



Special Education **Parent Packet**

Pikes Peak BOCES
Department of Exceptional
Students

Special Education/Child Find

The PPBOCES believes that parents are the most important people in a child's life both in and out of school. While teachers can change from year to year, parents are the constant connection between children and learning. When children are struggling in school, parents face additional challenges to ensure that their children receive the best education possible. The PPBOCES is committed to working alongside parents throughout their child's years in school. Please feel free to contact your child's teacher, school administration and/or the PPBOCES administration with questions or concerns.

Child Find

Child Find is the phrase used in the Individuals with Disabilities Education Improvement Act (IDEIA) that defines the process of assessment and identification of children suspected of having a disability. It is the district's responsibility to screen, evaluate and identify children ages 3-21 suspected of having learning or behavior difficulties.

Early Intervention Services-Birth to 3 Years (IDEA Part C)

Parents who have concerns regarding their child's development & reside in one of the PPBOCES member districts may request an evaluation for their child by contacting The Resource Exchange (TRE) @ 719-577-9190 or if residing in Fremont by contacting Starpoint @ 719-275-1950. Once a referral is made the agency (TRE or Starpoint) will contact the PPBOCES Birth-3 year (B-3) coordinator @ 719-570-7474. A district Child Find team conducts an evaluation at the family's home or at the PPBOCES office. If the child is determined eligible, an Individual Family Service Plan (IFSP) is developed which targets the child's specific areas of concern through the use of home-based services. These services may include physical therapy, occupational therapy, speech language therapy and/or early intervention services.

Transition Services (IDEA Part C to Part B)

Within three months (90 days) of the child's third birthday, a transition meeting is held which includes the family, community agency and the PPBOCES B-3 coordinator. If Part C services are anticipated to continue until the child turns 3, an early childhood Part B (3-5years) evaluation is conducted prior to the child's 3rd birthday. This evaluation assesses current developmental strengths and needs and the potential educational impact. If a child is found eligible for services, an Individual Education Program (IEP) is developed. Services begin in the preschool setting as early as the child's third birthday and are the responsibility of the district within which the family resides.

Services for Children ages 3-5 Years (IDEA Part B)

For children with developmental concerns who have not had early intervention under Part C, parents are encouraged to contact the PPBOCES Early Childhood Coordinator @ 719-570-7474. The district will conduct a screening to determine if further evaluation is necessary. This evaluation will be conducted by the district-based Child Find team and determine eligibility for specialized instruction within one of the thirteen eligibility categories in the state of Colorado. If eligible, an IEP will be developed with parent input and the child will be eligible to begin preschool.

Services for Students ages 5-21 Years (IDEA Part B)

For any student ages 5-21 that is suspected of having a disability, the district will conduct a comprehensive evaluation to determine eligibility for special education. Prior to a special education evaluation, the student may be supported through the school's Multi-Tiered System of Support (MTSS) formerly referred to as Response to Intervention (RTI). Each building utilizes this process to monitor a student's learning and behavior needs through a leveled intervention system. The student may respond well to building interventions and continue within MTSS or may be suspected of having a disability and referred for a special education evaluation. If a special education evaluation is warranted, parent permission will be obtained and the evaluation will be completed within 60 calendar days. The evaluation will be individual and based on identified needs but may include testing in cognition/processing, academic achievement, speech language, fine/gross motor, social/emotional and/or health. Parents who suspect their child is experiencing learning difficulties may initiate a special education referral by calling their school's special education department.

*Child Find services are provided at no cost to families.

The Special Education Process

The special education process is one that generally *begins within the school's Response to Intervention (RTI) or Multi-Tiered Systems of Support (MTSS)*. Both RTI & MTSS are an array of procedures and interventions that can be used to determine if and how students respond to specific changes in instruction. This framework provides a school wide process and structure for school teams in designing, implementing and evaluating educational interventions. Interventions may address learning concerns or behavior concerns or both. Interventions, accommodations and adaptations are monitored over time. Based upon a student's response to these changes, no additional supports may be deemed necessary. If it is determined that further supports are necessary, a parent conference is held to review progress and data. At that time, the team may recommend the student be evaluated for special education.

Once parents sign permission for a special education evaluation, a series of events begin culminating in an Individual Education Program (IEP) team meeting. The IEP team is comprised of a parent(s), the student (if appropriate) a general education teacher, a special education teacher and other special education staff who took part in the evaluation process. Building and district administrators may also be involved. Potential members may include: a school psychologist, a school nurse, a school social worker, a speech/language pathologist, an occupational and/or physical therapist, a teacher of the hearing impaired and/or a teacher of the visually impaired. Depending on the reason for the referral, any one of these professionals may be part of the evaluation team. Potential areas of assessment may include: academics, communication, physical health, gross and/or fine motor skills, intellect, behavior and/or independent living skills. The entire process is referred to as 'Child Find'. Under the Individuals with Disabilities Educational Improvement Act (IDEIA) school districts are responsible for the assessment, identification and provision of services for students ages 3-21 eligible for special education.

During the first meeting, *the team will review the Evaluation Report*, which is a summary of what has gone on in the assessment process, including the interpretation of evaluations and implications for instructing the student. A Determination of Disability is completed and if the student qualifies for special education, the team begins drafting an IEP. The child's strengths are the focus of the IEP meeting and the areas of educational need help determine what goals and/or objectives are developed. The IEP will include how skills will be taught and how progress will be monitored. Accommodations and modifications are delineated and the amount of service time the student will receive from special education staff is agreed upon. Students are educated in the Least Restrictive Environment, which always considers time in the general education classroom a priority. Progress toward goals is shared with parents quarterly, the IEP is reviewed annually and every three years the team reassesses to determine whether the student continues to be eligible for and have need for the specialized instruction that the IEP provides. A parent may request that the IEP team convene at any time during the school year.

The case manager, typically the special education teacher, is a parent's primary communication contact if questions or concerns arise at any time during the school year.

Parent and Child Rights in Special Education

Procedural Safeguards Notice

An Explanation of Procedural Safeguards Available Under Provisions of the Individuals with Disabilities Education Act

(IDEA)

and

the Colorado Rules for the Administration of
the Exceptional Children's Educational Act (ECEA)

The Individuals with Disabilities Education Act (IDEA), the Federal law concerning the education of students with disabilities, requires schools to provide parents of a child with a disability with a notice containing a full explanation of the procedural safeguards available under the IDEA and U.S. Department of Education regulations. A copy of this notice must be given to parents only one time a school year, except that a copy must be given to the parents: (1) upon initial referral or parent request for evaluation; (2) upon receipt of the first State complaint and upon receipt of the first due process complaint in a school year; (3) when a decision is made to take a disciplinary action that constitutes a change of placement; and (4) upon parent request. [34 CFR §300.504(a)]

This is a **very brief summary** of your rights. In order to assure that you have a full explanation of your rights please refer to Parent and Child Rights in Special Education @ <http://www.cde.state.co.us/spedlaw/2011proceduralsafeguards>

