

# SPED Related Services

## Special Education Department

- Director, Anne Ingulsrud
- Coordinators, Special Education

### Katrina Gomez

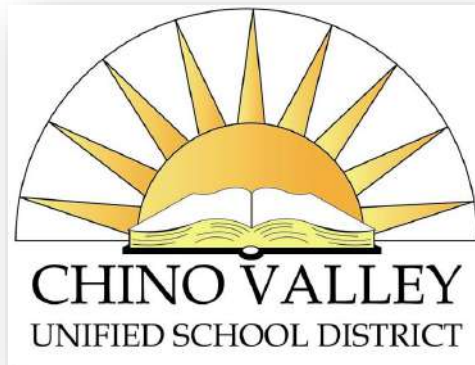
BIP Services  
Psychological Services  
ERMHS  
BRIEF Academy

### JuliAnn Lopez

Elementary  
APE  
TSNA

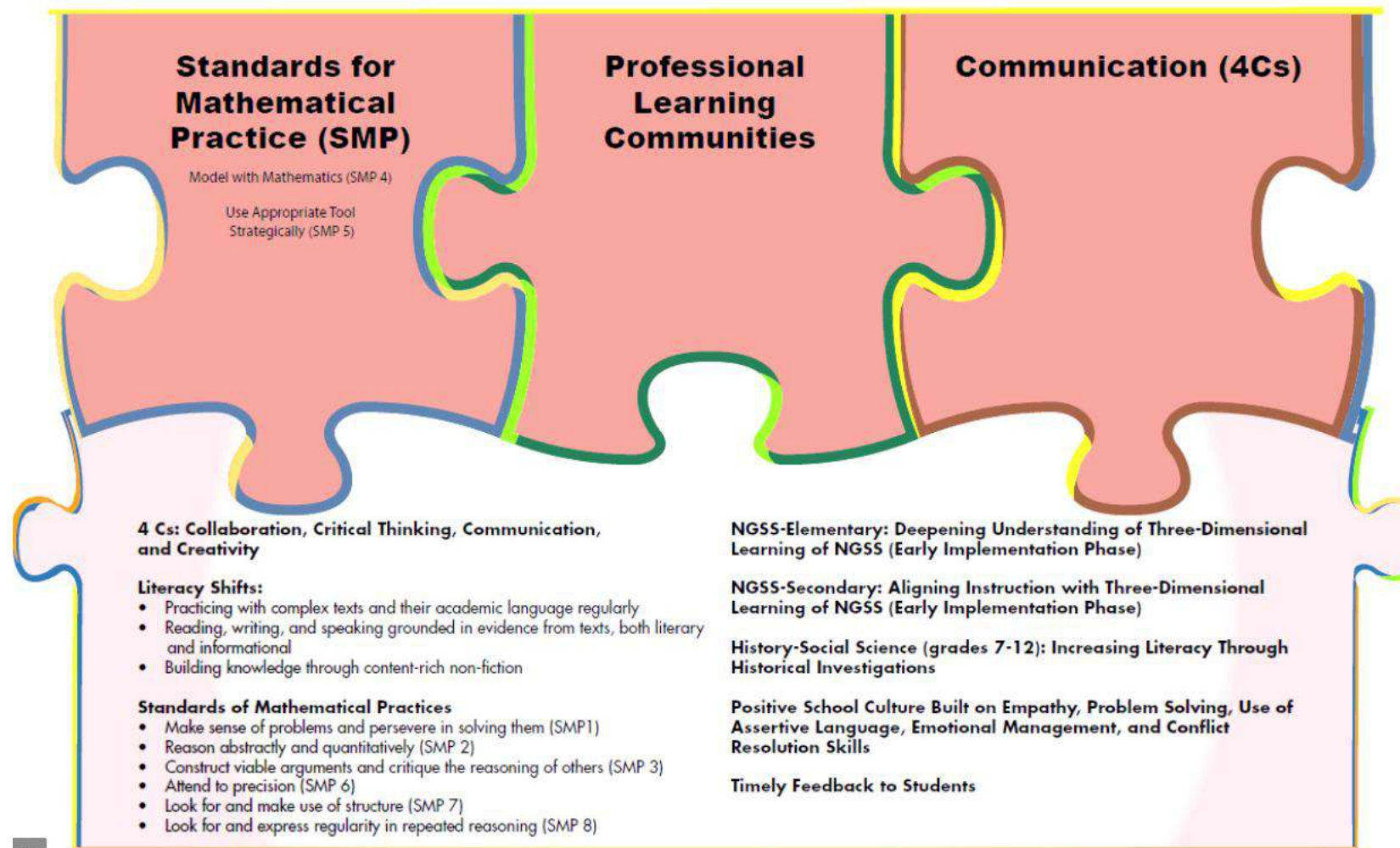
### Cheli McReynolds

Secondary  
SLP  
OT  
AT/AAC



# CHINO VALLEY UNIFIED SCHOOL DISTRICT

## 2019-2020 AREAS OF EMPHASIS



# Meeting Norms

- Be a 21st century learner
  - Apply learning to your real world leadership
  - Share your thinking and your work
- Collaborate with others
- Keep student learning a focus
- Participate with respect and confidentiality
- Be here now
  - Start and end on time
  - Honor break times
  - Be engaged in the learning
  - Silence cell phones. Use break times to respond to calls,/emails and messages
- Have Fun!



