. Information such as pitch breaks, hoarse quality, hyper or hypo-nasality, breathiness, intensity in various settings, etc. should be included. The more the Speech and Language Pathologist can describe the presenting problem, the better the ENT or physician will be able to conduct an appropriate examination.

ORAL PERIPHERAL

STUDENT NAME: _____

ASSESSOR: _____

DATE OF BIRTH: _____

DATE: _____

Behaviors Indicating Adverse Impact on Educational Performance

STRUCTURES	FUNCTIONS
Lips:	Vowel Sustainment:
Teeth:	Articulation:
Palate:	Verbal Diadochokinesis:
Velum:	Articulator Differentiation:
Tongue:	Infantile Feeding Reflexes:
Nasal Cavities:	Articulator Sensory Response:
Mandible:	Respiration:
Oral/Facial Anomalies:	Other:

Findings Indicate:

- No abnormalities / deviations noted
- Noted deviations are not affecting speech and/or language
- Speech and/or language may be affected by abnormalities noted (specific findings included in assessment report)
- Referral to ENT

OTHER COMMENTS (see reverse):

EXPLANATIONS OF ORAL PERIPHERAL MECHANISM EVALUATION

Respiration:	Examine for shallow, clavicular, or unusual breathing patterns. Note mouth breathing.
Nasal Cavities:	Examine for deviated septum, asymmetry of nose, nasal obstructions, and nares constriction during speech. Check production of nasal sounds.
Lips:	Check for scars, cleft lip, tightness of lip, symmetry or smile, protrusion, retraction, raising of upper lip, and performance on /p, b, m, wh/, /f, v/, and /a, u, i/.
Teeth:	Check for malocclusions and dental versions (malpositioned, missing and extra teeth). Check for production of /f, v/, /s, z, sh, ch, j, dg/, sounds.
Mandible:	Check for mandibular thrust. Note whether there is difficulty during chewing. Note ability to open and close, and tightly clam jaws together.
Tongue:	Note size, protrusion ability (should reach from 1.25 – 1.75 inches beyond front dentition), frenum attachment (should be about 1" from tip of tongue), ability to lateralize, elevate, depress and rotate tongue. Note tongue deviation, tremors, rigidity, atrophy, and tongue thrust. Check lingual activity during production of /th, s, l, d, t, k, g/ sounds.
Hard Palate:	Observe height and width, and check for clefts, apparent or submucous.
Velum:	Check for shortness, cleft, and action upon phonation of <u>ah</u> . Note scarring, bifid uvula, movement of pharyngeal walls, pharyngeal reflex, and facial grimacing. Note presence and/or condition of tonsils.
Vowel Sustainment:	Check ability to sustain the vowels /a, u, i/ for ten seconds. Use a stopwatch.
Articulatory:	Check ability to move from one articulatory position to another by repeating /p t/, p k/, and /p t k/ <u>three times</u> without considering speed.
Oral Diadochokinesis:	Note ability to rapidly repeat /p t k/ for ten seconds.
Articulator Differentiation:	Note ability to move lips, tongue and mandible separately from each other.
Infantile Oral Feeding Reflexes:	Note presence of infantile oral feeding reflexes.
Sensory Response of Articulators:	Note ability to quickly locate with tongue tip, points touched in oral area. Check touch discrimination of lips (left-right), alveolar ridge, palate and tongue.

Articulation Checklist

Behaviors Indicating Adverse Impact on Educational Performance

STUDENT NAME: _____
 DATE OF BIRTH: _____
 SCHOOL: _____

ASSESSOR: _____
 DATE: _____
 TEACHER: _____

Check those behaviors that are frequently observed and that appear to be the result of the articulation problem. Consider age/grade level appropriateness of the items.

<p>Impact on Classroom Communication/Participation</p> <p><input type="checkbox"/> Speech problem makes it difficult to understand the student</p> <p><input type="checkbox"/> Is often asked to repeat what he/she said</p> <p><input type="checkbox"/> Reacts negatively when asked to repeat</p> <p><input type="checkbox"/> Listener frequently concentrates on the way the speaker sounds rather than content</p> <p><input type="checkbox"/> Expresses a dislike for oral activities</p> <p><input type="checkbox"/> Tends not to participate in class discussions</p> <p><input type="checkbox"/> Hesitates saying words containing error sounds aloud during group activities</p> <p><input type="checkbox"/> Speaks in short sentences or tends to avoid elaborating verbally due to difficulties in being understood</p> <p><input type="checkbox"/> Will gesture or pantomime to express ideas /feelings rather than use words to cope with not being understood</p> <p><input type="checkbox"/> Teacher or peer buddies need to “translate” for child when speaking to less familiar people (substitutes, specialists, administrators)</p> <p><input type="checkbox"/> Hesitates/avoids speaking in class as a result of awareness of articulation differences.</p> <p style="text-align: center;">Impact in Curriculum Areas</p> <p><input type="checkbox"/> Speech errors impact progress in phonological awareness (rhyming, segmenting, discriminating, sound-symbol, blending)</p> <p><input type="checkbox"/> Errors during oral reading impact comprehension</p> <p><input type="checkbox"/> Errors in spelling reflect errors in speech</p>	<p style="text-align: center;">Impact on Self-Advocacy</p> <p><input type="checkbox"/> Child expresses frustration when not understood by others</p> <p><input type="checkbox"/> Cries or otherwise indicates unhappiness at going to school due to speech differences</p> <p><input type="checkbox"/> Demonstrates awareness of articulation problem through comments to teachers or peers</p> <p><input type="checkbox"/> Has asked for help with speech problem.</p> <p style="text-align: center;">Impact on Socialization</p> <p><input type="checkbox"/> Difficulty with peer relationships (may be avoided or unaccepted by other students or is doted on by helpful peers)</p> <p><input type="checkbox"/> Peers make comments to teacher or class reflecting their awareness of child’s articulation differences</p> <p><input type="checkbox"/> Peers tend not to respond to child’s communications during play due to reduced intelligibility</p> <p><input type="checkbox"/> Prefers solitary activities or activities with very familiar peers vs. large group activities</p> <p><input type="checkbox"/> Reluctant to initiate conversation</p> <p>Other indications that articulation adversely affects educational performance:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Comment:</p> 	
<p>Evaluator’s Signature: _____</p>	

Fluency Checklist

Behaviors Indicating Adverse Impact on Educational Performance

STUDENT NAME: _____
 DATE OF BIRTH: _____
 SCHOOL: _____

ASSESSOR: _____
 DATE: _____
 TEACHER: _____

Check those behaviors that are frequently observed and that appear to be the result of the dysfluency problem. Consider age/grade level appropriateness of the items.

Impact on Classroom Communication/Participation	Impact on Socialization and Self-Advocacy
<p><input type="checkbox"/> Fluency problem makes it difficult to understand the student</p> <p><input type="checkbox"/> Listener frequently concentrates on the way the speaker sounds rather than content</p> <p><input type="checkbox"/> Tends not to share in class discussions</p> <p><input type="checkbox"/> Hesitates/avoids speaking in class as a result of awareness of fluency differences. <u>Explain below.</u></p> <p><input type="checkbox"/> Rarely volunteers to answer questions in class</p> <p><input type="checkbox"/> Avoids asking questions, requesting permission, or obtaining clarification</p> <p><input type="checkbox"/> Refuses or avoids reading aloud</p> <p><input type="checkbox"/> Avoids school activities that focus on verbal performance (drama, music, public speaking, etc.)</p> <p><input type="checkbox"/> Gestures or pantomimes to express ideas and feelings rather than use words to cope with dysfluency</p> <p><input type="checkbox"/> Gives brief responses or avoids elaborating</p> <p><input type="checkbox"/> Is often asked to repeat what he/she said</p> <p><input type="checkbox"/> Reacts negatively when asked to speak or repeat. Describe: _____</p> <p><input type="checkbox"/> Oral tasks, including reading, require additional time</p> <p><input type="checkbox"/> Secondary characteristics (blinking, foot tapping, grimaces, noises) are noticeable when speaking</p>	<p><input type="checkbox"/> Lack of appropriate interaction with peers (may be excluded, avoided or unaccepted by other students)</p> <p><input type="checkbox"/> Prefers solitary activities or activities with very familiar peers vs. large group activities</p> <p><input type="checkbox"/> Peers tend not to respond to child's communication during play due to dysfluency</p> <p><input type="checkbox"/> Lacks eye contact while speaking</p> <p><input type="checkbox"/> Reluctant to initiate conversation</p> <p><input type="checkbox"/> Reluctant and/or unsuccessful in resolving interpersonal conflicts due to dysfluency</p> <p><input type="checkbox"/> Demonstrates awareness and asks for help with dysfluency problem</p> <p><input type="checkbox"/> Peers make comments to teacher or classmates reflecting their awareness of child's fluency differences</p> <p><input type="checkbox"/> Child expresses frustration with communication. How is this demonstrated? _____</p> <p>Other indications that dysfluency adversely affects educational performance: _____ _____ _____ _____</p>

Comment: _____

Evaluator's Signature: _____

Language Checklist

Behaviors Indicating Adverse Impact on Educational Performance

STUDENT NAME: _____
 DATE OF BIRTH: _____
 SCHOOL: _____

ASSESSOR: _____
 DATE: _____
 TEACHER: _____

Check those behaviors that are frequently observed and that appear to be the result of the language problem. Consider age/grade level appropriateness of the items.

<p style="text-align: center;">Impact on Reading</p> <p>___ Has difficulty with the phonological awareness aspects of reading readiness (rhyming, segmenting, discriminating, sound-symbol, blending)</p> <p>___ Poor comprehension of written material (text and stories)</p> <p>___ Not able to recall facts or details from text</p> <p>___ Difficulty making inferences (cause-effect, outcome) from discussions or reading</p> <p style="text-align: center;">Impact on Organization</p> <p>___ Generally disorganized (care of school supplies, routines)</p> <p>___ Cannot explain class routines</p> <p>___ Fails to demonstrate logical thinking</p> <p>___ Difficulty completing assignments, in class and/or homework</p> <p>___ Difficulty with note taking</p> <p>___ Difficulty mastering new concepts</p> <p>___ Does poorly on tests, quizzes</p> <p style="text-align: center;">Impact on Strategies</p> <p>___ Verbal production and retention improves when visuals are provided or generated</p> <p>___ Must have concrete examples to solve abstract problems</p> <p>___ Does better on multiple-choice tests than essay type</p> <p>___ Watches other children to know what to do</p> <p>___ Asks other students for help on assignments</p>	<p style="text-align: center;">Impact on Classroom Communications</p> <p>___ Speaks in incomplete sentences, short sentences or single words, limited oral output</p> <p>___ Unable to provide labels for objects, events, people and places</p> <p>___ Uses nonspecific vocabulary (thing, stuff, junk)</p> <p>___ Pauses or has difficulty thinking of words (word finding)</p> <p>___ Talks “around” words</p> <p>___ Uses gestures and/or sound effects to gain attention or help express ideas</p> <p>___ Difficulty asking and answering questions</p> <p>___ Cannot tell a story or express a sequence of events clearly</p> <p>___ Rambles with no sense of order or getting to the point</p> <p>___ Difficulty paraphrasing or summarizing</p> <p>___ Abstract/figurative language confuses him/her</p> <p>___ Jokes, idioms, sarcasm are not understood</p> <p>___ Not able to remember facts or details from spoken presentations</p> <p>___ Expects listener to know what he/she is talking about without preparation in the dialogue (no referent)</p> <p style="text-align: center;">Impact on Math</p> <p>___ Difficulty understanding and expressing quantity</p> <p>___ Needs manipulatives to solve math problems</p> <p>___ Difficulty with basic math concepts (+, -, carry, borrow)</p> <p>___ Cannot explain thinking after solving math problems</p> <p>___ Poor problem solving, reasoning, estimating</p> <p>___ Difficulty solving word problems</p> <p>___ Difficulty expressing time & sequence concepts</p>
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Voice Checklist

Behaviors Indicating Adverse Impact on Educational Performance

STUDENT NAME: _____
 DATE OF BIRTH: _____
 GRADE: _____

ASSESSOR: _____
 DATE: _____
 TEACHER : _____

Check those behaviors that are frequently observed and that appear to be the result of the voice problem. Consider age/grade level appropriateness of the items.