As a parent you have the right to:

1. Be informed. You will be involved when decisions about your child's educational program are made.
2. Provide consent. Your written permission is required to evaluate for special education or place your child in special education
3. Request an evaluation of your child's needs
4. Review your child's educational records and request copies
5. Privacy. Staff within your child's school have access to special education records on a need to know basis
6. Least Restrictive Environment (LRE). The LRE means your child will spend as much time as possible in a general education setting with general education peers.
7. Membership on the IEP team. You are a part of the team that develops and monitors your child's IEP
8. Representation. If ever you feel the need to include an advocate, ie a grandparent, community based provider or friend, in meetings pertaining to your child's program, you may invite them
9. Appeal decisions made about your child's eligibility or placement



A Parents Guide to Understanding Special Education Eligibility in the State of Colorado

The Individuals with Disabilities Education Act (IDEA) requires that an Individual Education Program (IEP) team (a group of qualified professionals and the parents) determine if a student has a disability that requires special education services. Evaluation data and information from a variety of sources are used by the IEP team to determine if the student meets criteria in one of 13 different eligibility categories. Every eligibility determination requires that a disability prevents the student from receiving reasonable educational benefit from general education alone. Due to this, the student requires specialized instruction as well as accommodations and/or modifications to classroom instruction in order to make educational progress.

The disability categories are listed in the chart below.

Child with a Developmental Delay (3-8 years)
Autism Spectrum Disorder
Deaf-Blindness
Hearing Impairment, Including Deafness
Intellectual Disability
Multiple Disabilities
Orthopedic Impairment
Other Health Impaired
Serious Emotional Disability
Specific Learning Disability
Speech Language Impairment
Traumatic Brain Injury
Visual Impairment, Including Blindness

Once a student becomes eligible for special education services, the IEP team develops a written plan for the student that addresses all the student's needs whether or not commonly linked to their disability area. This plan will include information about educational goals and will identify who is responsible for assisting the student in reaching each goal. Additionally, the plan will address the educational setting where the student will receive these services. Least restrictive environment (LRE) is an important concept to understand when a team is talking about how to meet the educational needs of a student. LRE means that the IEP team should design educational supports and services so that the student can be educated with children who do not have disabilities to the maximum extent possible. The IEP team should provide documentation and justification whenever education in regular classes, with the use of supplementary aids and services, cannot be achieved satisfactorily.

Whenever you have questions about special education services, contact your child's special education case manager at the school. They are ready to assist.

A Parents Guide to Understanding Extended School Year Services as Part of their Child's Individual Education Program

BACKGROUND:

Extended School Year (ESY) services are defined as special education and related services provided beyond the typical school year, in accordance with the student's Individual Education Program (IEP) and determined to be a necessary component of a Free and Appropriate Public Education (FAPE). The purpose of ESY is to maintain a student's previously learned skills. Extended School Year services are:

- Considered for students ages 3 to 21 who are eligible for special education
- Provided to maintain skills acquired from instruction on IEP goals and/or objectives and based on regression/recoupment data

ESY DETERMINATION:

ESY is discussed annually during a student's IEP meeting. When determining eligibility, there are several factors that the IEP team considers:

- The IEP team analyzes data collected over extended breaks to determine if the student has demonstrated a loss of skill related to IEP goals/objectives and has difficulty regaining those skills.
- The IEP team considers possible factors that may impact a student's ability to maintain skill(s) over an extended break. These factors are referred to as *Predictive Factors* that include rate of progress, goals/objectives that require continuous instruction/monitoring, significant behavior or physical needs and/or the availability of alternative resources.
- If the student is found eligible for ESY, goals for which there was regression/recoupment are identified and documented on the IEP.

ESY BASICS:

- Eligibility is determined annually *with parent input*
- The IEP Team works together to determine the type and duration of services
- ESY services typically include instructional tutoring on IEP goals for which there has been severe regression/recoupment
- ESY can be delivered at the neighborhood school, school of attendance, in the home or in a community setting

MORE QUESTIONS?

Please feel free to contact your child's Special Education case manager with any specific questions.



A Parent's guide to understanding the Colorado School Services Health Program

What's the background on the School Health Services Program?

The PPBOCES has participated in the School Services Health Program since 1999. Initially referred to as the "School Medicaid Program" the program is now entitled Health First Colorado but is also known as the Colorado Medicaid Program. This program allows school districts to seek partial reimbursement from Medicaid for health and health related services provided to Medicaid-eligible students with an Individual Education Program (IEP). Health related services include; Occupational therapy, physical therapy, speech language therapy, orientation/mobility/vision services, psychological/counseling/social work services, nursing services, personal care services and specialized transportation.

How are the funds from Medicaid used within the PPBOCES?

Colorado law requires reimbursement funds be used to provide expanded health and health related services to ALL students within the BOCES. These enhanced services can include vision/hearing screenings, access to emergency medication/dental services, additional nursing support, and medical supplies and equipment. The PPBOCES has a five year Local Service Plan (LSP) which was created by a group of school and community stakeholders. This plan details the ways funds are utilized during the five year period.

What is my part as a parent of a child with a disability?

Special education law requires a one-time parent consent for the BOCES to submit claims for reimbursement to Medicaid for the health related services rendered to your child. Even if your child is not currently Medicaid eligible this consent allows us to seek reimbursement should your child become eligible. Annually you will be provided a Notification of Access to Benefits. IEP health services provided by the school and reimbursed to the district **do not** affect your child's lifetime Medicaid benefits. Private insurance does not pay for IEP health related services provided in school and participation in this program does not effect any private insurance benefits.

What about Confidentiality?

Federal privacy laws state only school health service providers, your child's private doctor, district Medicaid billing agent and Colorado's Medicaid Agency will see your child's school health records.

For additional questions contact the PPBOCES School Services Health Program Coordinator @ (719) 380-6218

Special Education: A Basic Guide for Parents

BY LAURIE MCGARRY KLOSE, PHD, Texas State University-San Marcos

Parents are the most important people in a child's education. While teachers and even schools can change from year to year, parents are the constant connection between children and learning, both at home and at school. When children are struggling in school or have identified disabilities, parents face additional challenges to ensure that their children receive the best possible education to meet their needs. Often this means trying to navigate the complicated world of special education. While each state has its own procedures and rules for providing special education services, there are some basic steps based on federal law that must be followed. This handout provides answers to some frequently asked questions in order to help parents understand the basic procedures of the special education system.

WHAT DO I DO IF I HAVE A CONCERN ABOUT MY CHILD'S PROGRESS?

When a parent has concerns about a child's progress in school, the first step must be to contact the child's teacher or teachers. Classroom teachers are the professionals who are most intimately involved in the child's education. A teacher conference should be requested as soon as the parent has a concern. It is helpful if the parent can briefly state the concern when scheduling the meeting, so that the teacher is able to prepare to answer questions and provide relevant examples of the child's schoolwork or lessons.

