

parent handbook for special education



www.westport.k12.ct.us/district/pupil-services/special-education/

2011/12

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Introduction

The stated mission of the Westport Public Schools and the Special Education Parent Representatives group is to work to develop a partnership between professional staff, parents and students to identify, build consensus, and implement the best educational practices which result in increased student learning.

This handbook has been revised by parents of children receiving special education services in consultation with staff in the Westport Public Schools. The text first references Federal and State law and regulations followed by practical applications under "Tips for Parents". It has been developed to guide parents through the educational process and assist parents in forming collaborative parent-professional relationships in the best interest of their children. It can be accessed on the web at www.westport.k12.ct.us/specialed.htm.

Handbook Developed by:

Special Education Parent Representatives of the
Westport PTA Council

ARC Youth Division
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LEGAL OVERVIEW

IDEA (Individuals with Disabilities Education Act)

All children have a right to a free and appropriate public education (FAPE). This right is guaranteed by federal and state laws.

In 1975, Public Law 94-142, The Education for all Handicapped Children Act, was signed into law to insure that the educational rights of children with special needs were protected and that their education was provided in a way that met their needs. In 1990, this act was amended and renamed the Individuals with Disabilities Education Act or IDEA. In 1997, the IDEA was reauthorized to further strengthen the roles of parents, students and educators in the education process.

IDEA provides the rules or guidelines for special education services throughout the United States.

IDEA has the following major components, which are the landmark principles of special education:

Zero-reject: This component prohibits schools from excluding any child from education because he or she has a disability.

Non-discriminatory evaluation: Fair testing of children is required, with tests that are administered and scored in an unbiased way.

Free, appropriate, individualized education: This is the landmark principle of IDEA, requiring a child's education to be designed to his or her needs. The Individualized Education Program, or IEP, is the document that spells out those needs into a program of services.

Least restrictive educational placement (LRE): To the greatest extent possible, children with disabilities are required to be educated with their peers without disabilities.

Procedural due process: Parents must be given the opportunity to consent or object to their children's education, referral, assessment, program, or placement.

Parent participation: Parents may participate as full partners and have full knowledge of their child's education program.

The special education laws once again were updated in 2004. The reauthorized law, called the Individuals with Disabilities Education Improvement Act (IDEIA), aligns the special education law with the requirements of the No Child Left Behind Act of 2001. The IDEIA amended the IDEA in efforts to create more flexibility in formulating programming and services for students with disabilities. The IDEIA also places additional emphasis on cooperation between parents and school districts and attempts to streamline the process for resolving disputes under the IDEA.

The new regulations are now in effect and can be accessed at the following website:
<http://www.ed.gov/policy/speced/guid/idea/idea2004.html>

Rehabilitation Act Section 504

"Section 504" refers to Section 504 of the Rehabilitation Act of 1973 and to the amendments to the act since 1973. Section 504 states that no individual with a disability shall be:

"excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

For children with disabilities, the most important regulations for Section 504 concern access and reasonable accommodation.

To be eligible for protection under Subpart A of Section 504, an individual must meet the definition applying to any person with a physical or mental impairment substantially limiting one or more life activities such as walking, breathing, speaking, hearing, seeing, learning, performing manual tasks, or caring for oneself. This law does not require a written individualized education program document but it does require a plan for reasonable accommodation.

Subpart C of Section 504 requires a program receiving federal funds to operate in facilities accessible to and usable by people with physical and/or sensory disabilities.

Children who may be eligible for accommodations under Section 504 may have chronic conditions such as epilepsy, asthma, diabetes, Attention Deficit Disorder (ADD) but nonetheless might not qualify for services under the IDEA.

This law is enforced by the U.S. Office of Civil Rights and each school district with more than 15 employees is responsible for assuring compliance with Section 504. **The Family Education Rights and Privacy Act (FERPA).**

This law, sometimes called the Buckley Amendment, is a federal law enacted in 1984. It gives all parents of students under 18 years of age and all students over 18 years of age, the right to see, correct, and control access to student records. Any school which receives federal funds from the U.S. Dept of Education must follow this law. Schools are required to establish written procedures to carry out this law and to notify parents of their rights annually.

The following is a summary of the parental rights associated with educational records:

1. The right to request a list of the types and locations of education records collected, maintained and used by the school system.
2. The right to know who has access to these records, including the names and positions of staff members.
3. The right to inspect and review all education records pertaining to their child. If the school district maintains education records that include the names of more than one child, parents have the right to view only information pertinent to their child. Records will be made available within ten

school days and within three school days if information is needed to plan for due process or a PPT meeting.