Impact on Classroom Communication and Participation	Impact on Socialization and Self-Advocacy
<p>___ Voice problem makes it difficult to understand the student</p> <p>___ Listener frequently concentrates on the way the speaker sounds rather than content</p> <p>___ Tends not to share in class discussions</p> <p>___ Hesitates/avoids speaking in class as a result of awareness of voice differences. (Explain below.)</p> <p>___ Rarely volunteers to answer questions in class</p> <p>___ Avoids asking questions, requesting permission, or obtaining clarification</p> <p>___ Refuses or avoids reading aloud</p> <p>___ Avoids school activities that focus on verbal performance (drama, music, public speaking, etc.)</p> <p>___ Gestures or pantomimes to express ideas and feeling rather than use words to cope with voice differences</p> <p>___ Gives brief responses or avoids elaborating</p> <p>___ Is often asked to repeat what he/she said</p> <p>___ Reacts negatively when asked to speak or repeat. Describe: _____</p> <p>___ Uses an unusually loud voice that disrupts the learning process</p> <p>___ Loses voice and/or cannot speak to be heard when reading aloud and/or during oral activities. How often? _____</p>	<p>___ Lack of appropriate interaction with peers (may be excluded, avoided or unaccepted by other students)</p> <p>___ Prefers solitary activities or activities with very familiar peers vs. large group activities</p> <p>___ Peers tend not to respond to child's communication during play due to voice differences</p> <p>___ Reluctant to initiate conversation</p> <p>___ Whines, cries, or talks loudly/incessantly to solve interpersonal conflicts</p> <p>___ Reluctant and/or unsuccessful in resolving interpersonal conflicts due to voice</p> <p>___ Demonstrates awareness and asks for help with voice problem</p> <p>___ Peers make comments to teacher or classmates reflecting their awareness of child's voice differences</p> <p>___ Child expresses frustration with communication How is this demonstrated? _____ _____ _____</p> <p>Other indications that voice adversely affects educational performance: _____ _____ _____</p>
<p>Comment: _____</p> <p style="text-align: right;">Evaluator's Signature: _____</p>	

APPENDIX

D

QUESTIONS & ANSWERS

CRITERION D

This appendix contains questions and answers related to eligibility criteria for Criterion D – Learning Impairment (Specific Learning Disability and Intellectual Disability), and addresses interpretations related to assessment and eligibility in this area.

The appendix also contains additional guidance on determining the least restrictive environment for the provision of services including sample justification for placement statements.

CRITERION D – SPECIFIC LEARNING DISABILITY

Questions and Answers

1. *What is a specific learning disability?*

A specific learning disability is not just a disorder in a student's ability to effectively use one or more of the cognitive processes (e.g., attention, discrimination, association, retention, reasoning), but the manifested academic problem in a specific area, such as reading or math, versus generalized low performance (e.g., a specific reading disability primarily due to a phonological processing deficit).

The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed (oral expression, listening comprehension, basic reading skills, reading comprehension, written expression, math calculation skills, and math reasoning) if provided with learning experiences appropriate for the child's age and ability levels.

2. *How is a specific learning disability measured?*

A specific learning disability may be measured by cognitive test scores that help document the presence of a processing deficit and academic tests that document a deficit in achievement. Together the tests can help determine the specific learning disability and the underlying processing deficit.

The identified deficit(s) **must** be manifested in meaningful classroom activities. If there is adverse educational impact, the identified deficit may help to explain the learning difficulty and help determine the most effective interventions. The deficit can only be considered present for eligibility purposes when it is substantiated by adversely affected educational performance.

3. *What are some student behavioral characteristics that may indicate a possible learning disability?*

Behaviors reflecting a possible learning disability typically appear when a student is asked to understand, transfer, interpret, organize, apply, or express information presented in the classroom setting. There may be variability in the demonstration of the behaviors, some appearing to be associated with particular curricular areas or types of classroom tasks. Other behaviors related to organization, work habits, interactions, and concepts may be pervasive across subjects and activities encountered during the school day. Any behavioral characteristic should appear consistently to support the potential presence of a specific learning disability.

4. *How is "adversely affected educational performance" determined?*

Adversely affected educational performance is reflected in individually administered achievement test scores at or near the 10th percentile, plus or minus the standard error of measure or confidence interval of the respective tests, coupled with documentation on classroom performance. This documentation can include structured observations, student work samples and portfolios, teacher records and anecdotes, evidence of daily functioning and ability to fulfill environmental expectations.

5. *What is meant by "at or near the 10th percentile"?*

The 10th percentile is meant to be an objective guideline that the CSC can use with confidence when establishing a deficit. Being near the 10th percentile means to be close enough that this confidence remains. In a non-technical sense, near just means that the further above the 10th percentile, the stronger the rationale must be in order to support with confidence the existence of a deficit.

Technically, the standard error of measure (SEM) of the assessment instrument can be used to help establish what would be near. Using the student's standard score, subtract the SEM and convert this resulting standard score to a percentile. If that score is at or below the 10th percentile, the concept of near has been satisfied.

6. *How is "above-average mental ability" determined?*

Above-average mental ability is determined by a comprehensive intelligence score of 1.5 or more standard deviations above the mean, plus or minus the SEM of the test instrument.

7. *What may be used as evidence of adversely affected academic achievement "at or near the 35th percentile"?*

The CSC may use assessment findings as compared to actual classroom performance in order to determine when the student fulfills the criteria for above-average mental ability.

8. *What is meant by the "production of information"?*

The production of information refers to the ability to respond to sensory input and to initiate or generate oral, written or non-verbal behaviors.

9. *What variables should assessors consider in test selection?*

Instruments selected need to address the referral concerns and strategically match the student's characteristics. This assists the examiner in the investigation of the targeted area by reducing the possibility of over testing or unnecessary testing. Nevertheless, assessment in the suspected area of concern should be comprehensive. The assessment must be reliable and valid for the purpose for which it is being used and appropriate for the age group of the child being assessed. This is especially important for making eligibility decisions.

Assessment instruments should not penalize students with specific characteristics or sensory impairments. This can be avoided by selecting instruments that do not test the student's deficit unless the deficit is the area being assessed. The results then reflect the actual process(es), ability, or achievement.

EXAMPLE: When assessing a very young student with limited test taking skills and language deficits, an assessment that does not rely heavily on verbal skills and contains motivational activities and manipulatives would be an appropriate choice.

If a student presents with a sensory impairment, assessment instruments selected should not require responses using the impaired modality. Caution must also be used in analyzing test results of instruments normed for a specific age population when the student is at one of the age extremes.

10. *Is one subtest score sufficient to report a possible processing deficit?*

A single subtest score **is not** sufficient to report the presence of a processing deficit. There should be “two or more subtests or a cluster” of the processing area to corroborate the deficit along with evidence of educational impact. Corroborating evidence from the classroom teacher and other evaluators is necessary to establish a pattern of findings in the comprehensive assessment.

11. *What is meant by a weakness across subtests or clusters of more than one assessment instrument?*

It means that the CSC is looking for patterns within test results and not judging a student's performance on any single measurement, subtest, or task type. The requirement is that the deficit area be substantiated by a group of subtest scores from one test or the results of more than one test, behavioral observations, and/or classroom performance in the documentation.

12. *What is the appropriate use of age and grade norms?*

If the student is age appropriate for his/her grade, there will not be much difference between age and grade norms. However, when the student's age is inconsistent with his/her grade (e.g., retained or skipped a grade), then there is reason to consider both age and grade.

13. *What is an appropriate measure of achievement for students in the early elementary grades (kindergarten through grade 2)?*

Many instruments do not include a sufficient number of test items to sample accurately a young student's achievement in a specific educational domain. If an assessment instrument is neither normed primarily on a young population, nor contains a sufficient quantity of baseline items, the evaluative information should be supplemented with criterion-based assessment data.

14. *What are some instructional/teaching/informal assessing techniques to use before or after the use of formal assessment instruments?*

Collected evidence from classroom performance can verify the presence of a specific learning disability and substantiate adversely affected educational performance. To gather this evidence, an educator can observe behaviors and work habits during instructional periods, collect work samples illustrating the problems, and develop targeted teaching tasks that demonstrate the child's level of performance.

15. *What information can parents provide as members of the multidisciplinary assessment team?*

Parental and student views of the learning difficulties should be solicited. A combined parent/professional partnership validates and supplements assessment data obtained through formal evaluation measures. Parents provide data on the student's medical, developmental, and educational history.

16. *What affect does finding a low processing score have on eligibility if the achievement assessment results do not indicate adversely affected educational performance?*

The child may not have a disability that meets criteria for special education. The CSC should seek classroom evidence to confirm or refute the indications of a processing difficulty. Based on the evidence, suggestions should be provided to the classroom teacher(s) and family.

17. *How can observations of test behaviors that characterize a student as "impulsive, distractible, inattentive, and insecure" affect interpretation of a low score on a test of processing skills?*

Low test results may be attributed, in part, to the test-taking behaviors. Fear, frustration, anxiety, and anticipation of poor performance may precipitate the behaviors. It is critical to isolate interfering behavior from the cognitive processes under evaluation.

18. *What are some examples of processing skills, learning strategies, and cognitive strategies? How may they be differentiated?*

Processing Skills are used to assimilate information and organize stimuli that are directly attributable to learning acquisition. Such processes include attention, discrimination and retention, and are frequently described in terms of speed, accuracy, and fluency. These skills are evaluated during the comprehensive assessment.

Learning Strategies are taught and/or acquired to facilitate the processing of information that will enable the student to achieve academically in the classroom. These strategies include a wide variety of activities that encompass mnemonic aids, paraphrasing, sub-vocalizing, visual imagery, mapping, using advance and/or graphic organizers, etc. These strategies or areas may require intervention as a result of a processing deficit. A lack of learning strategies, in and of itself, does not constitute a processing deficit.

Cognitive Strategies enable an individual to manipulate and handle information through self-mediated activities. These strategies include association, pairing, chunking, storing, comparing, synthesizing, grouping, separating, etc. They are the result of internalizing learning strategies.

19. *Is one small, focused area of difficulty, such as visual-closure or auditory digit span, considered a deficit?*

Most processing deficits will not be so extremely pinpointed that they would surface as the result of one narrow subtest; nonetheless, if that is the case:

- a. Administer another test measuring the same broad or narrow ability to corroborate the first test.
- b. Ensure that the subtest measures a “legitimate” task that can be replicated in the classroom in a meaningful and fairly routine manner.
- c. Engage the student in activities that depend upon the accurate execution of the targeted processing skill.
- d. Ascertain whether the student's performance confirms or refutes the suspected difficulty.

If the classroom performance confirms the processing difficulty and coincides with the uncovered adversely affected educational performance, the student may qualify under Specific Learning Disability. A specific learning disability should not be justified on the basis of one low subtest score when there is no corresponding meaningful classroom activity. Best practice is 2 or more corroborating tests with evidence of adverse educational impact.

20. *Does the verification of adversely affected educational performance in spelling, in conjunction with evidence of processing deficits, suffice to determine eligibility for special education?*

No. Spelling is only one of the many skills necessary for meaningful written expression. If written expression is the impacted area, spelling may be one of the key underlying causes of poor classroom performance. Spelling alone is not a qualifier for eligibility.

21. *Must the adverse performance be indicated in the broad areas of both oral and written language, or will one of these areas of language achievement suffice for an eligibility determination?*

A student can be determined eligible on the basis of adversely affected educational performance in either oral or written language, if the evaluation of that broad area was comprehensive.

22. *When a student has poor handwriting, and an occupational therapist recommends "visual-motor integration activities," can the student qualify for having a specific learning impairment in the absence of further classroom and formal test difficulties?*

No. A student may be determined eligible only if the handwriting deficit can be shown to adversely affect educational performance. Test scores and classroom performance must

confirm the impact of the deficit.