## Learning Intentions

- Be Familiar with the SPED Referral Handbook for Related Services
- Understand pre-referral steps prior to initiating the referral
- Understand outcome of a referral



# Where Can You Find the Referral Handbook?

<https://www.chino.k12.ca.us/domain/730>

# What is a Related Service?

# Legal Definition of Related Service


- California's related services as defined in Education Code and Title 5 regulations are referred to as Designated Instruction and Services or DIS and are generally defined as follows: "Related services means those services that are necessary for a pupil with a disability to benefit from his or her special education program in accordance with title 20 USC 1401 (22). (CCR Title 2 60010(S))." Further, as per CCR title 2 30010(h), "Designated Instruction and Services means specially designed instruction and related services ---, as may be required to assist a pupil with a disability to benefit educationally."

# What is a Stand-alone Service?

**A stand-alone service is a service that can be provided to a student through an IEP under one of the 13 Ed Code eligibility categories.**

- Speech Language Services (Under the eligibility of SLI ONLY)
- Adapted Physical Education (APE)





## Who Assesses for Special Education Eligibility and Related Services?

- Speech Language Impairment: Speech Language Pathologists
- All other Ed Code SPED eligibility categories (12): School Psychologists
- Related service providers assess and recommend related services only

# Scenario Question #1

- **A student is due for a triennial evaluation and currently qualifies for special education services under the category of Orthopedic Impairment and receives APE.**
- Which assessors are identified on the assessment plan?
  - A) Occupational Therapist and School Psychologist
  - B) Resource Specialist and Adapted PE Specialist
  - C) School Psychologist, Resource Specialist, and Adapted PE Specialist

## Scenario Question #2

**A parent requests an initial psycho-educational assessment to also include an ERMHS assessment and OT assessment. To address all areas of concern requested by the parent and after meeting with the parent to discuss parent's concerns, your team should respond with an assessment plan within 15 days to include which assessors?**

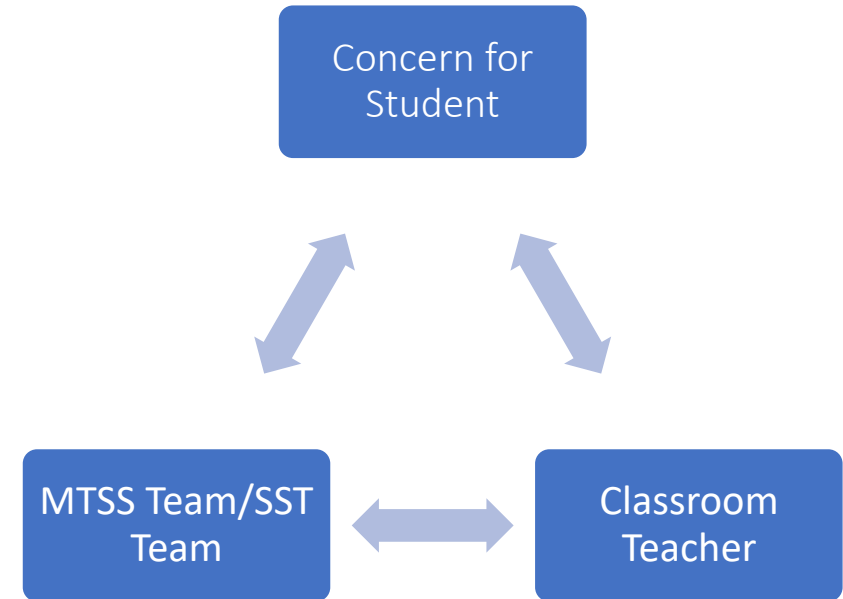
- A) School Psychologist and Resource Specialist
- B) School Psychologist, Resource Specialist, ERMHS counselor, and OT
- C) School Psychologist, Resource Specialist, and OT