4. The right to have an explanation and interpretation of their child's records.
5. The right to acquire one free copy of their child's records. A nominal fee may be charged for additional copies. This request is honored within five school days. The school district may not charge a fee to search for or retrieve information and any fee charged may not effectively deny parents their rights to inspect and review education records.
6. The right to have your authorized representative inspect and review your child's records.
7. The right to request an amendment to their child's education records if the parents consider information to be inaccurate, misleading, or in violation of privacy. A request for an amendment must be in writing and will be acted upon within a two week period.
8. The right to a hearing if the parents' request to amend their child's records is refused.
9. The right to place a statement in their child's records if the hearing officer decides against amending the information as the parents requested. This statement will be maintained as long as their child's record is maintained and will be disclosed whenever the confidential record is disclosed.
10. The right to be informed when the information in their child's records is no longer useful so that the parent may request destruction of the information.

EDUCATIONAL RECORDS

Educational records are collected and maintained as follows:

| TYPE OF DATA | LOCATION | LENGTH OF MAINTENANCE |
|--|-------------------------|---|
| Category A - Directory Name, Address, Date of Birth, Name of parent(s). Address, Telephone Academic work and level of achievement (grades and transcripts Attendance data | Cumulative File | 50 years following graduation of student's class |
| Category B - Confidential Standardized Test Scores (SAT, OLSAT, CMT) Individual Diagnostic Reading and Math test results (non-special education) | Cumulative File | 6 years following graduation of student's class |
| Category C - Confidential Health Records Evaluation Reports Referrals All Notice and Consent Forms Individual Education Plan (IEP) Release Forms Diagnostic Medical Information PPT/IEP Team meeting minutes | Health and PPS Files | 6 years following graduation of student's class |

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) of 1990 provides a clear and comprehensive mandate to ban discrimination against individuals with disabilities. This act has had a powerful impact on schools in that it strengthens 'the least restrictive environment' principle and creates greater opportunities for a child's inclusion in schools and the community.

Educate Yourself Learn about state and federal laws. Get information about special education services (see resource section) and successful programs in other schools.

THE REFERRAL PROCESS: BEGINNING THE PARTNERSHIP

Children bring unique abilities, strengths, and styles of learning to the educational setting. When a child has difficulty in school, it may be noticed by the teacher, other school personnel, the parents or the child.

What happens when a teacher has concerns?

If a teacher has concerns with a child's school performance, he or she may request assistance from the Child Study Team. The Child Study Team is a general education initiative designed to support teachers through strategies and suggestions for students who are experiencing difficulty in regular education. If the student's performance continues to raise concerns the teacher will refer the student to the Pupil Study Team (PST). The PST is composed of the classroom teacher, special education teacher and other school personnel as needed (speech therapist, psychologist). The PST works with the classroom teacher to suggest alternative intervention strategies for helping the child. Though this is not a special education process, it is required before a referral for special education (except in emergencies). Parents are made aware of this process before it is initiated. After alternative strategies have been used, the teacher and other involved school personnel evaluate the child's school performance and determine whether the alternative strategies are successful and should continue. Very often, many problems are resolved at this level.

-OR-

If, after a series of interventions, the team members believe a full evaluation may be necessary, they request an IEP team meeting with the parents to discuss the need for evaluation. In Connecticut, the IEP team meeting is called a planning and placement team meeting ("PPT meeting"). This is a formal process that follows state and federal guidelines, to which parents must be invited. This referral "starts the clock" with mandated timelines.

Special education law requires the school to meet strict time deadlines in evaluating a child and formulating an appropriate IEP. After the initial referral, State law requires that the school must complete its evaluation and formulate an IEP, if appropriate, within 45 school days (excluding weekends, holidays, school vacations and the time required to obtain written parental consent). As is explained below, a parent may also initiate a referral that will "start the clock running." The initial referral that begins this 45-day period can take place at any time during the school year, even if there are not 45 days left before the end of the school year. The federal IDEIA requires that regardless when the initial referral takes place, the evaluation must be completed within sixty (60) calendar days (which includes weekends and holidays) of when the parent gave consent for initial evaluation. In cases where the referral takes place at the very end of the school year or during the summer, the evaluation must still take place within 60 calendar days, however the time remaining on the 45-day period for formulating an appropriate IEP for the student based upon the results of the evaluation recommences the following fall when school reconvenes.

What happens when a parent has concerns?

The parent may also make a request for a special education evaluation by writing a letter to the teacher leader/assistant principal at the school your child attends. It is wise to date your request and keep a copy for your records. You may also verbally request a referral, however, a letter provides proof that a referral was indeed made. Upon the receipt of the request for evaluation, the team will meet to consider the request. A request for evaluation does not automatically trigger an evaluation. The team will meet and discuss the reasons for the request and determine if an evaluation is warranted. If the team decides to refer for evaluation, the same process outlined above would then be followed. If the parents disagree with the team's decision regarding the evaluation, they may refuse consent or exercise their due process rights.

Tips for Parents

Parents should receive written notice of a referral for special education evaluation made by school personnel within 5 days after the referral is made.

- Talk to your child
- Find out how your child feels about school. Find out his or her likes and dislikes.
- Talk with your child's teacher

Is your child having difficulty with homework?

- unable to complete work independently?
- begins, but can't complete assignments?
- can't recall the related instruction during the school day?