The parent should prepare for the conference as well. Make a list of questions and points to be addressed. Close collaboration between home and school is essential for student success. By raising concerns and working together, teachers and parents lay the foundation for a working relationship that will help children progress.

HOW DO I ASK FOR SPECIAL HELP?

A parent conference sometimes helps resolve a student's problems. However, sometimes the parent may feel that additional support for the child is warranted. Ask the teacher or other school personnel (such as the counselor, psychologist, social worker) what services are available. Typical examples of services include extra tutoring, specific instructional interventions (such as Title I reading groups, extra practice using different materials), behavior plans, counseling, and classroom accommodations (such as a change in seating, a quiet study space, or allowing a child to orally dictate homework rather than writing it out).

Federal regulations require schools to try out such strategies before considering evaluation for special education services. Some schools will refer to this process as *response to intervention*, or RTI. RTI models vary from one school district to another, but generally refer to a systematic sequence of support to struggling students, starting with very general interventions to help large groups of children, and then using progressively more intensive interventions for students who need more help. Student progress is measured frequently along the way to be sure interventions are working.

Schools should involve parents in designing such interventions within regular education. Parents should ask questions about the goals of the intervention, the length of time that the intervention will be implemented, how progress will be measured, and how parents will be informed of progress.

WHAT DO I DO IF INTERVENTIONS DON'T SEEM TO WORK?

Many times, the interventions that are available to all students (such as a district math curriculum) or more specific interventions in the regular education classroom (such as peer tutoring or modified assignments) will be successful. When the child's progress is less than expected despite these interventions, an evaluation for special education eligibility may be the next step. Most often, classroom teachers or other school personnel suggest a special education evaluation; however, a parent may make this request.

An evaluation for special education eligibility is conducted to determine if (a) the child has a disability as defined by federal law, and (b) the child's educational needs related to the disability require specialized intervention that can only be provided through special education services. Children ages 3-21 may be served through special education programs, and in some states children as young as newborns may receive early childhood special education services.

Parents must agree to an evaluation—this can't take place without your consent. Before giving consent, it is important that you understand the procedures involved, how the information will be used, and who will have access to the information. Parents must be provided a statement of *procedural safeguards*—the rights and responsibilities of all parties involved in the special education process—prior to the start of the evaluation. This is a very important document that parents should review carefully (and ask questions about) before consenting to the evaluation or any recommended special education services.

WHAT HAPPENS DURING THE EVALUATION?

The child must be evaluated in all areas of suspected disability. There are 13 categories of disability that are defined by federal law, including autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment, including blindness. In addition to addressing areas of disability, the evaluation must also address needs for "transition" services for older students (by age 16 and in some states as young as 14)—supports to help students move from school to work or postsecondary education settings when they leave high school.

An individual child is rarely evaluated for all disability areas. Typically, a team of educational professionals and the parent will plan the assessment based on concerns raised by those involved with the child's education. The evaluation is conducted by a multidisciplinary team with each individual concentrating on his or her area of expertise. This team then compiles and analyzes the results. This process must occur in a timely fashion (usually within 30-60 days) and results must be shared with the parents.

WHAT HAPPENS AFTER THE EVALUATION IS COMPLETED?

After the evaluation is completed, a meeting is scheduled to review the results and determine eligibility for special education. The educational professionals involved in the evaluation and the parents review the

results and the team (including parents) determines whether the child is a "child with a disability" and, if so, what disability category is most appropriate. If the parent does not agree with the findings of the evaluation, he or she may request an Independent Educational Evaluation (IEE) be conducted at the school district's expense or seek a second opinion at their own expense. Note that a school district might disagree with the need for an Independent Educational Evaluation, and may seek a hearing to determine if in fact the district must pay for an IEE.

WHAT HAPPENS AFTER THE CHILD IS DETERMINED TO BE A CHILD WITH A DISABILITY?

Within 30 days of determination of eligibility, a meeting must be convened to develop an Individualized Education Program (IEP). This plan describes the educational goals and objectives for the child related to the area of disability, and the nature of the special education services needed to meet these goals. The IEP includes measurable goals (e.g., identifying all letters of the alphabet, all vowel sounds, using multiplication facts 1-5), necessary accommodations and modifications (such as the use of assistive devices for a child with physical disabilities), the persons responsible for implementation (special education teacher, speech pathologist), the process for monitoring progress toward the goals (e.g., weekly oral reading tests) and any related services that are appropriate (speech therapy, occupational therapy, counseling with the psychologist). The IEP should be based on the evaluation results and should be created specifically for the individual child. The services described in the IEP are provided to the child at district expense. Before special education services can be provided for the first time, parental consent must be obtained.

Note that the initial disability determination is not the only time a child will be evaluated by the special education team. Reevaluations must be considered at least every three years to ensure that the child continues to need special education and that the services on the IEP are still appropriate, and before a student is discharged from special education.

WHAT IF I DON'T AGREE WITH THE PROPOSED IEP?

A parent has the right to disagree with the IEP team's recommendations. If agreement cannot be reached about the appropriate services for the child, the parent or the school may request mediation (a nonadversarial session with an objective person to work out differences). Parents may also request a due process hearing through their state department of education. This is a legal proceeding in which a hearing officer takes testimony from both the parents and the school district,

renders an opinion, and orders action as deemed appropriate.

WHAT DOES SPECIAL EDUCATION INVOLVE?

Special education is a broad term that describes a wide variety of instructional services that are based on a child's individual needs. Special education is not a place or a class. Children have the right to receive education in the "least restrictive environment." That means that children should remain included with students without disabilities to the greatest degree possible while still receiving those services that allow the child to make progress toward his or her individual goals. The strategies developed to achieve these goals determine the most appropriate type of placement for the implementation of the IEP.

Special education can include a variety of instructional arrangements such as:

- Inclusion in the general education classroom full time, with special education support (such as consultation between specialists and the classroom teacher or provision of special materials and modifications)
- Placement in a class or school for part or all of the school day, where specific interventions and instructional techniques can be provided by special education personnel
- Small group instruction from special education personnel for relatively short periods of time (an hour per day) within or outside the regular education classroom
- Individual or group specialized therapy (such as speech therapy or occupational therapy)
- Combination of settings and services

WHY DOES THE SPECIAL EDUCATION ELIGIBILITY DETERMINATION TAKE SO LONG?

Ensuring that children receive the educational services that are most appropriate is a collaborative and complex process. Schools are required to ensure that every effort has been attempted to serve the child within general education before changing to a more restrictive program. Many times, schools have many supplemental programs that are available to all students, such as Title I. It is important to utilize these services before considering special education. In addition, it is important that the educational professionals have time to observe, document, intervene, and analyze a student's educational performance. By doing this, contributing factors such as adjustment, family or cultural issues, second language issues, and limited educational opportunities can be ruled out as the primary cause for difficulty in school. It is crucial that parents stay in close contact with teachers,

request updates on their child's progress, and attend meetings where progress and interventions are discussed.

HOW CAN I LEARN THE LANGUAGE OF SPECIAL EDUCATION?