S P E E C H -  
L A N G U A G E  
T H E R A P Y

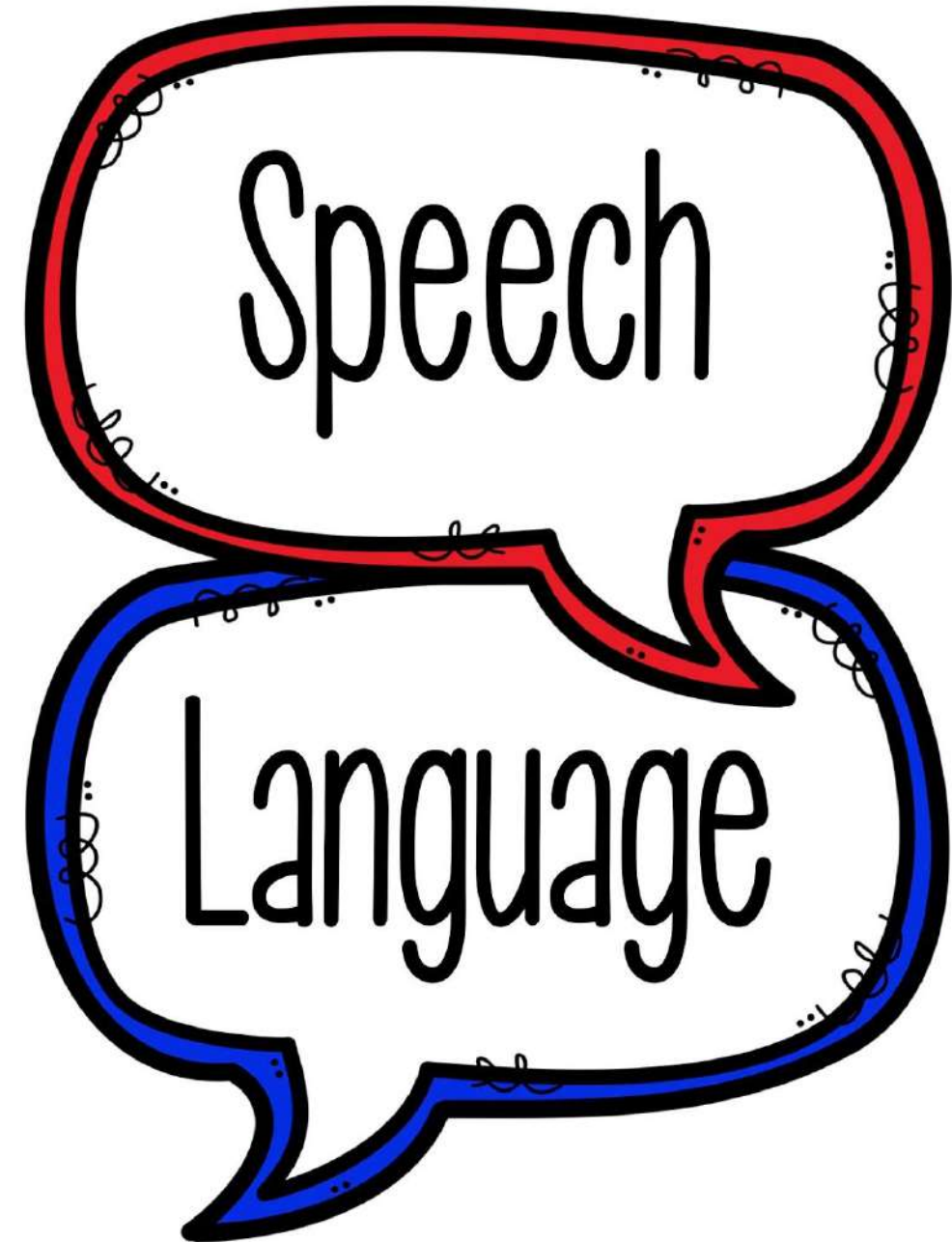
# SLP Pre-referral Process

- Any child for whom there is a concern regarding progress in general education should be referred to the school site's STEP/SST team.
- California Education Code 56303: All general education supports and services must be exhausted prior to a referral for special education services.
- STEP/SST team's mission is to assist teachers, administrators, school staff, and parents with intervention strategies for dealing with the academic and social-emotional behavior needs of general education students.
- The STEP/SST team can recommend classroom supports, accommodations, modifications, and interventions.
- The school SLP may act as a consultant when a STEP/SST team perceives a child needs specific recommendations regarding language and/or speech needs.



# SLPs Relationship with STEP/SST

- Specific to SL, the STEP/SST team can suggest interventions to support a child in the classroom. The team should consider the grade level content standards the child is struggling with as targets for intervention.
- The SLP can then provide strategies to support language development and/or correct phoneme production based on the information shared at the STEP/SST meeting.
- At a follow-up meeting the progress monitoring data gathered by the classroom teacher and other site level staff should be presented along with any additional supports and progress noted (e.g. information regarding health, family history, district and state assessment results, and linguistic levels for a non-English speaking child).



# SLP Areas of Support

- Conducting expanded speech sound error screening for K-3 students to track students at risk and intervene with those who are highly stimutable and may respond to intense short-term interventions during a prolonged screening process *rather* than being placed in special education
- Assisting In determining "cut-points" to trigger referral to special education for speech and language disabilities
- Using norm-referenced, standardized and informal assessments to determine whether students have speech and language disabilities
- Determining duration, intensity and type of service that students with communication disabilities may need
- Serving students who qualify for special education services under categories of communication disabilities
- Collaborating with classroom teachers to provide services and supports for students with communication disabilities
- Identifying, using, and disseminating evidence-based practices for speech and language services or MTSS interventions at any tier

SPEECH FUN FACTORY 

## What is a SPEECH and LANGUAGE Pathologist?



# Why are Speech & Language Services Stand-alone?

- IDEA 2004/Part B regulations contain the definitions of the disability categories which qualify for services under the law. Speech and language impairment is listed as one of the categories included in IDEA. Section 300.8 defines a child with a disability as:
  - (a)General. "(1) As used in this part, the term 'child with a disability' means a child evaluated in accordance with SS 300.3034-300.311 as having intellectual disabilities, a hearing impairment including deafness, **a speech or language impairment**, a visual impairment including blindness, emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services."
- When it is determined that a child manifests with one or more of the disabilities listed above, the assessment team must assess to determine whether or not the disability rises to the level of qualifying for Special Education services.





# SLI Eligibility Requirements

- Per Education Code 56333, "A pupil shall be assessed as having a language or speech disorder which makes him or her eligible for special education and related services when he or she ***demonstrates difficulty understanding or using spoken language*** to such an ***extent that it adversely affects his or her educational performance*** and ***cannot be corrected without special education and related services.***
- In order to be eligible for special education and related services, difficulty in understanding or using spoken language shall be assessed by a Language Speech Pathologist and hearing specialist who determines that such difficulty results from any of the following disorders:

# SLI Eligibility Disorders



(a) **Articulation** disorders, such that the pupil's production of speech significantly interferes with communication and attracts adverse attention.



(b) **Abnormal voice**, characterized by persistent, defective voice quality, pitch, or loudness. An appropriate medial examination shall be conducted where appropriate.



{c} **Fluency difficulty** which result in an abnormal flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and the listener



(d) **Inappropriate or inadequate acquisition, comprehension, or expression of spoken language** such that the pupil's language performance level is found to be significantly below the language performance level of his or her peers.



(e) **Hearing loss** which results in a language or speech disorder and significantly affects educational performance.