Does your child complain about physical illnesses, or invent excuses, in order to stay home from school?

Does your child appear not to have any friends, or doesn't talk about or know the names of classmates?

Does your child only use negative comments when talking about school?

- Observe your child at home

Make an appointment to observe your child in the classroom. Observe your child in different school settings. (lunch, recess, media, specials)
- Start a home file to include:
 - accurate record of meetings, phone calls, letters
 - copies of reports, correspondence, report cards, samples of your child's work
- Make sure the school personnel are aware of any services your child receives outside school.

THE PLANNING AND PLACEMENT TEAM (PPT) MEETING: THE TEAM PROCESS AT WORK

The purpose of the Planning and Placement Team (PPT) meeting is to:

- initiate and discuss evaluations
- determine eligibility for special education services
- develop the Individualized Education Program (IEP)
- review or revise your child's services
- determine appropriate placement (in or out of district)

Parents must receive written notice at least five school days prior to a PPT meeting stating the time, place and purpose of the meeting, and a list of the invited participants.

A PPT meeting must include a representative of the local education agency (administrator or designee), a special education teacher and general education teacher and a member of the Pupil Personnel Services staff (speech therapist, guidance counselor, psychologist, social worker, nurse, aide, etc.). Parents have the right to participate in their child's PPT meeting and in the decision making process as an equal partner. Students should be included whenever possible or appropriate, especially during transition planning.

Parents may bring persons of their choice to the PPT meeting for additional support including private specialists, advocates, family members, and friends. An interpreter will be supplied if needed.

At the start of the meeting, all participants are introduced. Parents will be offered a copy of the "Procedural Safeguards in Special Education." The team members should clarify the purpose for the meeting as stated on the invitation.

All decisions made at the meeting will be summarized on the "Written Prior Notice" page of the IEP (page 2). The actions recommended by the team, the actions considered but not recommended by the team and any actions refused by the district should be clearly stated on the Written Prior Notice page. Parents should check that their agreement or disagreement with the team recommendation is accurately recorded on the IEP, ("Written Prior Notice" under "Meeting Summary"). Parents may request additional time to consider the recommendations but unless they formally disagree, the IEP will be implemented 5 days after the mailing of the "Written Prior Notice."

Parents have the right to request a PPT meeting to review, revise, or disagree with the PPT decisions.

A PPT meeting must be scheduled at a time and place mutually convenient for parents and school personnel.

Parents will receive a full copy of the IEP, including the Written Prior Notice, within 5 school days after the PPT meeting.

Parental signature is required under these conditions:

- consent to conduct an evaluation of your child
- initial consent to receive special education services
- consent for private placement

Parents will receive written notice of an IEP team meeting at least 5 school days prior to the meeting.

Parents may request additional time to consider the recommendations but unless they formally disagree, the IEP will be implemented 5 days after the mailing of the 'Written Prior Notice'.

Tips for Parents

- Before the meeting, write a list of concerns or issues that you feel are important to discuss.
- Talk to other parents who have attended IEP meetings.
- Ask to see your child's school folder and any reports concerning your child prior to the IEP meeting.
- Think about whether your child should be included at the meeting and discuss this with school personnel.
- If the school prepares a draft of the IEP prior to the meeting, you may request to review it before the meeting.
- Take your own notes or tape record what was said at the meeting.
- Be a good listener. Listen to the staff's professional opinions about your child. Remember, school personnel are good advocates for your child too.
- When differences of opinion arise, talk them out.
- If you do not understand something, ask that it be restated. You may ask for an example or demonstration of what is meant.
- If you feel pressured or overwhelmed, it is okay to take a break. Leave the room, take a walk and reconvene. If you don't feel you can continue without time out to think about what you have heard, you may ask that the meeting be continued at a later date.

THE EVALUATION PROCESS IDENTIFYING YOUR CHILD'S STRENGTHS AND NEEDS

The purpose of the evaluation process is to identify your child's specific learning strengths, needs and concerns. This is a problem-solving process that involves many ways of collecting information. Information may be gathered through informal and formal observations; reviewing school work and records, talking with the teachers, standardized testing and checklists. The evaluation is done to determine if your child is eligible for special education services. This process also helps identify your child's strengths and abilities which are equally important in planning future services.

Evaluations are conducted for different reasons:

- Screening - to identify those children who may be experiencing learning difficulties.
- Eligibility - to determine whether a child is eligible for special education services (each child receiving special education and related services shall be re-evaluated at least once every three years to determine continued eligibility)
- IEP development and placement - to develop a plan of action and make decisions about a child's program
- Instructional Planning - to plan instruction appropriate to the child's specific strengths and needs and to monitor its effectiveness

There are certain requirements that all schools must meet when evaluating your child's need for special education services. These requirements include:

- The evaluation must be conducted by a “multi-disciplinary team”, meaning a group of professionals with expertise in different areas including at least one teacher or other specialist with knowledge in the area of your child's suspected disability.
- More than one evaluation instrument or procedure will be used as the basis for services. An evaluation need not always include an assessment of intellectual ability.
- Tests must be non-discriminatory and administered in your child's native language and primary means of communication.
- The team must collect information from a variety of sources which may include observations, parent interview, and review of pertinent medical history.