23. *What is the meaning of the term "language arts" as listed as part of the academic achievement portion of assessment?*

The term refers to written and oral language behaviors related to classroom performance. Formal assessment information can be obtained from individual evaluations in oral and written language. Substantiation of classroom difficulties can be obtained from writing samples, oral language samples, grades and tests.

24. *If the student does not have significant differences (i.e., strengths and weaknesses) among scaled or standard scores of a comprehensive instrument (in accordance with publisher's guidance), should the examiner continue to administer other processing instruments in an effort to identify weaknesses across subtests or cluster scores of more than one instrument?*

An examiner should not continue to administer additional processing instruments if a student has no comparative strengths identified on the comprehensive instrument and the examiner determines that the scores are true representations of the student's ability. These students may be functioning in the low-average range and generally would not qualify for special education services. However, in consultation with the members of the assessment team, the examiner may determine that additional testing is warranted.

25. *Can the Test of Auditory Perceptual Skills (TAPS) and the Test of Visual Perceptual Skills (TVPS) be used to substantiate "significant weaknesses identified across subtests or clusters of more than one instrument"?*

The use of these two instruments alone cannot substantiate "significant weaknesses identified across subtests or clusters of more than one instrument" because the two tests do not measure the same processing area/skill. Either the TAPS or the TVPS may be used in conjunction with subtests or clusters from other assessment instruments, provided they test the same processing areas. To substantiate the presence of an information-processing deficit, comparative strengths must also be identified.

26. *How can comparative strengths be identified?*

Comparative strengths can be identified and documented through performance-based assessment or administration of further standardized assessment. Processing abilities could be considered a comparative strength when the student's performance is near or above the expected level (age or developmental) of performance.

27. *Can the Learning Efficiency Test (LET) be used for eligibility determination?*

No. The LET is not recommended for use in determining eligibility.

28. *What instruments can be used to substantiate "significant differences among scaled or*

standard scores for clusters in a comprehensive battery”?

A limited number of comprehensive assessment batteries are available (e.g., Detroit Test of Learning Aptitude, Woodcock Johnson Cognitive), but many tools are available for specific skill assessment (e.g., CELF, TOLD). The instrument(s) should be selected based on information gathered during the prereferral process and should be specifically designed to focus on the suspected disability, as well as the child’s strengths. Comprehensive intelligence tests, such as WISC and the Stanford Binet, may yield important processing information when interpreted in that manner AND when used in conjunction with subtests or clusters from other instruments.

29. *Can the CELF or the TOLD be used to substantiate a specific learning disability?*

Yes. Because of the comprehensive design of these instruments, the results of test clusters do not need to be substantiated through the administration of additional language processing subtests or clusters from a second instrument. However, to qualify under Criterion D – Specific Learning Disability, comparative strengths in another processing area must be identified. Possible sources to identify comparative processing strengths are classroom performance, portfolio assessment, performance-based assessment, authentic assessment, or formal information processing assessment.

30. *If the Woodcock Johnson Cognitive is used to identify a specific learning disability for eligibility determination, do all 14 subtests have to be administered?*

There are several alternatives to this endorsed by the authors/publishers. Using the 14 tests is the most “diagnostic” approach, but all 14 do not need to be administered. There are 4 endorsed methods for documenting processing deficits:

- a. Use 1-7 and calculate intra-cognitive discrepancy;
- b. Use 14 tests (1-7 and 11-17) to calculate intra-cognitive discrepancies (most comprehensive and diagnostic approach);
- c. Use 1 or more clusters and interpret functionality using the PRI;
- d. Use ASB 6 to guide process – requires administration of tests 1-7 plus 1 or more tests to form clusters for comparison.

31. *When using the WJ III Tests of Cognitive Abilities, what is the best practice for determining the presence of within-individual variability in information processing?*

Use of either the Intra-Cognitive (Standard; Tests 1-7) or Intra-Cognitive (Extended; Tests 1-7, 11-17) discrepancy procedure allows for direct comparison of the cluster scores within each set of clusters used in the comparison. These discrepancy procedures incorporate the effects of regression to the mean and use the standard error of estimation (SEE) calculated from the norming data. The Intra-Cognitive (Extended) discrepancy procedure is the most

useful for this purpose because it provides a comparison among seven CHC broad abilities, each measured by two qualitatively different tests.

- 32. *Is it permissible to administer two clusters from the Woodcock Johnson Cognitive, in the areas of a student's strengths and weaknesses, and identify the significant difference between the clusters by measuring the gap between the two cluster ranges on the test profile?***

An evaluator could select a cluster or clusters and compare the GIA-STD as described in AB 6. Not all 14 tests would need to be administered. The assessor would need to administer tests 1-7 and then choose 1 or more additional tests to create the clusters for comparison. One or more clusters and the RPI would be used to describe functionality on that processing area compared to average age peers. This is a criterion-referenced approach to documenting a deficit.

- 33. *Can a cluster from the WJ III Tests of Cognitive Abilities be administered and used selectively to help identify an information processing deficit?***

The WJ III is based on the principle of selective testing and examiners may administer the tests and clusters that are appropriate for the assessment purpose. Use of clusters is preferred for interpretive purposes. Selective testing may also be the best practice for individuals who require certain types of accommodations as described in the WJ III COG Examiner's Manual.

- 34. *How should a selected WJ III cluster or clusters be used to describe the presence and severity of an information processing deficit?***

The test construction procedures that underlie the WJ III allow for criterion-referenced interpretation of normative scores. This has fostered the development of a nomenclature for describing an individual's functional level for any measured cognitive ability. For example, examiners can describe a below-average performance in terms of the level of limitation, impairment, or delay (e.g., within normal limits, mildly impaired, severely impaired). Additionally, examiners can make predictive statements that suggest the difficulty level with which the individual will find similar tasks, such as related tasks in the classroom (e.g., manageable, very difficult, impossible). Although this nomenclature is not described in the Examiner's Manual, it is readily accessible in several other sources. It is described in Rapid References 4.6 and 4.7 of Essentials of WJ III Cognitive Abilities Assessment by Schrank, Flanagan, Woodcock, & Mascolo. This interpretive system is automated in the Report Writer for the WJ III and is described in Table 2-4 of the manual for the software program. For many applications, this criterion-referenced level of interpretation may provide the most useful information for determining the functional level and practical significance of a problem.

- 35. *When not using the Intra-Cognitive Discrepancy procedures, how should the statistical significance of selected discrepancies be calculated?***

WJ III standard scores should not be compared to another test score such as a Full Scale IQ (FSIQ) to determine a processing deficit. To do that accurately, examiners would (1) need to account for the effect of regression to the mean and would (2) need to know the distribution of discrepancy scores between the FSIQ and the particular WJ III cluster score in question. Although many examiners may be able to estimate for the effect of regression if they have the appropriate correlation coefficient at hand, most likely they would not be able to estimate if the differences between the scores are statistically significant.

Examiners, however, can compare the WJ III CHC cluster scores to the WJ III General Intellectual Ability-Standard (GIA-Std) score to determine if a statistically significant discrepancy exists.

In summary, the WJ III Intra-Cognitive discrepancy procedures are the most psychometrically-robust way to help document the presence and severity of variability within an individual's cognitive profile. An individual's performance on any cluster of the WJ III can be described through a criterion-referenced system of interpretation as well. However, interpretation is most useful when all 14 tests are used to generate the seven CHC clusters, the Intra-Cognitive (Extended) discrepancy procedure is selected and the functional levels are reviewed to reveal the practical significance of a subject's relative strengths and weaknesses.

36. *If the student enrolls in a DoDEA school with partial assessment in the area of processing, is the administration of all 14 subtests of the Woodcock Johnson Cognitive, required?*

When a student enrolls with partial assessment, the CSC must meet to determine what further assessment needs to be administered to determine eligibility. Such a case may require additional testing to corroborate existing information to verify significant weaknesses across subtests or clusters of more than one instrument, with comparative strengths identified in another processing area, or may require the administration of a comprehensive battery.

37. *If the examiner has completed assessment using other instruments and an attempt is being made to substantiate "significant weaknesses identified across subtests or clusters of more than one instrument" are all 14 subtests of the Woodcock Johnson Cognitive, required?*

No. If the Woodcock Johnson Cognitive, is being used as a second instrument it is not necessary to administer all 14 subtests. However, the selected cluster(s) from the WJ must measure the same broad or narrow ability in the same processing area as required by the first instrument. The tasks might be different even though they are measuring the same construct. When using a standardized test, publisher's guidance must be used. In addition, comparative strengths in processing must be substantiated in order to meet eligibility criteria.

CRITERION D – INTELLECTUAL DISABILITY

Questions and Answers

1. *What is an intellectual disability?*

An intellectual disability means significantly sub-average intellectual functioning that exists concurrently with deficits in adaptive behavior. Both factors adversely impact educational performance. Assessment for eligibility determination includes individual academic achievement, intellectual, and adaptive behavior evaluations.

2. *What are some student behavioral characteristics, observable in classrooms, which may indicate a possible intellectual disability?*

Behaviors reflecting a possible intellectual disability typically appear when a student is expected to respond, recall, apply, problem solve, initiate, or generalize acquired learning in the educational setting. There may be variability in the demonstration of the behaviors, some appearing to be associated with particular curricular areas or classroom demands. Other behaviors related to activities of daily living, socialization, and level of independence may be pervasive across settings.

3. *How is significantly sub-average intellectual functioning identified?*

Significantly sub-average intellectual functioning is identified by a comprehensive intelligence test score that is two or more standard deviations below the mean, plus or minus the standard error of measure (SEM). To fulfill eligibility requirements for determination of an intellectual disability the sub-average intellectual functioning must be commensurate with sub-average adaptive behavior.

4. *What measures of intelligence are appropriate to document significantly sub-average intellectual functioning?*

Only comprehensive, valid and reliable instruments provide the degree of confidence necessary to determine an intellectual disability. Screening measures are neither intended nor adequate for identifying the existence of significantly sub-average intellectual functioning.

5. *What is adaptive behavior?*

Adaptive behavior is the extent to which a student meets the expectations and requirements of developmentally appropriate independent living.

6. *When and why must adaptive behavior be measured?*

Adaptive behavior must be measured when intelligence test results indicate functioning two or more standard deviations below the mean. It is an assessment requirement for the following reasons:

- a. Students who may perform extremely poorly on standardized tests of intelligence may

- function significantly better outside of the classroom;
- b. A test has inherent errors of measurement; and
- c. A student's test-taking behavior may be affected by variables beyond intelligence, such as knowledge of examiner, level of comfort, effort expended, nature of the test, etc.

7. *How is a significantly sub-average adaptive behavior deficit identified?*

A number of norm-referenced tests can be used to substantiate an adaptive behavior deficit. It is sometimes necessary for the assessor to use more than one informant to determine the level of adaptive behavior because the measures rely heavily on the perception of the specific informant. To fulfill eligibility requirements for determination of an intellectual deficit the sub-average behavior must be commensurate with significantly sub-average intelligence (2 or more SDs below in adaptive behavior).

8. *Who can administer a measure of adaptive behavior?*

The assessor must have an understanding of norm-referenced assessment, have been trained in the administration and scoring of the specific measure, and be able to explain the results and implications. It is preferable for the assessor to have direct knowledge of the student being evaluated.

9. *What variables should assessors consider in test selection?*

Instruments selected need to address the referral concerns and strategically match the student's characteristics. This assists the examiner in the investigation of the targeted area by reducing the possibility of over testing or unnecessary testing. Nevertheless, assessment in the suspected area of concern should be comprehensive.

Assessment instruments should not penalize students with specific characteristics or sensory impairments. This can be avoided by selecting instruments that do not test the student's deficit unless the deficit is the area being assessed. The results then reflect the actual process(es), ability, or achievement. If a student presents with a sensory impairment, assessment instruments selected should not require responses using the impaired modality.