Education in general has its own vocabulary and special education has an even more specialized language. To make matters worse, most educators frequently speak in acronyms. Here are some of the key terms and acronyms needed to understand the language of special education:

- *Behavior intervention plan* or *behavior improvement plan* (BIP). If a child with a disability exhibits behavior that impacts his/her educational progress, a BIP is included in the IEP. This plan contains specific goals and positive strategies for improving the child's behavior.
- *Due process hearing*. The state education agency provides this process for parents to pursue when they do not agree with the school's proposed plan for special education or believe their child's IEP has not been appropriately implemented, and are unable to resolve the conflict otherwise.
- *Free and appropriate education* (FAPE). This is a concept from civil rights law, guaranteeing all children, including those with disabilities, a "free and appropriate public education."
- *Individualized Education Program* (IEP). Sometimes referred to as the individual education plan, this document describes the goals, objectives, services, and who is responsible for each. The parent should participate in the development of this document and be provided a copy. The IEP is reviewed at least annually to ensure goals are updated and that the plan is working well for the student.
- *Least restrictive environment* (LRE). The school is required to create an educational plan (IEP) that allows a student with a disability to receive instruction with nondisabled peers to the maximum extent possible. Teams determine the LRE based on assessment data and the goals and objectives of the IEP.
- *Manifestation determination* (MD). When a student with a disability commits an offense that results in a disciplinary action that would change the student's educational placement (such as a long suspension or expulsion), a "manifestation determination" must be conducted. This is the process for determining if the behavior subject to disciplinary action is directly related to the student's disability, which will affect the severity of any disciplinary action.
- *Response to intervention* (RTI). Before a child is identified as a child with a specific learning disability, the school must ensure and document that all appropriate educational interventions within general

education have been attempted with inadequate response. A systematic model of implementing increasingly intensive educational interventions and evaluating the outcomes is typically known as response to intervention (RTI). In some states this model is part of the requirements for determining special education eligibility.

- **Section 504 Plan.** Section 504 of the Rehabilitation Act of 1973 is federal legislation that protects individuals with disabilities from discrimination in the public schools. If the child's disability does not require special education or related services, that child might be eligible for a Section 504 plan that specifically describes what accommodations are necessary for the child to access instruction in the classroom.

SUMMARY

This guide has provided an overview of some important terms and procedures that parents encounter in the special education process, particularly in determining eligibility and designing programs. The most important aspect of the special education process is communication. Parents and educators working together provide the greatest probability of successful outcomes for children with disabilities.

RECOMMENDED RESOURCES

Print

U.S. Department of Education, Office of Special Education Programs. *Building the legacy: IDEA 2004*. Available: <http://idea.ed.gov>

Weinfeld, R., & Davis, M. (2008). *Special needs advocacy resource book: What you can do now to advocate for your exceptional child's education*. Waco, TX: Prufrock Press.

Wilmhurst, L., & Brue, A. W. (2005). *A parent's guide to special education: Insider advice on how to navigate the system and help your child succeed*. New York: AMACON.

Online

LD OnLine: <http://www.ldonline.org>

PACER Center: <http://www.pacer.org>

Wrightslaw: <http://www.wrightslaw.com>

Laurie McGarry Klose, PhD, is an Assistant Professor in the School Psychology Program at Texas State University-San Marcos. She has over 12 years experience working in the public schools in Texas, California, and Massachusetts.

© 2010 National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814—(301) 657-0270

IEP TEAM MEETINGS: A GUIDE TO PARTICIPATION FOR PARENTS

By Keith Hyatt, PhD
Western Washington University



A parent's first encounter with the Individualized Education Program—the IEP—can be intimidating. However, participation in special educational planning is critical in assuring positive long-term outcomes for students with disabilities.

Parents and guardians of school-age children with disabilities need to be familiar with relevant regulations and procedures for developing an IEP to fully participate in IEP development and long-term planning. Similarly, students who have attained legal adult status in their state and have assumed responsibility for their own IEP need information to assure informed participation at their IEP meetings.

The IEP is a legal document that describes a student's instructional needs and identifies the special education services the school will provide to meet those needs. Therefore, the IEP is one of the most important components of the educational program for students with disabilities and is developed by a team that includes the parent(s), student (when appropriate), and school personnel. Since the IEP is a legal document, schools are required to comply with the conditions of the IEP; however, the IEP is not a guarantee that a student will achieve all the educational goals targeted.

Laws governing the IEP are revised periodically, and that while federal laws dictate broadly defined procedures, each state has its own set of regulations. Usually these regulations are available from your state department of education. Schools are also obligated to provide you with information about your rights under state law.

The following guide provides an introduction to the IEP process so you will have an idea of what to expect, feel more comfortable in the meeting, and be better able to advocate for your child's (or your own) educational needs.

Procedural Safeguards

You as a parent and your child as the student have rights and protections under federal and state special education laws, even when your child does not yet have an IEP but has been referred for evaluation. These rights include *procedural safeguards* (due process rights that serve as protection against discrimination and assure parent involvement), which include protections (such as timelines for service), assurances of confidentiality, and guarantees of informed parent consent prior to any special education service or placement.

You should always receive a copy of procedural safeguards to read before the IEP meeting. Unfortunately, these safeguards are frequently written in legal terms and can be confusing, even intimidating. However, you need to understand your legal rights to help ensure that your child receives the special education he or she needs. School personnel should review these safeguards at the IEP meeting with you and answer questions about rights and procedures. What follows is an abbreviated listing of the safeguards relevant to the IEP meeting and a brief description of what the safeguards address.

- *Written notice:* This ensures that the school provides you with written notice whenever the school plans to conduct an evaluation or reevaluation, develop an IEP, or change your child's placement (where your child is educated; e.g., general class, resource room).
- *Parental consent:* The school must obtain your informed consent to conduct an initial evaluation or reevaluation, or provide initial special education services.
- *Access to educational records:* You are always entitled to review your child's special education records.
- *Due process hearing:* A due process hearing is a formal, legal procedure, so it is like a mini-trial. You have the right to a hearing when you are not able to resolve a disagreement with the school

regarding your child's services or placement. Parents and schools present their information and a hearing officer makes a decision.

- **Mediation:** A due process hearing is a formal, legal procedure that can be costly and adversarial, so some states have mediation procedures to try to resolve disputes before moving to a formal due process hearing.

There are other due process provisions that are relevant to special education services, including rights to independent evaluations, conditions governing disciplinary actions involving students with disabilities, placements in "interim alternative educational settings," and payment of attorney's fees. Since these safeguards are intended to ensure that your child receives the appropriate special education services, your familiarity with these rights will help you resolve any special education issues that may arise. For more detailed information about these and other due process rights, consult the "Resources" at the end of this handout, and seek out advocates who specialize in special education due process.