You will be invited to a PPT meeting to discuss the evaluation plan for your child in order to:

- fit the evaluation to the needs of your child;
- make you an informed partner from the beginning; and
- make the evaluation process the least intrusive and anxiety producing.

You must be informed in your native language of the school's intent to evaluate your child and your rights pertaining to special education services.

Parents must give their consent in writing before any initial evaluation can be performed.

Once the formal evaluation of your child has been completed, the results will be shared with you. You may wish to discuss the results at an informal meeting prior to the PPT meeting. Make sure you fully understand the results and conclusions drawn from the evaluation so you may work confidently with professionals in planning services for your child. If you disagree with the results, you may request an independent evaluation at the school's expense.

Timelines

- 10 days for parental consent for evaluation.
- Evaluation at least once every three years to determine continued eligibility, unless the PPT, including the parent, agree that reevaluation of the student is not necessary.

Tips for Parents

- Share information with the IEP team that will benefit your child's education
- Outside Evaluations (Parents may choose to have their child evaluated by outside professionals at any time during the process at their expense)
- A list of your child's strengths, needs, preferences, learning style
- Samples of your child's work!
- Videos of your child
- Learn more about the evaluation and the process - Ask questions!
- What questions do we have that we hope will be answered by the evaluation?
- Who will be conducting the evaluation and in what setting?
- What areas will be evaluated? What specific tests or portions of tests will be used and why?
- What is the training and experience of the persons administering the test?
- Does the evaluation need to be adapted to compensate for your child's suspected disability?
- Ask for any written information on the evaluation process.
- Talk with other experienced parents, school representatives, or outside professionals about the evaluation process.

- You have the right to disagree with the school's evaluation. You also have the right to request that a second evaluation be performed by a professional of your choice. In some cases, the school district may reimburse you for the second evaluation. If you request that a second evaluation by your selected professional be done at school district expense and the school district does not agree to honor your request, the school district will request a due process hearing. Through this hearing, a hearing officer will determine whether the school district's first evaluation was sufficient, or whether the school district must reimburse you for the second evaluation.

ELIGIBILITY: DETERMINING WHICH CHILDREN ARE ELIGIBLE FOR SPECIAL EDUCATION SERVICES.

After evaluation, the PPT is responsible for determining the eligibility of a child for special education and related services. Parents have the right to participate in this important meeting. The following definitions describe which areas of special needs/disabilities may qualify a child for special education services. The results and conclusions of your child's evaluation are compared to these definitions. If the results correspond with one or more disability definitions and if, due to this disability your child requires special education and related services, your child will be eligible for these services.

Definitions of categories for which students may be eligible for special education services:

Developmental Disability

A child (ages 3- 5) who is experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development or adaptive development and who needs special education and related services.

Autism

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a child's educational performance.

Deaf-Blind

Concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children who are deaf or children who are blind.

Deaf

A hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing with or without amplification, which adversely affects a child's educational performance.

Emotional Disturbance

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- a) an inability to learn which cannot be explained by intellectual, sensory or health factors;

- b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- c) inappropriate types of behavior or feelings under normal circumstances;
- d) a general pervasive mood of unhappiness or depression; or
- e) a tendency to develop physical symptoms or fears associated with personal or school problems.

Hearing Impairment

A measurable hearing impairment which, with or without amplification, impairs linguistic processing and adversely affects educational performance.

Intellectually Disabled

Significant sub average general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period, which adversely affects a child's educational performance.

Multiple disabilities

A combination of identifiable disabilities, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the disabilities but does not include students who are deaf-blind.

Orthopedic Impairment

A severe orthopedic impairment that adversely affects the child's educational performance. The term includes impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes, but does not include a temporary condition which is anticipated to be of less than three weeks duration.

Other Health Impaired (“OHI”)

Limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment that is due to chronic or acute health problems, which is anticipated to be of more than three weeks in duration.

Specific Learning Disability

A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, written, spell or do mathematical calculations. The term shall not include children who have learning problems which are primarily the result of hearing, visual, or physical disabilities, or mental retardation.

Speech and/or Language Impaired

A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

Traumatic Brain Injury

An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance.

Visual Impairment

A measurable visual impairment which, even after correction, continues to adversely affect the child's educational performance. The term shall include both partially sighted and blind children.

Tips for Parents

- Ask another person - spouse, friend, or professional to attend the PPT meeting with you. It can be overwhelming and it is helpful to have another pair of ears at the meeting. Many parents also tape record this discussion.
- Consider presenting your opinions to the team members in a statement which you have developed prior to the meeting (see below).
- You may wish to bring a professional or others who have worked with or know your child.
- Before the PPT meeting, make sure you understand the nature and basis of your child's specific needs. Do you have enough information? Have you reviewed the evaluation reports?