# Speech and Language Radar Alert

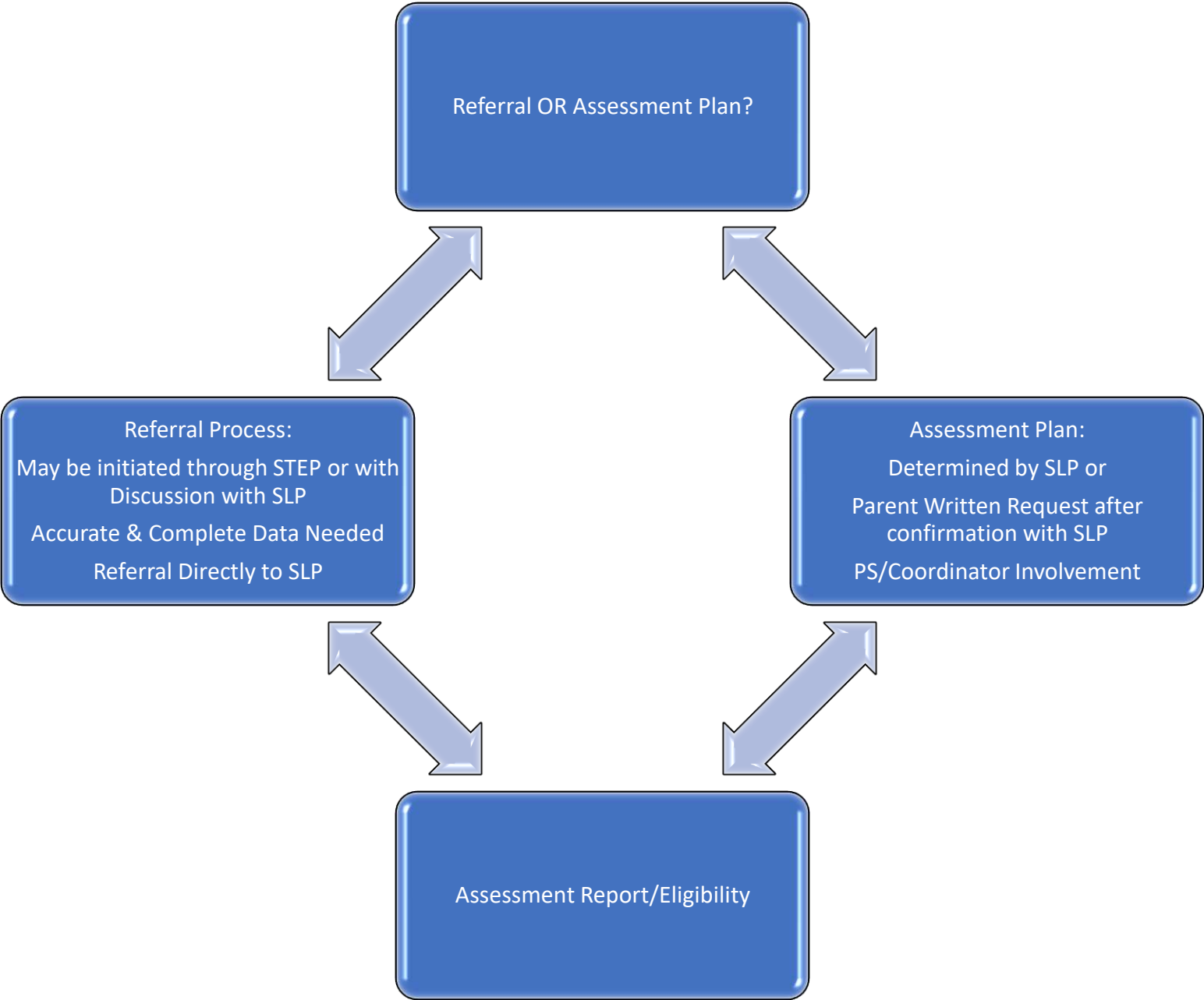
Parent  
Concern for  
Student

Classroom  
Teacher  
Concern

STEP/SST  
Team  
Concern

Immediately get SLP involved

**Q: When do we go through the referral process rather than an Assessment Plan?**



# Best Practices to Determine SL Referral

Understand	<p>Understand how a student qualifies for Speech and Language Services</p> <p>Understand the STEP Process and SL Referral Process</p> <p>Understand that all other measures of support must be exhausted</p> <p>Acquaint yourself with the referral packet</p>
Work	<p>Work closely with your SLP from the beginning of the concern</p> <ul style="list-style-type: none"><li>• STEP Meeting</li><li>• Parent concerns</li><li>• Teacher concerns</li></ul>
Provide	<p>Provide Professional Development time for your SLP to present information on eligibility, referral process, and classroom support opportunities</p>
Remember	<p>Remember for a student to qualify for eligibility, the disability must adversely affect educational performance AND cannot be corrected without special education and related services</p>

# Temporary Special Needs Assessment (TSNA)

- By law, services to students with special needs must be delivered in the "*least restrictive environment*."
- An important goal for all special education students is to encourage, promote, and maximize independence.
- A student's total educational program must be carefully evaluated to determine where support is indicated. Natural support and existing staff support should be used whenever possible to promote the least restrictive environment.
- When considering temporary special needs assistance support for a student, all aspects of the student's program must be considered with the intent of maximizing student independence.
- The teacher is responsible for the design and implementation of the student's program.

# TSNA

All supports must be exhausted in the natural environment using existing resources to promote LRE.