IEP Team

At a minimum, the IEP team should include the special education teacher, general education teacher, administrator (or designee), parents, and student if appropriate or required (i.e., if the student were an adult). Since the law requires that a child have access to the general education curriculum, it is critical that at least one of the child's general education teachers be present. The child should be invited to assist with *transition planning*, which addresses educational, vocational, and community-based goals after high school beginning at age 14, or younger if requested by the IEP team. When the child reaches age 16, representatives of other agencies involved with providing transition services, as well as the child, should be invited to attend. In addition, the parent has the right to invite anyone to the meeting, and the district may invite others if they notify the parent in writing.

Major Contents of the IEP

The IEP is a blueprint of the major educational goals for your child and a description of what the school will do to help your child achieve those goals. The IEP is in effect for a specified period (currently 1 year), but it can be reviewed and revised earlier at your request or the school's.

One key component of an IEP is the requirement that it be *individualized*. There is no one-size-fits-all IEP. The IEP must be based on the unique strengths and needs of the child.

When you attend the IEP meeting it will help to be prepared with a list of concerns regarding your child's education and progress, and an understanding of your child's strengths, whether they are directly related to schooling or not. Sometimes, those nonschool strengths can help the team develop an appropriate IEP.

The Instructional Plan

The instructional plan of the IEP should start with a description of your child's *Present Levels of Educational Performance* in each area related to the disability (e.g., math, behavior, or feeding). The Present Levels should be clearly presented and meaningfully describe what your child can do and not just describe how well your child performed on a standardized test. Once the Present Levels have been documented, the team should develop long-term goals and measurable short-term objectives or benchmarks.

Long-term goals are simple descriptions of what the IEP team would like your child to do by the end of the year (or other mandated period), using the Present Levels as a starting point. For example, "Juan will improve his math computation skills."

Each long-term goal should have at least two *short-term objectives* or benchmarks. The objectives should be specific and incorporate the following four criteria:

- State exactly what your child should do: "Juan will answer 40 single-digit addition problems."
- State exactly under what conditions your child should do it: "When given a worksheet."
- State exactly at what level of proficiency your child should do it: "With 90% accuracy."
- State exactly how frequently that level of proficiency should be achieved: "On three consecutive days."

The objective should be specific and should not be open to interpretation. If the objective is clearly written using the above criteria, then the teacher will be able to measure your child's performance and clearly report the progress to you. Additionally, should you move to a different school, your child's new teacher would know exactly what your child was working on.

If your child has many needs, it is helpful for the IEP team to *prioritize* goals and objectives. It is more efficient to concentrate efforts on a few carefully selected objectives than to try and address numerous unrelated objectives. Remember, the IEP must be written at prescribed intervals, but it can always be reviewed or revised at an earlier point if your child achieves his goals, if there is a need to change the goals, or if you or the school requested it.

Special education services. The IEP team should determine what special education services (specially

designed instruction) your child requires. For example, “small group instruction in phonic skills” could be a special education service, but “instruction in a resource room” is not, because this identifies a *placement* and not specially designed *instruction*.

Related services. The IEP should contain a listing of any needed related services; that is, those services required to help your child benefit from special education. Some examples include transportation, physical therapy, and speech therapy. These supports are available to your child at school expense only if necessary to benefit from special education.

Adaptations or modifications. An IEP team must consider whether your child requires adaptations or modifications. Adaptations deal with the physical aspects of the setting. Modifications refer to changes in the way material is presented or in the way children are required to demonstrate their knowledge. An example of an adaptation is providing your child with assistive technology, such as access to a computer to use when completing writing assignments. A modification may consist of providing copies of teacher notes or allowing your child to complete part of a test verbally rather than by writing the answers.

In addition, IEP teams must consider whether any *accommodations* are required to allow your child to participate in district- or state-mandated tests. Accommodations include adaptations or modifications that allow your child to participate fully in the general curriculum, including required standards tests, such as dictating rather than writing a response.

Special Education Placement

The next major task of the IEP team is to determine placement or where your child will receive special education and related services. According to federal law, your child should receive those services in the *Least Restrictive Environment*, which means the general education setting unless, owing to the severity of the disability, your child cannot benefit from special education services provided in the general education setting, even with the use of supplementary aids and services. These aids and services can include related services, such as speech therapy, as well as adaptations and modifications, such as untimed tests and dictated responses.

It is inappropriate for team members to make decisions about placement before the IEP meeting. Whenever children are removed from the general education setting where they would have access to their typically developing peers, the removal must be justified in writing on the IEP. The inconvenience of providing the service or availability of equipment are not justifiable reasons for removal. This is really the last step in the development of the IEP.

Extended School Year

The IEP team should consider whether your child requires extended school year services. This is not the same as summer school, but is a *continuation* of special education services beyond the traditional school year. This decision, and how extended school year services will be provided, must be made on an individual basis by the IEP team, including the parent or guardian.

Additional Tips for Advocacy

There are several additional suggestions to help you participate more meaningfully in the IEP meeting. First, the written IEP document should be completed during the meeting. School personnel should not come to a meeting with a finalized document, but they may have a draft of some items. You are guaranteed the right to participate in the meeting and help *develop* the IEP, so do not be deterred from expressing any of your concerns.

Second, schools are not allowed to set time limits for IEP meetings. If a meeting cannot be completed in the allotted time, then the team can schedule additional time to complete the IEP.

Third, ask questions whenever you need clarification. If you feel overwhelmed by the information, do not feel that you have to make a quick decision about the services offered. Ask for a few days or a week to review the information, consult an advocate if needed, and then schedule a follow-up meeting.

Fourth, if you need further assistance in understanding procedural safeguards, you can always contact the school district, the special education department at a local university, parent advocate organizations, or an attorney who specializes in special education law.

Remember, the development of the IEP is intended to be a *team* process, and you are designated as a key member of the team. If you approach the IEP meeting as a collaborator—one who is seeking to work cooperatively with others toward a common goal of designing an appropriate instructional plan for your child—then you will find the process less intimidating and more likely to enhance your child’s school experience.

Resources

Gibb, G. S., & Dyches, T. T. (2000). *Guide to writing quality individualized education programs*. Boston: Allyn & Bacon. ISBN: 0205316921.

Office of Special Education Programs. (2000, July). *A guide to the individualized education program*. Available: www.ed.gov/offices/OSERS/OSEP/Products/IEP_Guide

Websites

IDEA Practices—www.ideapractices.org

Funded by the Office of Special Education
Programs and includes resources and text of federal
law and regulations.

PACER Center (Parent Advocacy Center for Educational
Rights)—www.pacer.org

*Keith Hyatt, PhD, is a Professor of Special Education at
Western Washington University.*

© 2004 National Association of School Psychologists, 4340 East West Highway,
Suite 402, Bethesda, MD 20814—(301) 657-0270.



The National Association of School Psychologists (NASP) offers a wide variety of free or low cost online resources to parents, teachers, and others working with children and youth through the NASP website www.nasponline.org and the NASP Center for Children & Families website www.naspcenter.org. Or use the direct links below to access information that can help you improve outcomes for the children and youth in your care.