Sample Parent Statement for an IEP Meeting

Jay is an eight year old boy who is very gifted some areas but also has some unique learning needs. Jay loves to draw; is physically coordinated and talented; has a competitive spirit; musical aptitude; is sensitive and gentle; and shows heightened awareness artistically. Jay enjoys participating in the swim team and playing tennis. He's always shown a great imagination and loves playing games. He has a best friend who shares his interests and they enjoy playing together for hours. As parents, Jay has challenged our skills and patience and we have learned that positive expectations and reinforcement work most effectively for him. Behaviors that concern us with Jay are his mood swings and intense behaviors.

Our Concerns:

- x Jay is falling behind academically
- x Jay has difficulty getting organized (getting into his class on time, handing in homework, organizing his written work and thoughts)
- x Jay has difficulty following school rules with authority
- x While there has been some improvement, peer interactions are still very difficult for him

Our Goals :

In general, to help Jay feel good about himself and his ability to learn, enjoy positive interactions with peers and adults, and to progress academically.

Specifically:

1. For Jay to work at a fourth grade level in all academic areas.
2. For Jay to become a more organized and independent learner.
3. For Jay to improve his ability to monitor his behavior and get help when he needs it.
4. For Jay to increase his social interaction skills.
5. For Jay to follow the school routines and rules independently.

THE INDIVIDUALIZED EDUCATION PROGRAM (IEP): "A PLAN FOR ACTION"

Once your child has been determined eligible to receive special education and related services, you will begin the team process of developing an individualized education program (IEP) designed to meet the specific needs of your child. The IEP is both a document and a process.

The development of the IEP gives you the opportunity to work with educators as equal partners to identify your child's needs, what will be provided to meet those needs, and what the anticipated outcomes or goals may be. The process of collaborative goal setting allows both educators and parents to combine their separate areas of expertise to plan for the specific needs of a child.

The IEP is also a document - a written description of the plan developed for your child. It is a contract in writing of the resources the school agrees to provide. The IEP document will be written at the team meeting. A proposed IEP, labeled DRAFT, may be presented at the meeting, but changes can and should be made as the team works together to develop the plan.

The IEP will include the following content areas:

1. A statement of the child's present level of education performance, including (where appropriate): academic achievement, communication, social/emotional, vocational/transition, fine and gross skills and activities of daily living (community participation and independent living) skills.
2. A statement of annual educational goals for the coming school year and a statement of how and when progress towards meeting the annual educational goals will be measured. (e.g.: Mary will use strategies and apply math skills to solve word problems.)
3. A statement of short-term instructional objectives or benchmarks derived from the annual educational goals. (e.g. with teacher demonstration, the child will use a word to request a desired object across 3 people and 2 environments, .4/5 trials.)
4. A statement of specific educational services needed by the child, including a description of special education and related services which are needed to meet the needs of the child and the recommended instructional settings, the date when those services will begin, the length of time the services will be given and the location.
5. Program considerations must be discussed and documented including: the length of the school day and year, assistive technology, vocational/career education, physical education, extended school year services, need for a functional behavior assessment and transportation.
6. A description of the extent to which the child will not participate in the general education program, and the justification for removal from general education (if needed).
7. Modifications and accommodations in general education including nonacademic and extracurricular activities.

Timelines

Parents will receive a copy of the IEP within five (5) school days after the IEP meeting. The IEP will be reviewed at least annually.

Tips For Parents

Before the IEP is developed:

- Familiarize yourself with the IEP document.
- Review all relevant information, including:
 - assessments (make sure they are accurate and up to date)
 - prior IEPs
 - teacher progress notes
 - your child's schoolwork
 - the general education curriculum for your child's grade
- If the school has prepared a draft IEP prior to the meeting, you may ask to review it.
- Remember, you are an expert in your child's development. Be prepared to share your observations of your child's functioning in the following areas: movement, communication, social relationships and behavior, independence, preferences, problem solving.
- Be prepared to share your educational expectations for your child and what annual outcomes you would like to see your child accomplish during the year. Also, it's helpful to share your vision for your child's future with the team. It is important that everyone is heading towards the same goal.
- Be prepared to share your observations about the way your child learns best. Does he/she learn by:
 - touching, holding
 - seeing, looking, watching
 - working in groups with other children
 - working alone or with one friend
 - drawing, writing
 - talking about new things he/she is learning
- Be sure all services necessary to implement your child's educational program are being written into the IEP.
- Be sure to consider all of your child's needs including socialization and include strategies such as Social Skills groups or MAPS if necessary.
- Consider building strategies for ongoing communication with your child's team.

- Try to resolve any questions or concerns you have prior to the IEP meeting so meeting time can be used productively to formally agree to the plan. With prior discussion, there should be no surprises at this meeting.
- You may wish to tape record the meeting for later review.