EXAMPLE: When assessing a very young student with limited test-taking skills and language deficits, an assessment that does not rely heavily on verbal skills and contains motivational activities and manipulatives would be an appropriate choice.

Caution must be used in analyzing test results of instruments normed for a specific age population when the student falls at one of the age extremes.

10. *What information can parents provide as members of the multidisciplinary assessment team?*

Parental and student views of the learning difficulty should be solicited. A combined parent/professional partnership validates and supplements assessment data obtained through formal evaluation measures. Parents provide data concerning the student's

medical, developmental and educational history. This information is obtained during parent interviews and adaptive behavior assessments.

11. *What is the meaning of "adversely affected educational performance"?*

Adversely affected educational performance is reflected in individually administered achievement test scores at or near the 10th percentile, plus or minus the standard error of measure or confidence interval of the respective tests, coupled with documentation on classroom performance. This documentation can include structured observations, student work samples and portfolios, teacher records and anecdotes, evidence of daily functioning and ability to fulfill environmental expectations.

12. *What is meant by "at or near the 10th percentile"?*

The 10th percentile is meant to be an objective guideline that the CSC can use with confidence when establishing a deficit. Being "near" the 10th percentile means to be close enough that this confidence remains. In a non-technical sense, "near" just means that the further above the 10th percentile, the stronger the rationale must be in order to support, with confidence the existence of a deficit.

Technically, the standard error of measure (SEM) of the assessment instrument can be used to help establish what would be near. Using the student's standard score, subtract the SEM and convert this resulting standard score to a percentile. If that score is at or below the 10th percentile, the concept of near has been satisfied.

13. *How does the CSC know if the intellectual and adaptive behavior scores are commensurate?*

There are two ways to determine the scores are commensurate:

- a. Both scores are more than two standard deviations below their respective means, OR
- b. The range of the test scores (as determined by the respective standard error of measure or confidence interval) overlap

14. *What is the meaning of the term "language arts" as listed as part of the academic achievement portion of assessment?*

The term refers to written and oral language behaviors related to classroom performance. Formal assessment information can be obtained from individual evaluations in oral and written language. Substantiation of classroom difficulties can be obtained from writing samples, oral language samples, grades and tests.

LEAST RESTRICTIVE ENVIRONMENT

At the IEP development meeting, the following five factors must be addressed by the CSC in selecting the least restrictive environment for the student.

1. Placement of the student is based on his or her individual needs.
2. Student is educated, to the maximum extent appropriate, with students who do not have disabilities.
3. Removal from general education only when the nature and severity of the student's educational needs are such that education in the general education program with supplementary support and services cannot be achieved satisfactorily.
4. Participation with general education students, to the maximum extent appropriate, in school activities.
5. Placement is as close as possible to the student's home or in the school she or he would attend if not disabled.

After discussing the factors, the CSC prepares a statement that will describe and justify the extent, if any, to which the student will *not* participate with non-disabled peers. The Justification for Placement statement written on the IEP must also describe how the student's disability affects his or her involvement and progress in the general curriculum. For preschool children, the CSC must indicate how the child's disability affects his or her participation in appropriate activities.

Some sample ideas of statements the CSC might use when writing the justification for placement include the following. It is important to remember that when using one of the examples below, the statement must be individualized for each student. This may be done by combining statements from the various sample statements. Also, using the student's name would help to personalize the justification statement.

Justification for Placement – Sample Statements

For students with moderate to severe needs:

1. Due to intellectual, communication, and adaptive deficits that preclude subject matter instruction with his or her peers; the student requires a life-skills based curriculum. The student will take no academic instruction with his or her non-disabled peers, but will participate in art, PE, and music classes.
2. Based on the student's identified need, it has been determined that a functional curriculum is required. The student will not participate in core academic instruction. The student will participate in cooperative work experience, art, home economics, and other courses that enhance daily living skills and leisure activities. Greater opportunity is needed for interaction with non-disabled peers.
3. Based on the student's identified needs, it has been determined that a functional

curriculum is required. The student will participate in a life skills based curriculum and in identified core academic instruction.

For preschool age students:

1. The child's cognitive, motor, social, adaptive, and language skills are impacting on the child's ability to enter into age appropriate activities.
2. The child's significant language delays impact on his or her ability to express needs, wants, and fears at the child development center, the home, and on the playground.
3. The child's delay in motor skills affects his ability to safely navigate his or her environment or acquire functional life skills.
4. The child's needs as addressed in the IEP goals and objectives cannot be satisfactorily achieved in the general educational/preschool environment even with the provision of supplemental aids and supports.

For students with mild to moderate needs:

1. Due to an information process/language disorder together with specific academic weaknesses, the child requires specialized instruction in (identify areas).
2. Due to identified academic weaknesses together with an information/language processing disorder, the student requires specialized services outside the general education classroom in (identify areas).
3. Despite academic weaknesses together with an information/language processing disorder, the student can progress in the general education setting with modifications, adaptations, and classroom support.
4. The student's acquisition of academic/developmental skills as addressed on the IEP can be met through modification/adaptation of the general curriculum.

For students with speech (communication) needs:

1. Due to the (phonology disorder, fluency disorder, unintelligibility, etc.), the student's ability to (successfully communicate with others and succeed in the educational environment or successfully interact socially with peers and teachers) is affected. Specialized instruction is needed to remediate this disorder. The student will participate in all general education activities.
2. The child's identified speech disorder affects his or her ability to complete certain oral, academic activities successfully. Classroom modifications and adaptations should be in place in the general education setting to facilitate progress and participation. The student will participate in all general education activities.

For students with physical, health, or orthopedic needs:

1. The child's deficit in motor skills affects his or her ability to safely navigate his or her environment and to acquire functional life skills. Specialized treatment and instruction are needed to help the child acquire compensatory strategies for independent functioning

in the educational setting and in daily living.

2. Because of the student's physical impairment, she or he is unable to use a standard keyboard, mouse, or writing implement to produce classroom products. In order to produce written products at a level commensurate with his or her age peers in the general education classroom, assistive technology is required. With this assistance, the student could participate in most general education activities.
3. Because of the student's identified medical condition, his or her ability to progress socially and academically is impeded unless there is a strong behavior management plan. Instruction must emphasize learning strategies, self-management, and social skills training. Modifications, adaptations, and academic support are needed in the general education classroom in order to attain these skills.

For students with emotional needs:

1. Information collected during the assessment process indicates that the student's social and emotional status impedes his or her learning and that of others in a large group setting. Identified needs indicate a small, structured group combined with intensive behavior management techniques or strategies would enhance his or her learning.
2. Because of the student's identified emotional condition, his or her ability to progress socially and academically is impeded unless there is a strong behavior management plan. Instruction must emphasize learning strategies and social skills training. Modifications, adaptations, and academic support are needed in the general education classroom in order to attain these skills.
3. The behavior management techniques established in the student's IEP requires a degree of structure that cannot be implemented in a large group setting.
4. The student's behavior significantly impairs his or her ability to learn in a large group setting, as well as impairing the learning of the other students in the group. A highly structured environment is needed.

APPENDIX

E

QUESTIONS & ANSWERS

CRITERION E

This appendix contains suggested screening activities related to child find for Preschool Children with Disabilities Services (PSCD) and frequently asked questions covering provisions and interpretations related to Criterion E – Developmental Delay eligibility criteria.

CRITERION E – DEVELOPMENTAL DELAY

Questions and Answers

General

- 1. Parents sometimes walk in and ask for help with their child, though there have been no assessments conducted. The CSC can not always determine if a referral is appropriate because they have had no interaction with the child or opportunity to observe the child. May the child attend the Preschool for Children with Disabilities (PSCD) for a few days to allow members of the CSC to determine whether or not the child appears to be an appropriate referral?*

As a prereferral activity, a preschool child with suspected disabilities may attend the PSCD with a parent present. However, there should be no reason for these observation periods to extend past one or two days.

- 2. Is there a preference for which eligibility criterion is used with a preschool child with disabilities?*

DoDEA recommends that a preschool child with disabilities be found eligible under Criterion E – Developmental Delay unless there is a reason to use one of the other criterion (e.g., if the child has a physical impairment, Criterion A might be more appropriate). A preschool child may be determined eligible under any of the five criteria.

- 3. Are there recommended assessment measures for each of the areas?*

There are several assessment measures in the test directory which have been recommended by DoDEA educators. There is no official test battery recommended by DoDEA.

- 4. Does a single, comprehensive instrument that assesses all five areas of developmental delay meet the criteria for “more than one test”?*

General assessment requirements are for more than one procedure, not test. When these preschool instruments are combined with the required social/family/medical history and observation, more than one procedure is used to determine eligibility.

- 5. Must children be assessed in all five areas of developmental delay or may the CSC choose to assess in one or more areas of suspected impairment?*

Documentation of some type must be given for all five areas of developmental delay. Documentation may take any one of several forms, such as a screening, a test score, an observation or documentation from an assessor stating that performance is developmentally appropriate. When significant delays in any area are detected, the CSC should conduct a further evaluation in order to develop more appropriate services.

6. *Since functional levels in all five areas of development must be determined, must formal assessments be conducted by professionals from the five areas (Occupational Therapy, Physical Therapy, etc.)?*

No. It is not necessary to conduct formal assessments in all developmental areas though there must be some type of documentation from a professional qualified to make such a determination. As noted in the previous question, if there are significant delays, the CSC may wish to conduct an assessment. If the CSC suspects that related services might be warranted, referral to the appropriate related service agency should be made.

7. *If the assessment measure is calculated in terms of standard scores and percentiles (rather than standard deviations and age norms), how are these scores calculated?*

Any assessment measure using standard scores and percentiles has statistical data indicating the standard deviation. The CSC must calculate the standard deviation difference for each test using the statistical data in the assessment manual.

8. *How will the CSC determine vision and hearing status on children who cannot respond or who do not understand the request? Can this be informally documented for those students who lack language for responding?*

Informal documentation may be used to indicate the vision and hearing status when students cannot be assessed formally. When doing so, the CSC should note those behaviors or symptoms that rule out or indicate the possibility of a vision and/or hearing loss. Examples:

- a. "Child does not exhibit any of the behaviors associated with poor vision (eye rubbing, tearing, squinting)."
- b. "Vision problems are suspected. The child holds objects extremely close to see, cannot respond appropriately to questions about items 10 feet distant, even though expected responses are within the child's receptive/expressive vocabulary."
- c. "A hearing deficit is not suspected. Articulation is within developmental norms and no inappropriate substitutions or omissions occur in connected speech."
- d. "A fluctuating hearing deficit is suspected. The child has a history of chronic ear infections, lasting 3-4 weeks per episode, with 14 episodes in the last two years. Misarticulations are not age appropriate and there are inappropriate substitutions or omissions occurring in connected speech."

9. *What if hearing problems are suspected (i.e., fluctuating hearing losses due to chronic ear infections)?*

Children with suspected hearing problems, whether permanent or fluctuating, should be referred to the medical treatment facility for an audiological assessment. Depending on the results of this assessment, the Teacher of the Hearing Impaired should be contacted. If there is any subsequent assessment information, the CSC should revisit the eligibility category and/or consider possible IEP modifications.

10. *If the child appears to have poor vision/hearing, can assessment continue or must this be cleared up first?*

The general rule is to handle preschool children with suspected disabilities in the same manner as school age children are processed. The CSC will need to justify why it chose to continue or to wait on further assessments.

11. *With the standard error of measure there is little difference between a 20% and a 25% delay. Why were these figures chosen rather than 30%/20% or 25%/15%?*

The dichotomy of 20%/25% is one of the more common bases of eligibility determination being used in the United States. It was chosen by the related services for the Early Intervention program and adopted by DoDEA for consistency between the agencies.

12. *Some children will be “untestable” (lack of language, erratic behavior, etc.). How can the CSC document their status in such areas as cognitive and language development?*

The assessment is to be attempted and reported. If attempts are unsuccessful, functional assessment should be completed (observations, play interactions, etc.).