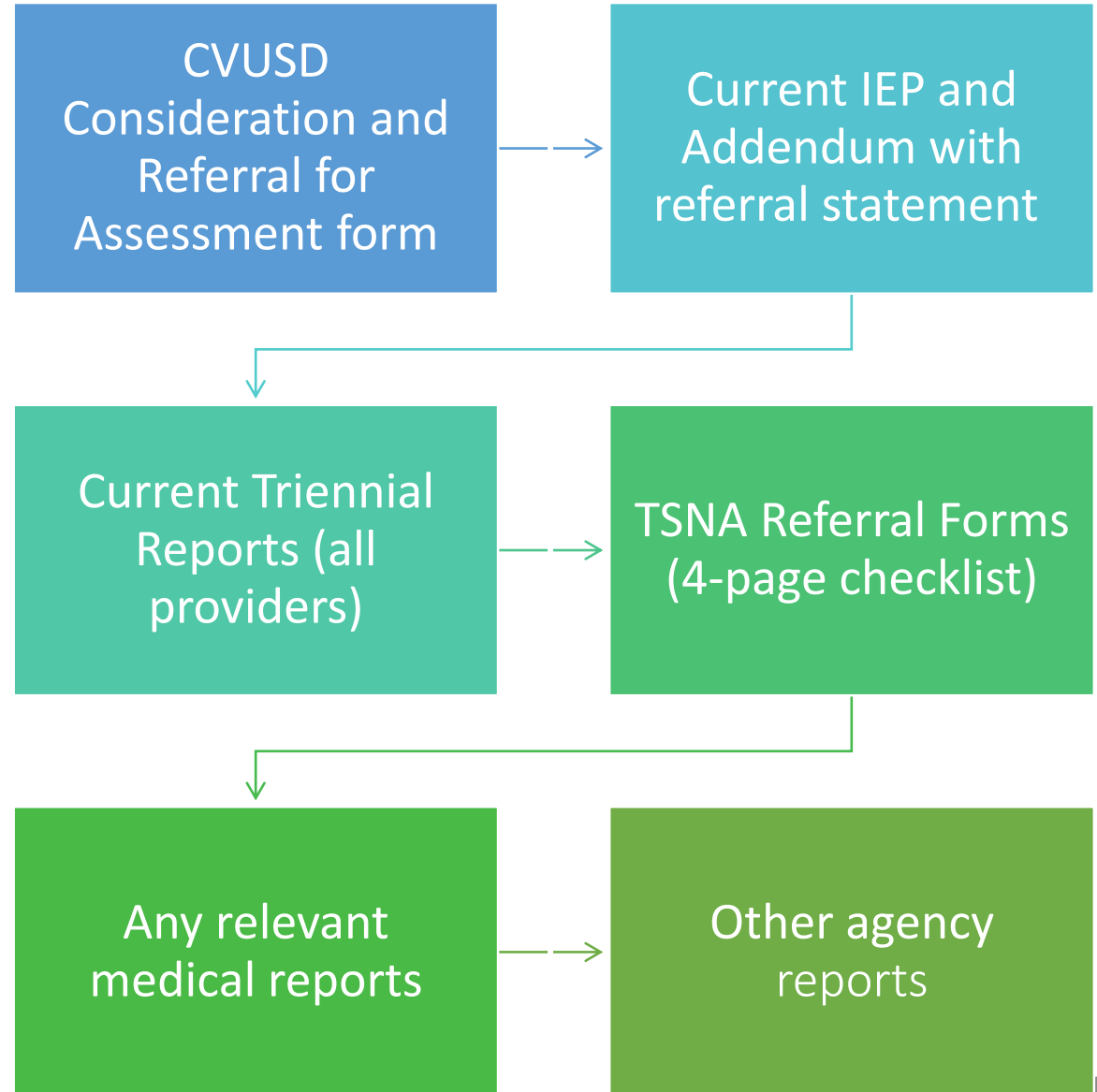
- Examples: accommodations, modifications, accessibilities tools, instructional aide support, SAI teacher support etc.

The two primary categories to be considered for Temporary Special Needs Assistant include:

- 1. Significant Health/Personal Care Issues
- 2. Behavior and Safety

All students with a TSNA should have an Independence Plan in the IEP.

# TSNA Checklist





DOB: _____	Age: _____	Grade: _____	Gender: _____
<b>Eligibility:</b> _____	<b>Placement:</b> _____		
<b>School:</b> _____	<b>Case Carrier:</b> _____		
<b>Additional Support Providers:</b>		<input type="checkbox"/>	<b>Mental Health</b>
<input type="checkbox"/> <b>Clinical Counselor/ School Psychologist</b>		<input type="checkbox"/>	<b>APE Specialist</b>
<input type="checkbox"/> <b>Speech Therapist</b>		<input type="checkbox"/>	<b>Other:</b>
<input type="checkbox"/> <b>Occupational Therapist</b>			

<b>Reason for Referral:</b> _____		<b>Other Areas to Consider:</b>	
		<b>Behaviors/Medical Impacting Learning</b>	
<b>Health/Personal Care Issues/Medical</b>	<b>Behavior and Safety</b>	<b>Instruction/Educational Benefit</b>	<b>Inclusion/Mainstream</b>
<input type="checkbox"/> Specialized health care plan <input type="checkbox"/> G-Tube <input type="checkbox"/> Medications: Type: _____ Frequency/Duration: _____ <input type="checkbox"/> Suctioning <input type="checkbox"/> Specialized Food preparation <input type="checkbox"/> Personal Care: _____ _____ <input type="checkbox"/> _____	<input type="checkbox"/> Behavior Goal <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Aggressive <input type="checkbox"/> Self Injurious <input type="checkbox"/> Property Destruction <input type="checkbox"/> Self Stimulatory behavior <input type="checkbox"/> Escape/Avoid Task/Demand <input type="checkbox"/> Anxiety <input type="checkbox"/> Difficulty regulating emotions	<input type="checkbox"/> Behavior interfering with learning <input type="checkbox"/> Attending/engaged in learning <input type="checkbox"/> Staying on task <input type="checkbox"/> Waiting <input type="checkbox"/> Difficulty following directions <input type="checkbox"/> Difficulty accepting prompts	<input type="checkbox"/> Inappropriate social skills <input type="checkbox"/> Social supports <input type="checkbox"/> Direct support with peer interaction <input type="checkbox"/> Support to transition <input type="checkbox"/> Within classroom <input type="checkbox"/> On campus <input type="checkbox"/> Turn taking <input type="checkbox"/> Waiting <input type="checkbox"/> Other: _____ _____ _____

# TSNA Best Practices

- Always involve a Program Specialist when discussing a possible referral for TSNA.
- Discussion of a referral for TSNA should be documented in an IEP with all the current supports that is already in place.
- Do not generate an assessment plan, the PS will generate the AP once the referral has been approved.
- A PS will need to be invited to the IEP meeting to discuss the continuation of the TSNA (DO NOT continue services without a PS).
- Include a student independence plan with the IEP for every student with a TSNA.