About School Psychology—Downloadable brochures, FAQs, and facts about training, practice, and career choices for the profession.
www.nasponline.org/about_nasp/spsych.html

Crisis Resources—Handouts, fact sheets, and links regarding crisis prevention/intervention, coping with trauma, suicide prevention, and school safety.
www.nasponline.org/crisisresources

Culturally Competent Practice—Materials and resources promoting culturally competent assessment and intervention, minority recruitment, and issues related to cultural diversity and tolerance.
www.nasponline.org/culturalcompetence

En Español—Parent handouts and materials translated into Spanish. www.naspcenter.org/espanol/

IDEA Information—Information, resources, and advocacy tools regarding IDEA policy and practical implementation.
www.nasponline.org/advocacy/IDEAinformation.html

Information for Educators—Handouts, articles, and other resources on a variety of topics.
www.naspcenter.org/teachers/teachers.html

Information for Parents—Handouts and other resources a variety of topics.
www.naspcenter.org/parents/parents.html

Links to State Associations—Easy access to state association websites.
www.nasponline.org/information/links_state_orgs.html

NASP Books & Publications Store—Review tables of contents and chapters of NASP bestsellers.
www.nasponline.org/bestsellers
Order online. www.nasponline.org/store

Position Papers—Official NASP policy positions on key issues.
www.nasponline.org/information/position_paper.html

Success in School/Skills for Life—Parent handouts that can be posted on your school's website.
www.naspcenter.org/resourcekit

Accommodation & Modification Fact Sheet

Every child with a disability is considered a member of their general education class. Accommodations and modifications support student success in those classes and can be changes to support both academic and behavioral needs. Accommodations and modifications can include changes in the method of instruction, the curriculum, and/or the environment.

Accommodations and modifications are important tools for a child to successfully accomplish Individual Education Program (IEP) goals and objectives and participate actively with other students in classroom and school activities. The IEP team determines what accommodations and/or modifications are needed to meet the unique and individual needs of the student.

Accommodations:

Accommodations are changes in how a student accesses information and demonstrates learning. Accommodations do not substantially change the instructional level, content, or performance criteria. The changes are made in order to provide a student with equal access to learning and equal opportunity to show what he or she knows and can do. Accommodations can include changes in the following:

- presentation and/or response format and procedures
- instructional strategies
- time/scheduling
- environment
- equipment

Modifications:

Modifications are changes in what a student is expected to learn. The changes are made to provide a student opportunities to participate meaningfully and productively along with other students in classroom and school learning experiences. Modifications are only used if a student is working on Extended Evidence Outcomes and taking the Colorado Alternate Assessment.

Modifications might include changes in the following:

- instructional level
- content
- performance criteria

Special Education Staff:

Audiologist:

The audiologist tests your child's hearing to determine if making recommendations regarding appropriate instructional accommodations is adequate for learning. He/she also assists parents and teachers in managing hearing problems.

Occupational Therapist:

This person evaluates small muscle functions (fine motor skills) used in feeding, dressing, coordination and handwriting. He/she may work with students to help develop fine motor/perceptual motor skills and may assist through consultation in developing activities and adapting equipment to improve a student's skills necessary for independent functioning.

Physical Therapist:

This person evaluates large muscle functions (gross motor skills) such as sitting, standing; walking and overall whole body movement. He/she may work directly with a student as well as assist in developing activities and adapting equipment to improve muscle strength and normal movement abilities.

School Nurse:

This person evaluates student health by reviewing parent reported health history and current health status. He/she may provide information pertaining to community resources to meet health needs and may make recommendation in regard to managing certain health related problems that impact a students school performance.

School Psychologist:

This person is involved in the evaluation of certain disabilities and makes educational recommendations to support achievement and resiliency. He/she provides direct and consultative services for students with academic, behavior and/or social needs.

School Social Worker:

This person evaluates the social, emotional and cultural factors affecting student progress at school. He/she may work directly with the student

or act as a consultant for parents, teachers and community agencies in order to improve student school performance.

Special Education Teacher:

This person designs and implements instructional programming to meet individual student needs and monitor progress toward general education standards and special education goals. He/she is typically the contact person for the student, staff and parent and acts as a case manager for the overall educational programming of students.

Speech Language Pathologist:

This person evaluates your child's communication skills and provides direct and indirect services to students to improve speech, language and social communication skills. He/she may also assist teachers and parents in educational programming to improve functional communication skills.

Teacher of the Deaf and Hard of Hearing:

This person provides evaluation and special programming for students who have an educationally significant loss of hearing which would affect their ability to access the general education curriculum and/or communicate with others. He/she may provide direct or indirect services to support educational programming of a student with a hearing loss.

Teacher of Visually Impaired:

This person provides evaluation and special programming for students who have an educationally significant loss of vision. He/she may provide direct services to students and consultative services to parents and teachers.

Transition Coordinator:

This person assists in developing transition strategies/options that will be appropriate for students and their families as students prepare to enter into adulthood.

Occupational & Physical Therapy

In essence, the goal of school based occupational and physical therapy can be defined as 3 part:

1. Supporting directly a student's access to educational activities and the school environment;
2. Collaborating with teachers and others to improve a student's participation and performance in curriculum-based activities identified by the teacher;
3. Educating teachers, family members, and others about the impacts of disability on educational performance, the potential benefits of adaptations or accommodations, and how to request support from related service professionals.



For additional information related to the Individuals with Disabilities Education Act:

www.IDEA.gov

For additional information on the Exceptional Children's Education Act of Colorado:

<http://www.cde.state.co.us/cdesped/>

Colorado School Based Occupational & Physical Therapy



State of Colorado

Colorado
Department of Education

Colorado Department of Education
Exceptional Student Leadership Unit
1560 Broadway, Suite 1175
Denver, CO 80202

Phone: 303-866-6694

Fax: 303-866-6811

<http://www.cde.state.co.us/>

School-Based OT and PT

What it's all
about...

Physical Therapy, Occupational Therapy, and IDEA 2004

School based occupational therapy and physical therapy are related services to special education. Within public schools occupational and physical therapy are governed by federal and state special education law, including the Individuals with Disabilities Education Act of 2004, and Colorado's Exceptional Children's Education Act.

A student on an Individualized Education Plan is eligible to receive a related service, such as occupational or physical therapy if that student requires the related service in order to benefit from his/her special education programming (34 CFR § 300.34). Deciding whether a student may need occupational or physical therapy, in order to benefit from his/her special education programming, requires the consideration of multiple factors. The physical environment, need of the student, professional experience of the educators, specific programming currently in place are a few of the many context specific factors that determine whether a student requires a related service in order to benefit from his/her special education programming.

OT and PT Best Practices

The best therapists make themselves progressively unnecessary. They have modified the environment, procured appropriate equipment or tools, trained student and staff in activity follow through, and continuously monitor the effectiveness of the recommended educationally-relevant program.

Best practices of school-based OT and PT result in students within their classroom environment learning with their peers. The ultimate goal is meaningful participation in the least restrictive environment, as appropriate.