13. *Must a formal assessment of cognitive/intellectual development be conducted?*

An assessment of early development would be sufficient for Criterion E when a delay in cognitive development is suspected. It is not necessary to administer an intelligence test unless the CSC suspects mental retardation/limited intellectual ability (Criterion D).

14. *May the child who is being assessed attend the preschool services for children with disabilities, thereby allowing assessors to observe the child and assess what the child can and cannot do in a more natural setting?*

Children who are being assessed may attend PSCD, but should not do so for a period longer than five (5) sessions. These sessions need not be consecutive. *Parents must be aware that this is an observation period, not enrollment.* Assessors may also want to observe the child in a more natural environment such as the home or child care facility.

15. *What is the role of the school psychologist in assessing preschool children with disabilities?*

School psychologists should be involved in the assessment of preschool children with disabilities to the same extent that they are involved when assessing school age children.

16. *What role do related services personnel have in the assessment?*

Related services personnel will have an integral role in the assessment of preschool children with disabilities. The CSC will refer children whose suspected delays might result in the need for related services or whose initial assessments indicate the need for further evaluation in order to determine levels of functioning, or when assessments are required for the suspected eligibility criterion.

17. Does the CSC assess enough to determine eligibility and provide services and then have the related service personnel assess the more complicated cases?

The process should be the same as for school age children. If the assessments requested will affect eligibility, the CSC must consider the data from the related service assessors in determining eligibility even if this means that the CSC must wait for the completion of those assessments.

18. How old can assessment data be? For example, if a child is three years old and data is a year old, there might or might not have been significant changes in the child's level of functioning.

Assessment data should be no more than 6 to 8 months old when determining eligibility for preschool children, ages 3-5.

IEP AND SERVICES

1. *When developing the IEP, does a child with developmental delays automatically require an extended instructional year (ESY) program due to “significant delays in toilet training, eating, self-help, etc.”?*

No. A child is not automatically eligible or entitled to ESY.

2. *At what point does a preschool child require supplemental instructional support?*

Determination of the need for individual assistance follows the same procedures as for a school age student. Documentation requires that other program options have not been successful. The number of adults already in the room is also considered.

3. *Does a child with autism automatically require individual assistance from another adult?*

No. Refer to answer #2.

4. *What types of services are available for a preschool child with disabilities?*

A continuum of services similar to those provided to school age children should be available. Community based services are available to preschool age children.

5. *Don't preschool children with disabilities qualify for a center-based program?*

No. Preschool children qualify for special education because they meet established criteria for one or more impairments; they do not qualify for a particular program.

6. *Does this mean that preschool children may receive services from a Teacher of the Learning Impaired or a Teacher of the Communication Impaired and none from a Preschool Teacher?*

This is correct. Services are based upon the individual needs of the child, not on the programs available.

7. *Who should provide services for a child with speech/language problems: the CI Teacher or the PSCD Teacher?*

The determination of the appropriate service provider is a decision made by the CSC based on the type of language problem, the severity of the problem, and the child's other needs.

8. *Can home services be the only location for the delivery of services for some children?*

Yes. Home services may be the only location for delivery of services for some children. Determining factors would be type of services and severity of the problem.

9. *Can “parent” or “child care provider” be listed as a service provider on the IEP?*

No. The parent or child care provider cannot be listed as a service provider. The IEP is an agreement showing the services that the school and related service personnel are providing. Information relating to the parents, child care providers, and other individuals and/or agencies should be noted in the minutes of the CSC meeting.

10. *Are home visits required services?*

No. Home visits are not required. However, in line with early childhood best practices, home visits are highly recommended. The intent of the home visit is to observe the child in their natural environment, gain insight into the parent’s view of their child in the home environment, facilitate the transition from Early Intervention to PSCD, and build rapport with the family. When home visits are scheduled it is considered prudent to have two adults from the school visit the home.

11. *Are parent support groups required services?*

No. Parent support groups are encouraged because of the recognized benefits to the family but they are not required services.

BASIC SCREENING ACTIVITIES

Screening activities should be designed in order to observe the following developmental skills based on age level. The following list of activities was taken from the Birth to Six Prescreen Wheel for Vision, Hearing and Development developed by the Washington Birth to Six State Planning Project At Risk/Prevention Committee.

Two-to-Three Years of Age

Does the child...

- a. Walk, run, stop, step up and squat down well?
- b. Stack more than two objects?
- c. Use the spoon and cup independently when eating?
- d. Follow two-step directions (“Get the book and put it on the table”)?
- e. Name five to six body parts on him/herself?
- f. Take part in simple conversation?
- g. Answer simple “what” and “what do” questions (“What do you want for lunch”)?
- h. Point to or name objects when told their use (“What do you drink with”)?
- i. Help with simple tasks (picking up toys)?
- j. Use 2-3 word sentences regularly?

Three-to-Four Years of Age

Does the child...

- a. Jump, run, throw, and climb using good balance?
- b. Draw up, down, around and sideways using a crayon?
- c. Use materials and toys to make things?
- d. Enjoy picture books and being read to?
- e. Understand words that tell where things are (behind, under, in, on)?
- f. Use speech that is easily understood?
- g. Ask a lot of “why” and “what” questions?
- h. Enjoy playing with other children?
- i. Wait his/her turn some of the time?
- j. Answer simple “where” and “who” questions?

For children who are uncooperative during the vision and hearing screening, the following questions should be asked or behaviors observed.

Hearing:

Does the child....

- a. Show awareness of home noises (telephone, door knock, television)?
- b. Use a voice that is not too loud or too soft?
- c. Play with toys that make noise (rattles and bells)?
- d. Imitate sounds (after age 1 year)?
- e. Use some word endings (“s” or “ing”) after age two?
- f. Follow verbal directions?
- g. Maintain a moderate volume on the television or radio?
- h. Listen to stories, records or television without difficulty?
- i. Speak so most people can understand (if older than 2.5 years)?
- j. Come to you when called from another room (after age 2)?

Vision:

Does the child....

- a. Make eye contact with the task or object?
- b. Follow a moving object with own eyes?
- c. Walk or crawl without frequently bumping into objects?
- d. Look at people and things without covering one eye?
- e. Hold objects at normal distance (after age 6 months)?
- f. Walk or crawl smoothly across shadows or areas that look different (carpet or tile)?
- g. Look at people and things without eyes crossing or squinting (after 9 months)?
- h. Have eyes that are clear, not red or watery?

PRESCHOOL SCREENING SUMMARY¹

Name of Child _____ Date of Screening _____
Date of Birth _____ Age in Months _____

Parents/Guardians _____
Address _____

Home Phone _____ Work Phone _____

1. Parent concerns, expectations, presenting problems:

2. Review of significant health and medical history information:

3. Information from other sources:

4. Results of Hearing/Vision Screening:

5. Results of preschool screening:

6. Disposition:
 - o No further screening deemed necessary at this point.
 - o Recommend re-check in _____ months.
 - o Recommend formal referral to CSC.
 - o Recommend other screenings, such as _____

¹ This is a sample form. Procedure required/form optional.

APPENDIX

F

QUESTIONS & ANSWERS

**Secondary
Transition**

The educator responsible for coordinating the IEP/transition team meeting should be prepared to answer frequently asked questions of parents and students. Although it is impossible to know about all of the agencies and services, the coordinator should have a basic working knowledge to assist the student and the family in determining who should be invited and involved in transition planning.

The following are questions frequently asked by parents in regard to IEP/transition meetings.¹

¹ Information from “Transition Planning: A Guide for Parents and Professionals” funded by the Office of Special Education and Rehabilitation Services (1999).

POST-SECONDARY TRANSITION

Questions and Answers

1. *What employment services are available in the community?*

Each community has agencies that help youth and adults find, and maintain employment. These include the following:

- a. Vocational Rehabilitation (VR) Services provide or pay for vocational assessment, job placement, job training, post-secondary education, technology, and other time-limited services.
- b. Mental Retardation and Developmental Disabilities (MR/DD) Programs provide ongoing supports for students with the most severe disabilities in the areas of sheltered employment, supported employment, residential services, and case management.
- c. Summer Youth Employment Programs provide time-limited summer youth employment programs and a variety of job programs, generally for economically disadvantaged students.
- d. Mental Health Programs provide case management, and occasionally supported employment for students with psychiatric disabilities.
- e. Non-Profit Agencies such as United Cerebral Palsy, and Goodwill Industries provide sheltered employment, supported employment, and other services for youth and adults with disabilities, often through contract with VR.
- f. Youth Services Programs are generally provided to youth who have been in trouble with the law, often through contract with VR services.
- g. Employment Agencies that provide job placement, generally on a fee-for-service basis. Sometimes this service can be paid for by Vocational Rehabilitation.
- h. Postsecondary Education Programs often provide job placement and career services for students. Vocational Rehabilitation may pay part or all of the cost of these programs for eligible students.

2. *What employment services do school districts provide students with disabilities?*

School districts may provide a number of services that are available to students with disabilities. These are provided through general, special, and vocational education. Some examples of programs designed to provide work experience or vocational training are: (1)

work study or transition coordinators, (2) occupational work adjustment staff, (3) vocational educators, (4) school-to-work program staff, and (5) guidance counselors.

3. *What should my child do to get into post-secondary education after high school?*

There are four major types of post-secondary education: (1) vocational/technical schools, (2) community colleges (two-year), (3) liberal arts colleges, and (4) state universities. Every post-secondary program has academic requirements that must be met, though state universities and community colleges often have remedial programs for students who have had difficulty in general areas of course work such as mathematics and English.

Post-secondary options should be explored early in high school to select the proper course work and to choose a post-secondary program that provides the services and supports that the student will need after graduation. The student should also receive training in asking for needed accommodations and supports, and visit or audit classes from desired schools. College and other entrance exams should be taken early, and applications should be sent out in the final year of high school.

4. *What can I do to help my son or daughter get a job?*

Parents have a very important role to play in their child's getting and keeping a job. The expectation that their son or daughter will work is important to convey to their children as they grow. Supporting the school district's efforts to provide job preparation is also essential. Parents can ensure that meaningful vocational goals are written into their child's IEP and transition plans, and provide opportunities for their child to develop important work skills, habits, and attitudes by giving them chores and responsibilities. Parents can also assist job placement professionals by providing them with leads and introducing them to employers they may know.

5. *How do I apply for adult services?*

Generally, a student with an IEP will be eligible for Vocational Rehabilitation (VR) services and the school can initiate a referral at the parent's or student's request, but typically only students with the most severe disabilities obtain VR services. MR/DD programs typically serve only students with the most severe developmental disabilities, and referral is generally initiated by the family. Summer Youth Employment programs usually serve students with milder disabilities who are economically disadvantaged, with referrals typically coming from the school. Mental health job programs are typically accessed through the mental health counselor and are generally reserved for students with the most severe psychiatric disabilities.

6. *Is there an alternative to sheltered employment for students with severe disabilities?*

Supported employment is designed to serve students who have traditionally gone into sheltered workshops and day activity centers. It is competitive paid work done in an actual job site by individuals who, because of their disability, need ongoing support services to

perform that work. Supported employment has four characteristics: (1) it is paid employment, (2) disabled workers are integrated with non-disabled co-workers, (3) ongoing support after job training is provided, and (4) it is driven by student career goals. Supported employment models include the following:

- a. Individual placement approaches include structured assistance in job placement and job training. A job developer develops a job of interest to the student and a job coach trains the student in job skills and provides other training to maintain employment (e.g., social and travel skills). Once the job coach phases out, follow-along services are provided at the job site by a professional, a co-worker, or a family member.
- b. Mobile work crews of three to eight persons are transported to perform contracted work such as janitorial and landscaping services at area businesses. These crews operate under the supervision of one or more employment specialists.
- c. Cluster placements or enclaves of three to eight persons are supervised by employment specialists and work in a business or industry doing the same job as other workers who are non-disabled.

7. *Can a student have a job coach while still in high school?*

Vocational Rehabilitation or the school can provide job coaches for students with intense support needs while they are still in high school. School districts may choose to hire their own job coaches or use Vocational Rehabilitation Services for eligible students. It is important to establish eligibility and involve adult service providers in transition planning if they are providing or paying for job coaches.