This independence plan is attached to the IEP dated: [Click here to enter a date.](#)

<b>Student Name:</b>	<b>Date of Plan</b> <a href="#">Click here to enter a date.</a>
<b>Next Review Date</b> <a href="#">Click here to enter a date.</a>	



**Current supports available in the school environment (natural supports, student-teacher ratio, itinerant staff, etc.)**

**Specific schedule of assistance provided (specify times, class subjects, and activities):**

**Specific schedule when assistance is not provided (specify times, class subjects, and activities):**

What are the TSNA replacement behavior, education, health and/or safety goals for the student? Describe the activities or environments where the replacement behaviors should occur.

Goal 1	Current Baseline of desired behavior/skills	Current levels of supports <u>used to</u> perform desired behavior/skills

Goal 1:

Procedures: What will be taught so the student learns the replacement behavior/skills? (Task analysis of skill development)	Arrangement (Where/When/Material)	Person(s) Responsible
Measurement/Progress Monitoring: (Who, <u>How</u> often, and How will the data be collected?) If using a documentation <u>sheet</u> please attach.	Decision Rule: How will the data be evaluated to determine if intervention is working?	
	Criteria for fading and Description of the level of TSNA Assistance	
What are the adaptations/accommodations that will be used to promote and sustain independence:		

# Student Independence Plan



# OCCUPATIONAL THERAPY



- The purpose of Occupational Therapist (OT) in a school setting is to support positive educational outcomes (California Department of Education 2009).
- Occupational therapy works with the educational team to support a child's ability to gain access to the general education curriculum, meet state standards, make adequate yearly progress, participate in postsecondary education, and become functional independent citizens upon graduation.
- In school-based practice, OTs view disability in terms of the ways in which a child is faced with activity limitations and participation restrictions, instead of a focus on projected limitations of a singular diagnosis, disease, or disorder.

## Purpose of OT in a Public School Setting

# Why is OT not Stand-alone?

- IDEA 2004/Part B regulations contain the definitions of the disability categories which qualify for services under the law. **Speech and language impairment is listed as one of the categories** included in IDEA. Section 300.8 defines a child with a disability as:

(a)General. "(1) As used in this part, the term 'child with a disability' means a child evaluated in accordance with SS 300.3034-300.311 as having intellectual disabilities, a hearing impairment including deafness, a speech or language impairment, a visual Impairment including blindness, emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services."

- When it is determined that a child manifests with one or more of the disabilities listed above, the assessment team must assess to determine whether or not the disability rises to the level of qualifying for Special Education services.

**OT is NOT  
a  
disability  
category**

# Why is OT Not Stand Alone?

- The IEP team **first determines** whether the general education teacher and special education teacher can meet the needs of the child who has been found eligible for special education.
- If the child presents with additional needs that cannot be met by the teacher, then related services should be explored.
- Special education means educating the child, at no cost to the parents, to meet the unique needs of a child with a disability, including specially designed instruction (34 CFR § 300.39; EC § 56031).
- **Related Services may not be offered separately from special education unless state standards consider the service to be special education** [34 CFR §300.8(a)(2)(i) and (ii)] . . . and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes (34 CFR 300.34(a)).

In California OT is not considered a stand alone service, whereas Speech and Language is considered a stand alone.

## Educationally Based OT

The specific wording in Title 34 of the *Code of Federal Regulations* Section 300.34(c)(6) states,

- Occupational therapy includes:
  - Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
  - Improving ability to perform tasks for independent functioning when functions are impaired or lost; and
  - Preventing, through early intervention, initial or further impairment or loss of function.



# Educators Checklist and Classroom Interventions

(website)

- Neuromuscular and Movement Related Functions for School Participation
  - This relates to the student's abilities for body manipulation for reaching, bending, and carrying objects in different planes. It also relates to muscle strength and endurance for sustained period of participation; and relates to dynamic body positions such as mobility, transitions, and postural control when accessing different school environments.
- Visual Perceptual Skills for School Participation
  - This relates to the student's abilities for reception and cognition of visual stimuli for school participation. It includes the recognition and identification of shapes, objects, colors, and other qualities, and allows the student to make accurate judgements about size, configuration, and spatial relations of objects.
- Fine Motor Skills for School Participation
  - This relates to the student's movement patterns of the upper extremity that allow the student to interact with the manipulative objects and tools in meaningful and purposeful ways. It includes reaching, grasping, carrying and releasing objects, for in-hand manipulation, and for bi-lateral use.

# Educators Checklist and Classroom Interventions

- Visual Motor Skills for School Participation
  - This relates to the student's ability to integrate visual perception and skilled hand coordination into motor performance. It includes tasks such as doing puzzles, using blocks, copying, drawing, writing, cutting, etc.
- Sensory Processing Skills for School Participation
  - This relates to the student's ability to make meaning out of the sensory input he/she receives. It looks at the different sensory systems and sensory patterns, and the environment, and on how they support or interfere with the student's classroom participation.
- Self-help for School Participation
  - This relates to the student's ability to care for self. It includes opening and closing classroom hardware such as knobs and faucets, manipulating utensils and clothing fasteners, opening food packages, and managing backpacks.