Additional Tips for Parents

After the IEP is developed:

- Ask for suggestions of how you can continue, expand and reinforce school activities at home.
- Take the time to explain any special equipment your child uses outside of school.
- Inform the teacher of any activities or significant events that may influence your child's performance in school.
- Let the school know that you would like to be called if your input is needed. Remember, you and the school want the best for your child. Working together can make that happen.
- Ask that samples of your child's work be sent home. If you have questions, make an appointment with the teacher(s) and other service providers to discuss new strategies to meet your child's goals.
- Take the initiative. If you want to meet with the teacher, call him or her and arrange a visit.
- While in the classroom, observe how your child participates. Does the teacher treat your child the same way others are treated?
- Is your child reasonably happy? Does he or she feel pretty good about school? Talk to your child about what's going on.
- Does your child seem to be making progress toward the goals of the IEP? If not, and you see it first, it is your responsibility to contact the school and talk about it. Remember, you and the school are on the same side: your child's!

The IEP Checklist

Do the IEP team members include:

Required:

- parent(s)
- student (as appropriate)
- special education teacher(s)
- general education teacher(s)
- related service providers (PPS)
- administrator (who is knowledgeable about the general curriculum and able to commit resources)

Optional:

- family members/friends
- peers/advocates
- specialists
- other professionals

Excusal of Members:

- Have you agreed in writing that one or more members of the PPT are not needed at this specific meeting?
- Have the excused team member submitted any written comments, feedback or data for the PPT to review and/or consider in his/her absence?

Were IEP team members notified and the meeting scheduled:

- in sufficient time to allow parents to make arrangements to attend
- at a time and place mutually agreeable
- of the purpose, time, place, and participants
- that parents may bring others
- in the primary language of the parents

Does the Present Level of Performance:

- describe the student in a positive way
- reflect parent concerns
- include strength and needs
- reflect the results of most recent evaluations
- reflect the results from a variety of assessment tools
- describe how the disability affects involvement in the general education program

Are Annual Goals and Objectives:

- meaningful and attainable within one school year
- allow students to be involved in and progress in the general education program
- clear on what the student will do, how, where and when he/she will do it
- include behavior intervention plan, if needed
- clear as to how progress will be measured for each goal/objective
- clear as to how parents will be informed of progress
- promote high expectations for the student
- prioritized in terms of the student's age and time left for schooling

- include skills to help the student live as independently as possible

Do Related Services, Supplementary Aids and Supports:

- help him/her reach annual goals
- help him/her progress in the general curriculum program
- help him/her participate with other students, disabled and non-disabled
- include specifics: start/finish dates; frequency; duration; location; who will deliver; delivery method (individual or group, in class)
- include modifications for participation in standardized tests or
- a statement of why a particular test is not appropriate and what will be used instead

Placement

- decided alter goals, objectives, and supports are agreed upon
- in the least restrictive environment
- if student is not participating in all general education activities, a justification is included
- IEP is coordinated with general education classroom, schedules, activities, and program

Instruction and Adaptations

- is person(s) responsible clearly listed (i.e. special education teacher, general education teacher, specialist, aide, parents, student, others)
- when, where, and how often will IEP be carried out including seating preferences; individual or small group instruction needed; extra time to complete assignments; assistive technology needs (i.e. calculators, tape recorders, taped textbooks); any other special equipment, materials, resources

Transition

- by age 16, specific transition services, related services needs and other agencies to be included
- before age 18, what rights will transfer to the student
- articulation plan developed for smooth transition to new setting (i.e. preschool to kindergarten or elementary to middle school a year prior to the move)

SAMPLE IEP Adaptation and Modification Checklist

Pacing:

- Extend time requirements
- Vary activity often
- Allow breaks
- Omit assignments requiring copy in timed situation
- School text sent home for summer preview
- Home set of texts/materials for preview/review
- Give extra cues or prompts
- Other:

Motivation and reinforcement:

- Verbal/non-verbal
- Positive reinforcement
- Concrete reinforcement
- Planned motivating sequences of activities
- Reinforce initiation
- Offer choice
- Use strengths/interests often
- Other:

Environment:

- Preferential seating
- Planned seating: classroom, bus, cafeteria, auditorium, specials
- After physical room arrangement
- Define areas concretely
- Reduce/minimize distractions: visual, auditory, spatial, movement
- Teach positive rules for use of space
- Other:

Testing Adaptations:

- Oral
- Taped
- Pictures
- Read test to student
- Preview language of test questions
- Applications in real setting
- Test administered by resource person
- Short answer
- Multiple choice
- Modify format
- Shorten length
- Extend time frame
- Other:

Assignments:

- Give directions in small, discrete steps (written/picture verbal)
- Use written back up for oral directions
- Lower difficulty level
- Shorten assignment
- Reduce paper and pencil tasks
- Read or tape record directions to student
- Use pictorial directions
- Allow student to record or type assignment
- Adapt worksheets/packets
- Utilize compensatory procedures by providing alternate assignment/strategy when demands of class conflict with student capabilities
- Avoid penalizing for spelling errors/sloppy
- Avoid penalizing for penmanship
- Other:

Self Management/Follow Through:

- Visual daily schedule
- Calendars
- Check often for understanding/review
- Request parent reinforcement
- Have student repeat directions
- Teach study skills
- Use study sheets to organize material
- Design/write/use long-term assignment timelines
- Review and practice in real situations
- Plan for generalizations
- Teach skill in several settings/environments
- Other:

Social Interaction Support

- Peer advocacy
- Peer tutoring
- Structure activities to create opportunities for social interaction
- Focus on social process rather than activities/end product
- Structure, shared experiences in school, extracurricular
- Cooperative learning groups
- Use multiple rotating peers
- Teach friendship skills/sharing/negotiation
- Teach social communication skills greeting, conversation turn taking, sharing, negotiation
- Other:

Presentation of Subject matter:

- Teach to student's learning style: linguistic, logical/math musical, spatial, bodily/kinesthetic, interpersonal, model experiential learning
- Utilize specialized curriculum
- Teacher tape lectures/discussions for replay
- Teacher provide notes
- NCR paper for peer to provide notes
- Functional application of academic skills
- Present demonstrations/model
- Utilize manipulatives
- Emphasize critical information
- Pre-teach vocabulary
- Make/use vocabulary files
- Reduce language levels of reading level of assignment
- Use total communication
- Use facilitated communication
- Share activities
- Use visual sequences
- Other:

Materials:

- Arrangement of material on page
- Taped texts and/or other class materials
- Highlighted texts/study guides
- Use supplementary materials
- Note taking assistance
- Type teacher material
- Large print
- Special equipment: calculator, AAC device, computer, homemade device, electronic, video recorder
- Other:

CONTINUUM OF SERVICES

The IEP process results in a decision concerning a learning environment in which the identified goals and objectives can best be met by the child.

Special education law requires an education in the least restrictive environment (LRE). Every district must assure an appropriate and effective education of every child in the general education classroom to the maximum extent appropriate.

Federal regulations outline the following guidelines regarding placement decisions:

- Special classes, separate schooling, or otherwise removing your child from general education should occur only when the nature or severity of your child's disability is such that education in general education classes cannot be achieved satisfactorily, even with the use of supplementary aids and services.
- Schools must consider a continuum of placement options (general education classes, general education classes with minimal support, general education classes with one-to-one assistance, special education classes, etc.), and supplementary services (adaptive physical education, speech and language, etc.).
- Schools must provide education as close to your home as possible, and allow your child to participate in extracurricular and nonacademic activities to the extent appropriate.

If your child is removed from a general education classroom, the school must work to return your child to the general education classroom as soon as possible.

Tips For Parents

- Remember - *special education is not a place* - but, services and supports to assist your child in the setting most appropriate for his/her needs.
- Make sure you understand your child's strengths and needs and what types of supports will be beneficial.
- Share your vision and expectations for your child.
- Be sure to consider all supports and services to help your child succeed (i.e. assistive technology, adapted or modified curriculum, special equipment, special education consultation).

RELATED SERVICES

The IDEA defines 'related services' as:

- transportation
- and such developmental, corrective, and other supportive services as may be required to assist a child with a disability to benefit from special education, including, but not limited to:
 - speech and language therapy
 - audiology
 - psychology
 - physical therapy
 - occupational therapy
 - assistive technology
 - recreation
 - social work services
 - medical services (for diagnostic and evaluation purposes only)
 - school health services
 - counseling services

The need for related services is individually determined through the IEP process.

Related services must have a relationship to the child's special education needs and must be necessary to give the child the opportunity to benefit from his or her special education program.

The district provides related services through its own personnel and by contracting with agencies and/or individuals who provide the services.

Related services can be delivered directly in an individual or group situation or indirectly by consultation with teachers and other school personnel so they may carry out interventions throughout the school day.

One type of service is not necessarily better than the other, but depends on the individual needs of the child.

Timelines

Frequency and duration of related services are listed in the IEP.

Tips For Parents

- Consider a variety of different ways and times for integrating services into your child's program.
- Consider the potential benefits and risks of services that take your child from the regular classroom.
- More is not always better.
- Frequency and duration of related services are listed in the IEP.
- Ask questions:
 - Who will provide the services?
 - How will the therapists and teachers communicate?
 - How will I receive information concerning my child's services?
 - Will the service be delivered individually or in a group (clearly specified on the IEP)?
- Talk to other parents whose children receive similar services.

FUNCTIONAL ASSESSMENT OF BEHAVIOR

The IDEA mandates positive behavioral interventions, strategies, and supports to address the behavior of a child whose behavior impedes his or her learning or that of others.

The functional assessment is a foundation of positive behavioral supports. The results of a functional assessment allow team members to design an environment that "works" for students with communication and behavioral challenges. The students with the challenges and those who best know the student collaborate with someone trained in behavioral analysis. Together, they plan how to reduce or eliminate the challenging behavior.