8. *What are on-going support services and follow-along services?*

On-going support services or follow-along services are provided throughout the term of employment after the job coach is phased out. The purpose of these services is to enable the individual to continue to perform the work required by the employer. They may include services that occur at or away from the work site such as transportation, personal care services, counseling, and behavioral supports. Typically, on-going support services are provided through MR/DD programs or long-term mental health programs, but they may also be provided by employers, family members, or other agencies.

9. *What is Supplemental Security Income (SSI)?*

Supplementary Security Income (SSI) is an income support program run by the Social Security Administration. Monthly benefits can be paid to youth or adults with disabilities if their individual or family income falls below a certain level, and if their disability is severe and expected to last at least 12 months. SSI can be helpful in supplementing student income while the student is in post-secondary education or performing entry-level work. Generally, SSI is applied for at age 18 when family income is not considered.

10. *What is the difference between SSI and Social Security benefits?*

Social Security Disability Insurance (SSDI) is a government insurance fund that is typically paid to a young person with a disability who has a retired, deceased, or disabled parent who paid into Social Security. Social Security benefits are applied for in the same way as SSI, may amount to more than SSI, or may be supplemented by SSI if they are less than the SSI amount.

11. *What information is needed to apply for SSI and SSDI?*

Application should be made in person at the local Social Security office. The Social Security representative will need to see the following items:

- a. Social Security number;
- b. Birth certificate;
- c. Information on income and resources - payroll slips, bank books, insurance policies, car registration, burial fund records, and other information about assets;
- d. Mortgage papers and lease arrangements;
- e. Impairment-related information - name, address, and phone numbers of all doctors, and hospital or medical facilities where the student has been treated or tested and any medical reports in your possession; and
- f. Work history (SSDI only).

12. *When can SSI benefits be applied for?*

SSI benefits may be applied for at any age if the child has a significant disability and if the income of the child and the family are very low. After age 18, students may be considered a family of one and receive SSI benefits if their income falls below SSI guidelines and if the total resources of the student amount to less than \$2,000.

13. *How can my son or daughter get Medicaid benefits?*

People who meet the eligibility requirements for SSI benefits are usually eligible for Medicaid benefits as well. Medicaid benefits are applied for at the local office of the Department of Human Services. Individuals may be eligible for Medicaid and not be receiving SSI if they are working and need Medicaid to maintain health benefits.

14. *If students work, does this cause them to lose SSI?*

SSI programs encourage recipients to work through a number of allowances and work incentives. Generally, SSI recipients lose one dollar for every two they earn and are allowed to exclude \$85 of earned and unearned income and any impairment related work expenses.

To obtain a simple *estimate* of how much SSI payments drop, use the following formula:
Net earnings minus \$85 minus IRWEs divided by 2 equals SSI decrease. For example,

a person who earns \$385 dollars a month will lose only \$150 of SSI benefits. SSI has other work incentives including deductions for: (1) impairment related work expenses (IRWEs), (2) student earned income exclusion, (3) blind work expenses, (4) Plans for Achieving Self-Support (PASS), (5) property essential to self-support, and (6) continued payment under a Vocational Rehabilitation program. These should be discussed with a Social Security representative.

15. *What about Medicaid and work?*

Unless recipients earn more than double their SSI check plus \$85, Medicaid benefits will be continued automatically. Even if a recipient is no longer receiving an SSI payment, he and she can continue to receive Medicaid if:

- a. The disabling condition continues.
- b. The student is able to work only if receiving services covered by Medicaid.
- c. A person can't afford medical coverage.

16. *Why do I need to plan for residential living options?*

Whether the student plans to remain at home or move out, parents should make sure that necessary residential supports are provided to ensure that the disabled individual is cared for after the parents retire or if they become ill. Depending on eligibility, the student can maintain independence through family supports, Medicaid waivers, low-income housing, personal care attendants, supported living services, or other residential programs. It should be emphasized that residential services often involve long waiting periods and should therefore be applied for many years before they are needed.

17. *Why do I need to plan for community participation?*

Research indicates that students with disabilities can become more isolated as they grow older. Due to lack of mobility, income, and social networks, students with disabilities may have difficulty making the right friends and meeting the right people to ensure a good adult quality of life. Membership in religious/cultural groups, clubs, and recreational programs provide natural and ongoing support networks that can help persons with disabilities maintain friendships throughout their life.

18. *Can I have an Accommodation Plan/ transition plan without an IEP?*

If a student has a substantial mental or physical impairment but does not qualify for special education, an Accommodation Plan (similar to a transition plan under Section 504) that requires access to appropriate education for all students with disabilities can be developed. An Accommodation Plan does not require an IEP but it does require a plan for any area needed by the student to gain an appropriate education. This can include a transition plan.

TERMS COMMONLY USED IN TRANSITION PLANNING

Accommodation - Any alteration of existing facilities or procedures to make them readily accessible to persons with disabilities.

Adult Services - Refers to the many agencies and programs that are provided to adults with specific needs such as disability, health, and income.

Advocacy - Speaking on behalf of another person or group of persons.

Age of Majority - Age at which the state has determined a person is able to make decisions on his or her own (usually age 18) unless determined incompetent to do so by a court of law.

Aptitudes - The particular strengths, knowledge, or skills that a person has, generally related to an occupation or career.

Apprenticeships - Periods of part-time work experience that may extend to a year or more, usually associated with a specific occupation.

Backward Planning - A step-by-step planning process that starts with desired goals and plans backwards to the current level of functioning and support.

Bureau of Vocational Rehabilitation - Also referred to as BVR or RSC. An agency that is part of the Rehabilitation Services Commission that provides vocational rehabilitation and independent living services to persons with disabilities other than visual impairments.

Career Planning - General planning process related to helping the individual develop and achieve meaningful adult roles. Transition planning is a specific form of career planning.

Career Portfolios - Organized samples (often a notebook) of student work and classroom activities that include writing samples, photographs, videos, and other demonstrations of student performance.

Career Portfolio Assessment - A standardized method of assessing the student's career portfolio activities by measuring mastery (e.g., novice, apprentice, expert) or level of independence.

Course of Study - The type of educational program that a student is enrolled in including vocational education, college preparation, and apprenticeships.

Employability Life Skills Assessment - Criterion-referenced checklist used to assess a student's level of performance in 24 critical employability skills areas in the domains of personal, social, and daily living habits.

Employment Specialist - In supported employment, a person who provides job placement, training, and sometimes follow-along services to a worker with a disability. Sometimes used interchangeably with the term “job coach.”

Enclave - A form of supported employment in which a group of no more than eight persons with disabilities work in an integrated employment setting often with professional supervision.

IEP/Transition Meeting - The meeting in which transition is discussed. This meeting should occur no later than age 14 to discuss the student’s course of study, and no later than age 16 to discuss services and supports needed to achieve the student’s desired post-school outcomes.

Functional Vocational Evaluation - Evaluation that focuses on identifying skills demonstrated by the student in actual vocational and life activities. Situational and work assessments are functional. IQ tests and tests of standardized reading levels are not.

Informational Interviews - Interviews with employers to find out about their organization, jobs, and the types of people they employ.

Impairment Related Work Expense - Certain expenses for things a person with a disability needs because of his or her impairment in order to work. Such expenses may be deducted when determining eligibility for SSDI or SSI.

Individualized Service Plans - Plans developed for specific individuals that describe services provided by an agency to help an individual achieve desired goals. These include Individual Habilitation Plans (MR/DD), Individual Work-Related Plans (VR), and Individual Plans for Employment (VR).

Job Analysis - The process of analyzing a job in terms of essential elements, skills needed, and characteristics to aid in job matching and training.

Job Carving - A technique used in advanced supported employment programs where a job is divided into components that can be done by a person with a severe disability.

Job Trainer - In supported employment, generally a paraprofessional who provides on-site job training and supports to a worker with a disability. Sometimes used interchangeably with “employment specialist” or “job coach.”

Job Shadowing - Practice of allowing a student to observe a real work setting to determine their interest and to acquaint them with the requirements of the job.

Job Sharing - Practice of having two or more persons share a job to provide accommodations in work scheduling or job duties.

Life-Centered Career Education - Career development approach delineates 22 major competencies that can be infused into primary, middle, and secondary curricula to address the major life domains of work, home, and academics.

Medicaid - A health care program serving eligible low-income persons with disabilities whose income and assets are below specific levels. Generally, available to persons receiving SSI or SSI work incentives.

Medicare - An insurance program serving persons 65 and older, and individuals with disabilities regardless of income if they are eligible for SSDI.

Mobile Work Crew - A supported employment placement where a group of no more than eight persons provide contract services to businesses (e.g., janitorial, landscaping) usually under the supervision of a professional.

Natural Supports - Refers to the use of persons, practices, and things that naturally occur in the environment to meet the support needs of an individual.

Occupational Work Adjustment - A program that places a person in jobs or environments in order to develop appropriate work and social behaviors.

Occupational Work Experience - Refers to programs that allow a person to try one or more jobs for periods of a year or less in order to explore interests and develop job skills.

Person-Centered Planning - A number of planning approaches that tailor services and supports to meet the needs of the individual, as opposed to programs that try to fit individuals into available services.

Post-secondary Education - Educational programs that follow high school including colleges, universities, technical and vocational schools, and community colleges.

Post-secondary Programs - Programs that occur after high school (secondary education).

Related Services - Services that are not necessarily educational in nature, but that are provided as part of an educational program.

School-to-Work Programs - Refers to general education secondary programs developed under the School-to-Work Opportunity Act of 1994 that include career education, work-based instruction experiences, and efforts to connect students with vocational and post-school programs.

Self-Determination - The ability and the opportunity for students to make decisions for themselves.

Social Security Disability Insurance - In this context, a monthly check provided to children of parents who have retired or become disabled and have paid into Social Security.

Social Worker - A person employed by a school or agency to help individuals, families, or groups in coping with their environments and obtaining needed services.

Substantial Gainful Employment - The amount of income a person can make after a trial work

period and still receive SSDI payments.

Supplemental Security Income - An income support payment administered by the Social Security Administration that is provided to children with disabilities and adults who are disabled and whose income and assets fall below a prescribed level after accounting for Social Security work incentives.

Supported Employment - A form of employment where training is done at the job site and ongoing supports are provided to maintain employment. Supported employment is meant for persons with the most severe disabilities. Supported employment jobs are in integrated settings and may consist of individual placements, mobile work crews, or enclaves.

Supports - Accommodations, persons in the environment, or practices that help an individual in conducting life activities including employment.

Tech-Prep - A coordinated curriculum in the final two years of high school with a planned transition to a post-secondary institution, usually for an additional two-years in a technical or health field.

Transition - The process of moving from adolescence to adult roles where the child reconciles their needs, interests, and preferences with adult norms and roles.

Transition Plan - Also known as the “Statement of Needed Transition Services” or Individual Transition Plan (ITP). The IEP/transition plan states in the IEP what services, supports, and activities will be provided to students to help them reach their career goals.

Transition Planning - The process of helping students and their families plan services to help them reach career goals and adult living objectives related to their needs, interests, and preferences. The Individuals with Disabilities Education Act requires that transition-planning activities be documented in the IEP for students aged 14 and older.

Vocational Education - Secondary and post-secondary programs that teach skills related to specific occupations.

Vocational Rehabilitation Services - A federal and state program that provides a range of services to persons with disabilities, typically to achieve a particular career goal.

TIMELINES FOR TRANSITION PLANNING

Although Chapter 10 focuses on transition planning from school to adulthood, it is important to view transition as part of the student's overall learning experience. Secondary transition should build on the developmental experiences of the student throughout his or her school years. The following table shows how transition choices can be developed starting at the primary level.