Student needs vary. OT and PT will vary depending upon a students' educational need. IDEA 2004, the federal law guiding OT and PT practice within public schools, requires that OT and PT practices support a students' benefit from their special education programming.

School Based OT and PT Services:

♦ Governed by state and federal laws:

- ♦ Related services to special education;
- ♦ Provision of services, as a related service, occurs only if the child requires such service in order to function in the educational setting as determined by a team, including the parent;
- ♦ Delivered in order to improve, develop, or restore functions impaired or lost through illness, injury, or deprivation;
- ♦ Delivered in order to improve ability to perform tasks for independent function if functions are impaired or lost - which includes accommodating a disability;
- ♦ Delivered in order to prevent, through early intervention, initial or further impairment or loss of function;
- ♦ School based therapies are intended to promote access to the educational environment and curriculum-based activities;
- ♦ School based therapies are intended to support access to special education programming. Refining or maximizing weak motor skills would not be addressed if a student is successfully accessing the special education environment and curriculum based activities.
- ♦ School based occupational and physical therapists are encouraged to conduct a context-based evaluation (ecological assessment). Of interest is a student's access to and participation in educationally relevant activities and environments.
- ♦ Ecological assessments emphasize function within the performance environment of the classroom and school:
 - ◊ Percentile scores on standardized assessments are of little value when unattached to functional performance data;
 - ◊ A student may perform poorly on a standardized motor assessment, yet, on account of appropriate accommodations that student may be functioning well within the classroom and school environment.
- ♦ School based physical and occupational therapies are intended to support a student's benefit from special education programming. At times, a child's presentation may require clinic or home health based interventions to satisfy the medical needs of a child. School based OT and PT services may not meet a child's total therapy needs.

Transition Requirements: What—Why—How

Planning – Start Early

As students prepare to move from school to community living and employment, good program planning can help them become independent, productive adults.

Early and long-range planning are critical in order for the student to receive many post-school programs or services whether they include support services in college or residential services from an adult provider. In the public education system, students are entitled to free services; however, in the adult system, people must be determined eligible for services based on specific criteria. Students and families are often faced with much paperwork to meet eligibility requirements and some adult services have long waiting lists.

How Do You Plan?

Transition planning involves a team of people drawn from different parts of the student's school and community life. It is important that students be linked to various adult agencies and organizations, such as mental health agencies, vocational rehabilitation, community colleges, housing, and employment and training agencies.

Transition goals cannot be achieved in one year. Transition planning, services, and activities should be approached as a multi-year process. Young adults themselves, along with their parents, play an important role in the transition process. While involving the student in his/her own transition planning is required by law, perhaps the most important reason for student involvement is to facilitate the development of his/her self-determination skills. These are essential for the student to develop the ability to manage his or her own life.

What Should the Transition Plan Include?

IDEA contains detailed requirements for planning the education of individual students including a statement of what must be included in the IEP. Students 15 and over must be invited to attend the IEP meeting. If the student does not attend, the district or BOCES must document how the student's interests and preferences were considered.

"(d)(i) Beginning with the first IEP developed when the child is age 15, but no later than the end of 9th grade, or earlier if deemed appropriate by the IEP Team, and updated annually, thereafter, the IEP must include: Appropriate measureable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and when appropriate, independent living skills;.... "

After first identifying the student's long range measureable post school goals in the areas of career/employment, post-secondary education and training, and community or residential needs, the focus of the IEP should be framed to identify the projected course of study related to the student's post-school outcomes. Consider core courses required for graduation or acceptance into a post-secondary program, any courses and experiences that are modified or specially designed for this student and elective courses. The concept is to think about, plan for and ensure that all courses and educational experiences offered to the student will help them achieve their desired post-school goals or outcomes. Basically, the plan becomes a road map for this student.

Transition services can and should be delivered through curricular and extracurricular activities in many settings – in academic and vocational classrooms, at home, and throughout the community -- to practice and reinforce newly acquired skills. Decisions about specific service models and diploma options are determined by local school districts.

Transition Checklist

The following is a checklist of transition activities that students, parents, and school personnel may wish to consider when preparing transition plans. The student's skills and interests will determine which items on the checklist are relevant.

- Identify student learning styles and the necessary accommodations to be a successful learner and worker.
- Identify career interests and skills, complete interest and career inventories, and identify additional education or training requirements.
- Match career interests and skills with academic course work and community work experiences.
- For students with developmental disabilities, contact the local community centered board and place the student on the waiting lists.
- Explore options for post-secondary education and training including admission criteria.
- Coordinate with adult service providers and ensure appropriate referrals have been made.
- Identify interests and options for future living arrangements, including supports.
- Learn to communicate effectively student interests, preferences, and needs.
- Be able to explain student disabilities and the accommodations he or she needs.
- Learn and practice personal health care.
- Learn/practice informed decision-making skills.
- Pursue and use local transportation options
- Investigate assistive technology tools that can increase community involvement and employment opportunities.
- Acquire an identification card and the ability to communicate personal information.
- Identify and begin learning skills necessary for independent living including money management
- Identify health care providers and become informed about sexuality and family planning issues.
- Determine the need for financial support (Supplemental Security Income, state financial supplemental programs, Medicare).
- Learn and practice appropriate interpersonal, communication, and social skills for different settings (employment, school, recreation, with peers, etc.).
- Explore legal status about decision-making prior to the age of maturity and consider the need for guardianship.
- Practice independent living skills, e.g., budgeting, shopping, cooking, and housekeeping.
- Identify needed personal assistant services, and if appropriate, learn to direct and manage these services.

Adapted from the National Transition Network

Speech-Language Pathologist (SLP)

Colorado Educator Licensing Act of 1991; 1 CCR §§ 301-37, 2260.5 – R –11.08

Who are Speech-Language Pathologists (SLPs) and what credentials are required?

Entry level education for a speech-language pathologist in the state of Colorado is a master's level degree, or higher, in communication disorders or speech-language pathology from an accredited institution of higher education; have completed a school speech-language pathology program from an institution whose program was accredited by the Council on Academic Accreditation (CAA) in audiology and speech-language pathology of the American Speech-Language Association (ASHA); have successfully passed a national state-approved speech-language pathologist specialty-area test; have successfully completed a practicum or internship, with children/students, ages birth-21, in a school setting, equivalent to a minimum of 8 weeks full time, under the supervision of a professionally licensed school speech-language pathologist.

What knowledge is required to serve as a school speech-language pathologist (SLP), for ages birth to 21?

The school speech-language pathologist is knowledgeable about basic human communication, including swallowing processes and biological, neurological, acoustic, psychological, developmental, linguistic, and cultural bases and shall incorporate into planning for students:

- the analysis, synthesis, and evaluation of information related to basic human communication and its processes;
- utilization of knowledge about normal development, in the identification of delayed/disordered speech and language skills; and
- information about the interrelated and interdependent components of communication, as related to their impact on the learner across environments.