## Considerations when there is an OT Concern...

- Identify the student's concern/s relating to physical strength and endurance, fine and visual motor skills including handwriting, visual perceptual skills, sensory processing including sensory modulation and discrimination, motor planning or praxis, and self-help skills
- Interventions must first be attempted including specific exercises and activities or classroom accommodations
- The team should describe the concerns that are impeding the student from benefiting from his classroom curriculum
- The team (site OT attending) will make the referral for consideration of assessment for Educationally Related Occupational Therapy Services by completing the referral packet; documented in IEP

# Best Practices to Determine an OT Referral

## Understand

- Understand how a student qualifies for Occupational Therapy (only after special education eligibility through a psycho-educational evaluation)
- Understand & Acquaint yourself with the OT Referral Process & Referral Packet
- Understand that all other measures of support must be exhausted

## Work

- Work closely with your Occupational Therapist from the beginning of concern
  - IEP Concern/STEP concern
  - Parent concern
  - Teacher concern

## Provide

- Provide Professional Development time for your OT to present information on eligibility, referral process, and classroom support opportunities


## Remember

- Remember for a student to qualify for eligibility, the disability must adversely affect **educational performance AND cannot be corrected without special education and related services**

OT Referral gets sent to DO; Administrator signs off that all documentation is complete; referral goes to site OT from DO after Director approves

# Educationally Related Mental Health Services (ERMHS)

- **Individual Counseling Services for Special Education Students**
- **Assessors:** Behavior Intervention Program (BIP) Counselors
- **Service Providers-** BIP Counselors



# ERMHS Referral Process

- **Student behavior concerns should be discussed with your School Psychologist (SP) first.**
- **Exhaust Other Interventions**
  - MTSS-Behavior
  - Behavior Intervention Plan (BIP)
  - OR Student Support Plan (SSP)
  - Review and revise BIP as needed
  - Chino Human Services
  - Monitor and review behavior goal progress or lack of (BIMAS)
- **Referral for ERMHS is discussed at an IEP meeting and the SP must be present.**
- **SP completes the referral packet for BIP coordinator to review and assign to BIP counselor.**
- **BIP counselor contacts parent and provides the assessment plan.**
- **If eligible, student receives ERMHS, progress is reported annually, and the need for services are assessed triennially.**

# Scenario Question

A new student transfers to your school with an IEP that indicates the current service, Guidance and Counseling. You notice that the student has a current behavior goal; however, the student does not have a Behavior Intervention Plan (BIP). Who should be contacted to discuss and address the BIP and counseling at the 30 day IEP meeting?



## Behavioral Health Services (Medi-Cal)

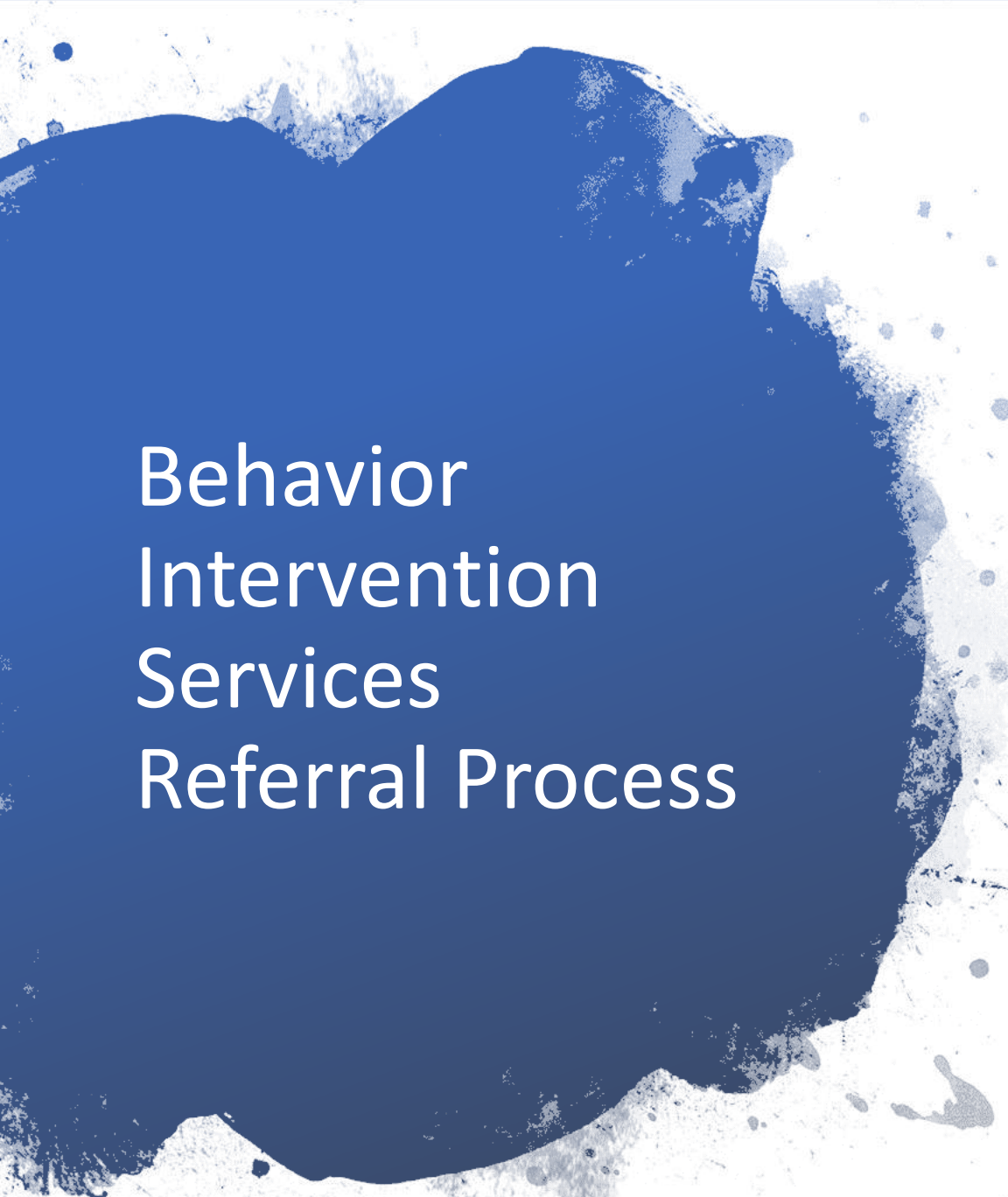
- Individual counseling services for students (GE & SpEd) with Medi-Cal
- Referral process-
  - GE students- Submit referral to Behavioral Health (Adult School)
  - SpEd students- Contact SP