Primary Level - Grades 1-4

Goals: Employability and Independent Living Skills and Attitudes

Objectives:

1. To develop positive work habits
2. To appreciate all types of work
3. To develop an understanding of how to cope with disability

Possible Activity Areas:

- inclusion activities
- responsibility activities
- work sample activities
- career field trips
- discussions about work
- discussions of interests and aptitudes
- exploration of technology
- decision-making and problem solving activities

- political awareness classes
- job shadowing
- career guidance
- self-determination and advocacy training
- training in use of disability technology and related services
- computer training
- mobility training
- counseling
- employability skills training
- decision-making and problem solving activities

Middle School - Grades 5-8

Goals: Career Exploration and Transition Planning relative to Course of Study

Objectives:

1. To understand the relationship of school to work
2. To understand work, education, independent living, and community options
3. To specify transition services needed to participate in a desired course of study by no later than age 14

Possible Activity Areas:

- visits to vocational and technical schools
- visits to high school
- complete interest inventories
- functional vocational assessment
- career fairs
- survey transition needs and preferences
- employability assessment
- daily living skills classes
- money and budgeting classes
- community awareness classes

High School - Grades 9-10

Goals: Career Exploration and Transition Planning

Objectives:

1. To develop meaningful and realistic post-secondary goals
2. To develop work, education, residential, and community participation skills and supports relevant to goals
3. To learn to manage disability technology and request accommodations

Possible Activity Areas:

- technology assessment
- make agency referrals
- update transition goals
- self-determination training
- student-directed IEP/transition plan
- vocational education
- placement in advanced classes
- work experiences
- job shadowing
- job placement
- job clubs

- individual career planning

High School - Grades 11 and up

Goals: Transition and Overlap into Post-secondary Environments Desired by the Student

Objectives:

1. To test goals through experiences and activities
2. To secure options for post-secondary education and/or employment
3. To develop residential and community participation supports and contacts
4. To develop linkages with adult services
5. To empower student and families to function in adult environments

Possible Activity Areas:

- student-directed review of IEP/transition plans
- individual career planning
- self-determination training
- apply for adult services
- apply for post-secondary education

ROLES AND RESPONSIBILITIES OF TEAM MEMBERS

<i>Team Members</i> <i>*=core member</i>	<i>RESPONSIBILITIES AND ROLES</i> <i>(include but are not limited to)</i>
Student*	<ul style="list-style-type: none"> - Identifies personal needs, strengths, preferences and interests - Takes a leadership role in planning with supports - Participates in all planning activities - Identifies desired persons to be part of the transition team - Assumes IDEA rights at age of majority unless exempted by IEP team
Parent/Guardian* Also: -siblings -friends -advocates	<ul style="list-style-type: none"> - Provides information regarding student needs, strengths, preferences, and interests - Participates in referrals to transition programs and adult services - Assists in procuring Social Security identification cards, and transportation passes - Plans for long-term financial support, Social Security, trust funds, or other supports - Asks for assistance in obtaining community and residential services as needed - Provides opportunities for the student to try out adult roles and responsibilities - Identifies the person who will coordinate the transition plan - Identifies friends and community members who can be part of the transition team
Special Education Teacher* Collaborating with: - Vocational Ed - Work Study - Related Services - Guidance counselor	<ul style="list-style-type: none"> - Helps students identify post-secondary goals and obtain needed transition services - Identifies school or community agency personnel to be included in transition planning - Prepares the student and the family for leadership roles in IEP/transition planning - Writes the statement of needed transition services in the IEP transition plan - Coordinates transition services and activities in the IEP/transition plan - Provides information and assists families in developing referrals for adult services - Links the IEP to the student's course of study and required testing - Collects and monitors information about student progress - Provides or obtains accommodations and supports for all education services
Regular Education Teacher*	<ul style="list-style-type: none"> - Connects the IEP to the general education curriculum - Helps students identify post-secondary goals and needed transition services - Provides classroom instruction to support the student's transition to adult environments - Collects and monitors information about student progress - Adapts curriculum and provides or obtains accommodations for regular education - Obtains or provides accommodations for state and regional proficiency tests
An individual who can interpret evaluations*	<ul style="list-style-type: none"> - Provides assessment information regarding student needs, interests, and preferences - Provides assessment information regarding student strengths and aptitudes - Interprets assessments and evaluations for the student and the family - Identifies limitations of assessments and additional assessment needs - Works with the student and the family to identify assessment options
Adult Service Providers: - Social Security - Independent Living Centers - Employers - Post-secondary Educators - Human Services - Vocational Rehabilitation	<ul style="list-style-type: none"> - May provide job training and placement before and after graduation - May provide independent living services - May provide functional vocational assessments and job counseling - May provide health services and supports - May provide technology and accommodations - May help fund post-secondary education or vocational training - May provide recreational and leisure opportunities - May assist in developing peer and co-worker supports - May provide opportunities to try out post-secondary environments

APPENDIX

G

QUESTIONS & ANSWERS

**SYSTEM-WIDE
ASSESSMENT**

This appendix contains additional information (Questions & Answers, Glossary) regarding the participation of a student with a disability in DoDEA system-wide testing program.

System-wide Assessment Questions and Answers

1. Are accommodations provided based upon the student's type of disability?

Accommodations are identified on the basis of a student's individual needs, not on the basis of the disability category, grade level, or instructional setting.

2. What types of accommodations are available for system-wide assessments?

There are four types of accommodations: presentation, response, time/scheduling, and setting.

3. A student does not have a system-wide accommodation on his/her IEP. May the student still receive an accommodation?

Accommodations are provided only to students who have system-wide accommodations identified in the section "Standardized Testing Accommodations" on their IEP.

4. A student recently began using an accommodation in the classroom setting and system-wide testing will begin in a few weeks. Can the student use the accommodation during testing?

An assessment accommodation must be noted on the student's IEP prior to system-wide testing in order for the student to use the accommodation during testing. If the teacher feels that the accommodation used in the classroom would be beneficial for the student on the system-wide assessment, the teacher should request a CSC meeting. The CSC, to include the teacher, will make the decision about the student's use of the accommodation during system-wide testing and modify the IEP accordingly.

5. What is the procedure when the CSC has identified that a student should receive an accommodation, but the accommodation is not listed on the DoDEA approved accommodations list?

If the CSC identifies the need for an accommodation that is not included on the approved list of accommodations, the CSC should document their discussion in the minutes of the meeting and then contact the district office assessment coordinator for guidance on identifying and assigning the appropriate accommodations category.

6. Can a student be exempt/excluded from system-wide assessments?

All DoDEA students must participate in system-wide assessments. They will either take the standard assessment with or without accommodations, or the DoDEA Alternate Assessment.

7. *What is an Alternate Assessment?*

The Alternate Assessment measures the performance of students who are unable to participate in system-wide assessments even when accommodations are provided. The Alternate Assessment permits students with significant disabilities to demonstrate their proficiency toward mastery of daily living skills and knowledge of academic standards (Chapter 13).

8. *How does the classification of assessment accommodations effect the interpretation of a student's test scores?*

There are three categories of assessment accommodations that may influence the results of the test and the interpretation of the student's performance.

Category 1: These accommodations will not influence student performance in a way that will alter the interpretation of assessment scores or what is being measured. Individual student scores should be interpreted in the same way as the scores of other students who take the assessment under standard conditions.

Category 2: These accommodations may effect the interpretation of individual tests.

Category 3: These accommodations may effect the interpretation of the test and may also change what is being measured.

9. *A student has a standardized assessment accommodation identified on the IEP. Will the student automatically receive the accommodation for post-secondary assessments (e.g., PSAT, SAT, etc.)?*

A student must apply for an accommodation for each post-secondary college entry exam. The school counselor can assist in this application process.

10. *How much time is needed to apply for an accommodation for post-secondary exams (PSAT, SAT)?*

A minimum of four months is recommended to complete the application process. If approved, the student will receive an accommodation letter from College Board informing them of their approval to use the accommodation during testing.

11. *Can a paraeducator assist in the administration of system-wide assessments?*

A paraeducator may assist with test administration, but must receive the same type of training provided to teachers.

12. Where are the accommodations for online assessment identified?

The list of approved accommodations, outlined in Chapter 13, applies to both online and pencil-paper assessments.

13. Can the Kurzweil software be used for the reading comprehension portion of the assessment?

The Kurzweil software may be used for the reading comprehension portion of the test and will be identified as a Category 3 accommodation.

Note: The Kurzweil is considered a Category 2 accommodation when used for all other portions of the test (i.e., math, science, and social studies).

14. A student receives an accommodation on the Terra Nova can the accommodation also be used for other types of system-wide testing?

Unless otherwise noted, such as for post-secondary testing, an identified accommodation may be used for all standardized assessments.

15. What role do students at the middle and high school levels have in the identification of assessment accommodations?

Middle and high school students are encouraged to be active members of the CSC in determining the need for and type of assessment accommodation. The students should also be asked how well an accommodation has worked and if continued use of the accommodation is necessary.

GLOSSARY - ALTERNATE ASSESSMENT

Accuracy - Degree/level of independent and correct performance (independent performance does not exclude the use of natural supports such as peers, assistive technology, adaptations, etc.)

Activity - Sample set of activities through which students might produce evidence of meeting or working toward a standard. These activities are examples and do not have to be used verbatim.

Assistive Technology - Devices/equipment used to assist students in developing and participating in meaningful standards based instruction; can range from *low technology* (e.g., unaided communication systems, sign language etc.) to *high technology* (e.g., switch interface into computer, adapted keyboards, screen reader, voice recognition, etc.).

Components – Skill(s) required to demonstrate mastery of the standard. Mastery of a component suggests mastery of the selected standard. The components for each curricular area are closely aligned with DoDEA IEP goals and objectives.

Evidence - Student generated products that document student performance (i.e. actual student work, instructional program data, peer narratives, captioned or scripted video/audio tapes).

Evidence Cover Sheet - A form used to record information specific to the attached evidence of student performance. The purpose of the sheet is to give the reviewer adequate information to score the evidence provided and there are specific sheets for each strand (e.g., reading, writing, and listening/speaking/viewing) with respective standards.

Extensive – Special education services 51 to 100 percent of time.

Frequently - The student consistently performs the skill but still has “gaps” in performance and may need instruction for generalization or may still be using some teacher support.

Integrated Settings - Instructional environments in schools and communities where natural proportions of peers with and without disabilities have opportunities to interact.

Mastery - Performance level that allows the function of the skill to be accomplished (e.g. writes name clearly enough for an unfamiliar person to read it).

Moderate – Special education services up to 50 percent of the time.

Modifications - Substantial changes in what a student is expected to learn and/or demonstrate as well as techniques, strategies, and materials that help the student to learn and demonstrate acquired skills within standards. (e.g., changes in level, content, performance, instructional format, etc.).

Natural supports - Support provided by general educators, peers, community members, and co-workers. No support is provided by special education personnel.

Occasionally - The student performs the skill but not independently or accurately on a regular basis.

Rarely – ‘Not often’ occurring.

Routinely - The student performs the skill consistently enough that there is no additional instruction needed for skill development or generalization. Would not need to be 100% of the time considering no one is perfect but should be close.

Rubric – A set of scoring guidelines for assessing student work.

Standard – Statements of specific expectations.

APPENDIX

H

QUESTIONS & ANSWERS

**ASSISTIVE
TECHNOLOGY**

Assistive technology can empower students with disabilities to increase their overall capacity to work, accomplish specific tasks, or participate in activities that otherwise might have been difficult or impossible. The Individuals with Disabilities Education Act requires that the Individual Education Program team consider the need for assistive technology devices and services for every student.

This appendix contains a set of questions and answers related to assistive technology.

ASSISTIVE TECHNOLOGY

Questions and Answers

1. *IDEA mandates that the CSC consider whether the student requires assistive technology devices and services. What are assistive technology devices and services?*

An assistive technology device is defined as “any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or custom made, that is used to increase, maintain or improve the functional capacities of individuals with disabilities.” Devices can range in complexity from low to high tech.