The school speech-language pathologist is knowledgeable about the principles and methods of prevention of communication and swallowing disorders for children/students (birth-21), including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders, and is able to:

- Analyze, synthesize and evaluate the nature of speech, language, hearing, and communication disorders, including swallowing disorders, and other differences, including, but not limited to, the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental and linguistic and cultural correlates, in each of the following: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language including, but not limited to phonology, morphology, syntax, semantics, and pragmatics, in speaking, listening, reading, writing, and manual modalities; hearing, including its impact on speech and language; swallowing, including oral, pharyngeal, esophageal, and related functions, and the oral function of feeding; cognitive aspects of communication, such as, attention, memory, sequencing, problem-solving, and executive functioning; the social aspects of communication, such as challenging behavior, ineffective social skills, and lack of communication opportunities; communication modalities, such as oral, written, manual, augmentative, and alternative communication techniques and assistive technologies.
- Articulate the role of oral language, as a precursor to literacy development, including information, as related to reciprocal spoken-written language relationships, and reading and writing as acts of communication and as tools of learning, to a variety of stakeholders.
- Model and articulate the overall importance of communication and its relationship to academic achievement.
- Differentiate between classroom oral language content, form and use, and conversational language.
- Identify traits of normal reading and writing development, in the context of the general education curriculum.
- Act as a resource to schools, parents, and the community, regarding all aspects of communication.
- Collaborate with other professionals to identify risk factors related to communication development among children/students, birth - 21.



- Conduct screening, prevention, and intervention procedures.
- Identify and monitor added literacy risks for children/students being treated for spoken language difficulties.
- Monitor classroom progress, and other factors, that justify formal referral for assessment.

The school speech-language pathologist is knowledgeable about principles and methods of evaluation of communication, and communication disorders, for ages birth - 21, and is able to:

- participate, effectively, on child study teams, as an active member of the decision-making process for special education referrals.
- collaborate with assessment teams, in the utilization of a broad repertoire of formal and informal assessment strategies, to help identify children/students' strengths and challenges with the various aspects of communication.
- evaluate the psychometric characteristics of formal and informal assessment instruments.
- select developmentally, culturally, and linguistically-appropriate, formal and informal assessment tools and procedures, to identify needs of children/students suspected of having difficulties in communication.
- collaborate with assessment teams regarding evaluation strategies, to identify whether a language difference or disorder might be at the root of concerns related to difficulty in a student's acquisition of literacy, and/or any of its essential skills.
- analyze assessment data to determine children's/students' specific communication needs, eligibility for services, and for incorporation into individual educational plans (IEPs).
- interpret data clearly, in verbal and written form, for a wide range of audiences, including educators, students, where appropriate, families, and related professionals.
- integrate assessment information from other professionals in the eligibility decision-making process.
- consult with government agencies, teachers, school administrators, and other health professionals on indications, timing, need, and use of diagnostic assessments.

The school speech-language pathologist is knowledgeable about state-of-the-art techniques, procedures, and tools for intervention and remediation of communication disorders, including augmentative/alternative/assistive technology, and is able to:

- plan and implement an appropriate service-delivery model, for each identified student, based on assessment results,
- comply with federal, state, and local laws, rules, policies, guidelines, and/or procedures, and relevant case law,
- be accountable, through the collection of timely and appropriate data, and the maintaining of accurate and timely records,
- identify and gain access to sources of, and synthesize and translate common principles of, research and documented evidence-based and proven best practices, as related to the planning for, and the implementation of, intervention plans and strategies,
- adapt general and special education curriculum to meet the requirements of individual students, with regard to Colorado content standards and access skills,
- work collaboratively with students, general education teachers, school personnel, community, and families, to provide integrated communication services,
- provide culturally- and developmentally-appropriate curriculum-relevant intervention, based on identified needs, and proven effective research and practice,
- develop setting-appropriate intervention plans, with measurable and achievable goals, to meet identified children's/students' need(s),
- maintain a safe and effective learning environment, conducive to student achievement,
- implement current state-of-the-art technology, to maximize students' communication skills, and
- model and demonstrate the use of augmentative/alternative/assistive technology.



The school speech-language pathologist is knowledgeable about ethical conduct and professional development, and is able to:

- articulate the role of the speech-language pathologist, as an integral part of the special education services team and the learning community.
- collaborate with teachers, parents and related personnel, in case management, in a flexible and professional manner.
- communicate effectively with families, to maintain their involvement with the children/student's assessment and intervention team.
- utilize a range of interpersonal communication skills, including, but not limited to, consultation, collaboration, counseling, listening, interviewing, and teaming, as appropriate to identification, prevention, assessment, and/or intervention with, children/students with suspected or identified communication disabilities.
- mentor and supervise speech-language pathology assistants, graduate student interns, and other support personnel, so that the communication needs of children/students are addressed effectively and confidentially.
- participate in professional development opportunities, which can improve skills, and educate other professionals regarding risk factors to children/students, involving all means of communication.
- conduct research, initiate requests, or network with related professionals, to acquire support, as needed.
- routinely evaluate and measure personal performance as a speech/language pathologist to ensure professional efficacy and achievement of appropriate outcomes, and participate in professional development and professional organizations, which leads to increased knowledge and growth in skills and abilities.

This CDE guidance document is meant for clarification, is not legally binding, and is not to be confused with legal advice. This guidance reflects CDE's recommendations, but Administrative Units (AUs) may have developed their own policies or procedures that differ from those described herein. Be sure to refer to your local AU's policies and procedures through the Director of Special Education. If you are seeking legal advice, please contact your legal counsel.

The contents of this handout were developed under a grant from the U.S. Department of Education. However, the content does not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government.

People First Language



Language is power. Our words have the power to inspire, motivate, and uplift people. They also have the power to hurt, isolate and oppress individuals or entire segments of society. Often times, throughout our history, it has become necessary to change our language and the way in which we refer to individuals and groups to avoid further oppressing those members of society. The time has come to reshape our language once again so that we may refer to people with disabilities and the disability community in a respectful and inclusive manner.

People First Language is a way of addressing and talking about people with disabilities emphasizing the person rather than the disability. Rather than calling a person disabled, retarded, challenged, or saying that he/she suffers from a disability, say that he/she has a disability, or is a person with a disability, or omit the qualifier all together. The key with people first language is ordering what we say so that the person and not the person's diagnosis or disability comes first. When describing people, we want to emphasize the person, not the qualities that make him or her different.

Why Bother Anyway? It is important, because we generally view the first item in a phrase as the most important. When describing people with disabilities, we won't focus on the person, not the person's impairments. Just as it can be offensive to describe a person based on their race or religion we also should not address a person based on his/her disability. Focusing on a person rather than the person's disability also improves the person's self-esteem helping him/her to define him/herself as a person with unique attributes rather than defining him/her by a diagnosis or impairments.

How to Use People First language:

Say...

Child with special needs
Child with autism
Person who uses a wheelchair
Child with Down's Syndrome
Child with cognitive delays

Rather Than...

Handicapped child
Autistic
Wheelchair bound
Down's
Mentally Retarded