# Behavior Intervention Services

**All student behavior concerns should first be discussed with your School Psychologist**

- Services Intended As: Consultation and support for staff working with students with significant behavioral concerns being addressed through a BIP
- Behavior Needs Assessment Completed By: BIP Specialists (BCBAs)
- Services Provided By: Behavior Intervention Program (BIP) Aides who are supervised and trained by the behavior specialists



# Behavior Intervention Services Referral Process

- Other interventions to be exhausted prior to referral include IEP behavior goals, a Functional Behavior Analysis (FBA) assessment, implementation, monitoring, and revision of a BIP
- If no progress made with behaviors, SP will discuss concerns with Program Specialist (PS) and BIP Coordinator
- Referral for a behavior needs assessment to be discussed at an IEP meeting (PS MUST be present)
- Referral packet completed by PS and provided to BIP Coordinator for review
- Behavior Specialist contacts parent to provide the AP and assesses within 60 days



# Behavior Intervention Services Best Practices

- Anytime a parent mentions a request for a Board Certified Behavior Analyst (BCBA) or Applied Behavior Analysis (ABA) training/aide, contact your PS
- Behavior specialists and BIP aides are not intended to provide direct services to students
- Encourage your site staff to collaborate with the behavior specialists and BIP aides to optimize student progress and success when addressing behavioral challenges

# **BRIEF Academy**

## **Building Respect, Independence, Excellence, & Family**

### **Short-Term Intensive Intervention Program with Embedded Supports**

- Specialized Academic Instruction (SAI)
- Social Emotional Learning Curriculum
- Individual, Group, and Family Counseling
- Occupational Therapy/ Sensory Integration Room
- Speech and Language Services/Social Skills Groups
- Behavior Intervention Services

# BRIEF Academy



LOCATED BETWEEN LIBERTY  
ELEMENTARY AND WOODCREST JR.  
HIGH



K-3<sup>RD</sup> GRADE SPECIAL EDUCATION  
STUDENTS



BRIEF IS NOT LIMITED TO ED OR  
AUTISM ELIGIBILITY



# BRIEF Academy Best Practices

- Discuss student behavior concerns with your SP
- Begin implementing behavior interventions immediately
- If you have a student that you feel would be an appropriate candidate for BRIEF, discuss with your SP.
- SP completes the referral packet for BRIEF referrals
- BRIEF is intended to be a short-term setting. The goal is to address student behaviors and transition student back to a comprehensive school.

# Adapted Physical Education (APE)



Adapted Physical Education (APE) is a related service that may be necessary when the special education student has a gross or fine motor impairment that interferes with his/her ability to develop the motor skills needed for physical education activities. (Reference: [34 CFR 300.34.](#))



When a child has been identified as having one of the 13 areas of disability, he/she may require a range of services, or solely the services of adapted physical education.



Adaptations, accommodations and modifications within the existing general PE program shall be documented before a child is referred to adapted PE.



Legal Reference: Sec. 56303 A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.

# APE Best Practices

- If a teacher is unclear how to modify an activity, ask the adapted physical education teacher to help provide appropriate instructional strategies, modifications, and adaptations.
- Fill out the adapted physical education observation check list (elementary both pages, secondary first page only).
- Secondary- APE teachers should be co-teaching with General Ed P.E teacher.



# What do Assistive Technology (AT)/Augmentative Alternative Communication (AAC) Referrals Support?



AT supports  
goals/objectives for OT  
concerns

Occupational  
Therapist—Ed Code  
Fidgets/pencil  
stabilizers



AAC supports  
goals/objectives for  
communication concerns

Speech and  
Language  
Therapist—Ed Code  
Icon Board



AT supports  
goals/objectives for  
access to curriculum

SAI Credential  
Teacher with  
collaboration of OT  
& SLP  
• Text to Speech  
(dyslexia)

# Best Practices for AT/AAC Referrals

- An IEP discussion of possible need for AT/AAC referral needs to be documented **prior to a referral**
- All other means of support, strategies, and accommodations must be exhausted including technology that is available to ALL students
- Referral must indicate what goals/objectives can't be met without AT/AAC
- **AT/AAC does not mean IPAD or laptop; many non-tech AT/AAC devices are more successful for students**
- All components of referral need to be completed with data collected over 4-6 weeks of time and discussion documented in an IEP with PS present and OT/SLP present
- **Case manager and team teachers must implement the use of AT/AAC**, not the sole responsibility of a Related Service Provider
- **Site Administration is responsible for training staff on technology that is part of what is available for ALL students**

# Best Practices, continued



Remember that Administration signs off on the referral, so the Administrator needs to review all parts of the referral prior to submission to SPED DO.



IF you are not sure then speak to your site SLP or OT, speak to your Program Specialist, or call our Special Education Department.

# Success Criteria



- Be able to refer to the SPED Referral Handbook
- Know what to check for prior to agreeing to a referral
- Support the IEP team with the referral process