Assistive technology service means any service that directly assists a student with a disability with the selection, acquisition or use of an assistive technology device. The term includes:

- a. Evaluation of the needs of the student;
- b. Acquisition of assistive technology device;
- c. Selecting, designing, fitting, customizing the device to meet the needs of the individual, Integrating the device with the student’s existing educational plan;
- d. Training or technical assistance of the individual (or, if appropriate, the individual’s family); and
- e. Technical assistance for the professional service providers, including employer, as needed.

2. *What are examples of low tech devices?*

Examples of low tech devices are a hand-held magnifying glass, headphones for a computer, large button phones, talking calculator, adapted toys, highlight text (e.g., highlight tape and markers, rulers), pen/pencil with adapted grip, aids to find materials (e.g., index tabs, color coded folders), Velcro straps, etc.

3. *What are examples of high tech devices?*

High tech devices include augmentative communication devices, laptop computers, powered wheelchairs, alternative keyboards, assistive listening devices, switch interfaces, Braille printers, portable word processors such as Alpha Smart, etc.

4. *Why are assistive technology services important?*

The provision of assistive technology services is the critical link to enhance the capacities of students to succeed in school, to access the typical educational technologies with schools, and to receive an education equal in quality to that of their peers.

5. What is meant by “consider the student’s need for assistive technology” as part of the special factors on the IEP?

Consideration is a brief process leading to the determination of the student’s need for assistive technology and the level of support required. There are 4 conclusions that can be reached when considering the need for assistive technology.

- a. The current interventions are working and nothing additional is needed, including assistive technology.
- b. Assistive technology is already being used (or there has been a trial with assistive technology) and it has been successful. Assistive technology can then be checked on the Special Factors section of the IEP and written into the IEP goal and objectives.
- c. The consensus of the IEP team is that assistive technology should be tried. The team should describe the features and length of trials for the type of assistive technology to be tried. This information should be documented in the CSC minutes or on an assistive technology checklist.
- d. The team finds it does not have enough information or knowledge base about assistive technology to make a decision on consideration. The team should contact someone knowledgeable about assistive technology, research on-line sources, etc. for assistance in making a determination about the student’s need for assistive technology. This may be an indication that a full assistive technology assessment is needed. If a formal evaluation is needed, parent permission is required.

6. What resource can the CSC use in evaluating and determining a student’s need for assistive technology?

The CSC needs to be the expert on the student’s strengths, limitations, environmental considerations and tasks (including educational goals). An assistive technology checklist provides an organizational structure for consideration and assessment for assistive technology devices by the CSC. A checklist considers the full range of options (low-high tech devices) and can be used as a tool to document consideration.

The Wisconsin Assistive Technology Initiative (WATI) is one example of an on-line resource available to assist the CSC in the consideration and assessment of a student’s need for assistive technology.

APPENDIX

I

SPECIAL EDUCATION RECORDS

**MAINTENANCE
&
ORGANIZATION**

This appendix provides updated and detailed guidance on the maintenance and organization of DoDEA Special Education Confidential Records.

Definition of Special Education Confidential Record

The special education confidential record is a separate record file maintained for each student receiving special education. Information contained in the records relates directly to the student and includes any personally identifiable information that is generated by the school's special education process, and which pertains to the identification, evaluation, assessment, eligibility, individualized education program, and the delivery of special education services. The record is initiated and maintained in a secure and confidential manner by the Case Study Committee (CSC).

A confidential record must be established for each student who has been referred or is receiving special education. A confidential record is created for a student at the onset of prereferral activities, or when a student transfers into the school with information of a confidential nature (e.g., evaluation reports, eligibility report, Individualized Education Program, etc.)

The school principal is ultimately responsible for the privacy and security of confidential records.

Confidentiality Requirements for Special Education Records

Confidential records are to be separated from records containing routine cumulative school data and maintained in a secured location. Cumulative records must specify if any part of the educational record (e.g., confidential data) is kept in another location. A simple statement indicating there is another file maintained on the student will satisfy this requirement.

Access to confidential records is restricted to local school officials and teachers having a legitimate educational interest. A record of access form, with blocks for signature and title of person requesting access and date and reason for access, must be maintained in each confidential file. Persons having legitimate educational interest and a reason for multiple access to the file should sign record of access at least annually as they review the confidential record. All others must sign record of access each time they review the file.

NOTE: "Persons having legitimate educational interest" refers to the students' service providers or potential service providers, school psychologists or counselors, and administrators.

All records of a confidential nature are maintained in the student's confidential file(s).

Confidential Records Content

All information and data contained in the confidential record must be accurate and complete and limited to information relevant to the special education needs of the student. *Information and data added to the record must be dated and include the name, signature and position of the person who is the source of the information.*

Special education files will contain all documents of a confidential nature, to include:

1. Incoming special education information
2. School registration forms containing confidential information
3. Prereferral/Referral forms
4. Prereferral information to include documentation of prereferral intervention strategies, and screening results
5. Assessment reports
6. Parental Permission to Assess
7. Eligibility Reports
8. Individualized Education Programs (IEPs)
9. CSC Minutes
10. Invitations to CSC meetings
11. Correspondence of a confidential nature to include:
 - a. Requests for additional assistance (such as request for supplementary student support; consultation with VI or HI specialist, etc.)
 - b. Transportation requests
 - c. Extended instructional school year requests/information
 - d. Reports of Unavailable Medically Related Services (DoDDS only)
 - e. Progress reports
12. Current Excent Student Summary Report
13. For students 14 years and older:
 - a. Transition assessment/plans
 - b. Copy of graduation plans (grades 9-12)
 - c. Copy of current schedule

Confidential records are updated as CSC actions occur. Correspondence, forms and documents generated through CSC actions, are assembled and filed in chronological order from the oldest dated piece of information to the most current.

When the material in a folder exceeds normal capacity, all information pre-dating the current 3 year re-evaluation shall be removed and placed in a separate envelope. Since the data in this envelope must be readily available for parental review and inspection, it should be placed in close proximity to the confidential file.

Transfer of Records

Upon notification that a student will transfer to another school, the CSC Chairperson or the Case Manager will review the confidential file, and select and copy documents for parents to hand-carry. This action will ensure that the student's educational needs are adequately represented and that a smooth transition with minimal break in services is facilitated. Parents should be strongly encouraged to hand-carry copies of pertinent documents to the receiving school.

Transfer to another DoDEA School:

Upon notification from a receiving DoDEA school that the student has enrolled, the sending DoDEA school will:

1. Copy all data in the special education file which would document the school's compliance with special education policies and procedures (eligibility report, diagnostic assessment reports, and current IEP);
2. Send the original special education record to the receiving DoDEA school, return receipt requested; and
3. Maintain copied data in an inactive file.

Transfer to a Non-DoDEA School:

Upon receipt of permission for the release of information to a non-DoDEA school signed by parent, the DoDEA school will:

1. Send copies of the latest IEP, CSC Eligibility Report, and comprehensive diagnostic assessment reports;
2. Send copies of other information the school might need in order to determine eligibility and appropriate services;
3. Note in the student's record when and to whom the data was sent;
4. Place copy of parent release form in the file; and
5. Place student's record in the inactive file.

Disposition of Inactive Records

Inactive files should be purged of non-essential information, arranged according to alphabetical order by school year of withdrawal and stored in a secured location. Inactive records are maintained at the school for five years and then destroyed (burned or shredded).

Cumulative School Records

Cumulative records should be examined at least annually and purged of any information of a confidential nature indicating the student is or has received special education services. Documents containing confidential information are to be removed and placed in the student's special education confidential file. Typical items that should be purged from the cumulative record and placed in the confidential file include:

1. Comments or references to special education on report cards, progress reports, reading folders, etc.;
2. Psychological reports or evidence of individual evaluations or reports;
3. Registration forms which reference special education need; or,
4. Any document which makes reference to special education, IEP, educational disability, etc.

Records Organization

1. Files are labeled with the student's name, student number, and any other information required by the individual school.
2. All special education documentation is placed in the file in chronological order with the most current information placed on top. There is one exception; the current IEP is always placed on top.

NOTE: Only one copy of each required letter, form, or report should be maintained in the student's special education file. Duplicate copies of the same letter, form, or report should be removed from the file and shredded.

3. Working from the bottom of the file moving up in chronological order, the record contains:

Incoming information if the student enrolls with an active IEP or other confidential documentation. A template containing the statement that "The information beneath this sheet is incoming information from the previous school" is placed on top of the incoming information.

- a. Notice to Parents/Guardians of Students Entering with a Non-DoDEA IEP is attached to the incoming IEP and should be used in lieu of a DoDEA IEP coversheet.

- b. Parent invitation to the incoming Non-DoDEA IEP meeting and the minutes of the meeting are placed under the incoming IEP.

OR

Prereferral/Referral Report Form and any other prereferral documentation on newly referred students followed by:

- a. Assessment Plan and CSC Minutes of Referral/Assessment Planning Meeting (Excent Assessment Plan printed and attached to the Minutes of Meeting Form).
 - b. Parent Permission to Assess.
 - c. Memorandum for Assessment Personnel (if appropriate).
 - d. Parent Invitation to Eligibility Meeting.
 - e. Case Study Committee Eligibility Report – Individual Assessment Summaries are immediately behind the eligibility report.
 - f. CSC Minutes of Eligibility Meeting.
 - g. Parent Invitation to IEP Meeting (if separate meeting is conducted).
 - h. CSC Minutes of IEP Meeting.
 - i. Individual Education Program (IEP) – The draft IEP is place behind the completed IEP. Only the most recent draft IEP should be maintained in the file.
 - j. Student Progress Report is place behind the IEP discussed at the Annual Review or modification meeting.
 - k. Current Excent Special Education Student Summary Report
- 4. Other additional, pertinent information entered into the confidential file after the above CSC steps are completed, is always placed in chronological order.
 - 5. Test protocols, from every assessor involved in the evaluation of the student, will be placed in an envelope and maintained directly behind the student’s confidential file.

NOTE: IQ test protocols may be maintained by the school psychologist in a separate confidential file. However, a cross-reference locator identifying the location of the additional assessment data must be maintained in the student's confidential special education file, and procedural safeguards for maintaining confidential records must be applied to the maintenance of the file maintained by the school psychologist.

6. Record must contain a Record of Access Sheet and Notice of Location of Additional Files.

APPENDIX

J

CSC FORMS

This appendix includes the DoDEA required forms for use by the Case Study Committee in completing the special education process from referral to IEP development. The majority of forms are generated by DoDEA's special education computer program.

All Forms in Acrobat Format (PDF) can be found at <http://www.dodea.edu/regs/SPEDForms/AllForms.pdf>

Individual PDF forms:

1. [Referral Form](#)
2. [Minutes of Case Study Committee Meeting](#)
3. [Assessment Plan](#)
4. [Assessment Plan – Development Delay](#)
5. [Parent Permission for Evaluation](#)
6. [Authorization for Disclosure of Medical Information](#)
7. [Notice of Insufficient Information for Eligibility Determination](#)
8. [Case Study Committee Written Notice Refusal of Parental Request](#)
9. [Case Study Committee Eligibility Report](#)
10. [Case Study Committee Eligibility report Triennial Review](#)
11. [DoDEA Individualized education Program \(IEP\)](#)
12. [Individual Transition Plan \(ITP\)](#)
13. [DoDEA Transfer of Rights](#)
14. [Vision-Hearing-Medical Screening](#)
15. [Educational Impact](#)

APPENDIX

K

SPECIAL EDUCATION

REGULATIONS

The Special Education Procedural Guide does not invoke any rights or remedies and may not be relied upon by any person, organization, or other entity to allege or demand any rights or remedies and where there is a conflict between the Guide and the DoD Instruction, the Instruction prevails. Therefore, the Case Study Committee must be knowledgeable about the regulations and policies regarding the provision of special education services in the DoD school system.

This appendix includes a copy of DoDEA’s implementing instruction for special education, the DoDI 1342.12, “Provision of Early Intervention and Special Education Services to Eligible DoD Dependents,” December 16, 2003 and DoDEA Regulation 2500.10, “Special Education Dispute Management System,” August 28, 2001. These documents can be accessed on the DoDEA website at www.dodea.edu.