Functional assessment methods look at the behavioral support needs of people who exhibit the full range of challenging behaviors, such as self-injury, hitting and biting, violent and aggressive attacks, property destruction, and disruptive behaviors (e.g., screaming or tantrums).

Those who exhibit challenging behaviors may be labeled as having a developmental disability, autism, mental retardation, mental illness, emotional or behavioral disorder, traumatic brain injury or may carry no formal diagnostic labels at all. These individuals vary greatly in their overall support needs and ability to communicate and participate in their own behavioral support.

Information about when, where and why challenging behavior occurs builds effective, efficient behavioral support, because unplanned strategies can make behaviors worse. Allergies, infections, menstrual cycle effects, toothaches, chronic constipation and other medical conditions may bring on challenging behaviors. Medication can also influence behaviors.

A functional assessment:

- Clearly describes the challenging behaviors, including behaviors that occur together.
- Identifies the events, times, and situations that predict when the challenging behaviors will and will not occur across the range of daily routines.
- Identifies the consequences that maintain the challenging behaviors (what the person "gets out" of the behaviors, e.g., attention, escape, obtaining preferred items),
- Develops one or more summary statements or hypotheses that describe specific behaviors, specific types of situations in which they occur, and the re-enforcers that appear to maintain the behaviors in that situation,
- Collects directly observed data that support these summary statements,

A functional assessment can be done in many ways and at different precision levels depending on the behavior severity. A person who has observed undesirable behavior in different situations and concluded that "she does that because..." or "he does that in order to..." has also developed a summary statement about things that influence behavior.

Functional assessment methods fall into three general strategies:

1. **Information gathering (interviews and rating scales).** This method involves talking to the individual and to those who know the individual best. It also consists of formal interviews, questionnaires, and rating scales to identify which events in an environment are linked to the specific problem behavior.

Questions to answer include:

- What challenging behaviors cause concern?
- What events or physical conditions occur before the behavior that increases the behavior's predictability?
- What results appear to motivate or maintain the challenging behavior?
- What appropriate behaviors could produce the same result?
- What can be learned from previous behavioral support efforts about strategies that are ineffective, partially effective, or effective for only a short time?

2. **Direct observation.** Teachers, support staff, and/or family members who already work or live with the person observe the person having challenging behaviors in natural conditions over an extended period. The observations must not interfere with normal daily environments. In most cases, observers record when a problem behavior occurs, what

happened just before the behavior, what happened after, and their perception as to the function of the behavior. When an observer collects 10-15 instances of the behavior, he or she might discover where a pattern exists.

3. **Functional analysis manipulations.** Taking the assessment one step further is the functional analysis. In this process, a behavior analyst systematically changes potential controlling factors (consequences, structural variables, i.e., task difficulty or length) to observe effects on a person's behavior.

These determinations involve creating situations that will reduce, eliminate, or provoke the challenging behavior to test whether the hypothesis is correct. Functional analysis, although expensive in time and energy, may be the only way, in some cases, to ensure an adequate assessment. It is the only approach that clearly demonstrates relations between environmental events and challenging behaviors. To support the functional assessment, also consider measuring activity patterns (the variety and degree of community integration and relationships).

Behavioral support must be conducted with the dignity of the person as a primary concern.

The objective of functional assessment is not just to define and eliminate undesirable behavior but also to understand the structure and function of behavior to teach and promote effective alternatives.

Functional assessment is a process for looking at relationships between behavior and the environment. It is not simply a review of the person with challenging behaviors.

Taken from the Beach Center on Families and Disability: Fact Sheet on Functional Assessment of Behavior

Tips for Parents

Communicating with Professionals

Routine Communication:

Ongoing communication is essential for parents and professionals to work as partners in education. Discuss the best method and frequency for communication with your child's team and do whatever works for all involved.

Some methods of communication include:

Daily notebook or log
Checklists or worksheets
Weekly phone call
E-mail
Informal meetings or conferences

- Be specific on what information you need to monitor your child's academic and social functioning.

- Make sure you get feedback from all teachers and specialists working with your child, as appropriate.
- Be sure to share important information from home that may affect your child's functioning at school.

When there is a problem:

- Don't wait. Share your concerns first with the person(s) directly involved.
- Be specific about your concerns and the effect on your child's academic or social performance.
- Put your concerns in writing.
- Give the person(s) involved reasonable time to make changes before going to supervisor.
- If necessary, go up the administrative ladder one at a time, starting with the teacher leader.

Remember: Most problems can be solved at your home school with the people who are most familiar with your child and his/her individual needs. In rare situations, you may need to appeal to higher officials.

You may choose to appeal to officials in the following order:

1. The Teacher
2. The Teacher Leader
3. The Vice Principal or High School Special Education Coordinator
4. The Pupil Services director
5. The local Superintendent of schools
6. The local Board of Education
7. The State Compliance Officer
8. The Director of the State Department of Education
9. The State Board of Education
10. The Federal Department of Education

Remember: It will help your credibility by following this order and giving the person involved reasonable time to make changes before going to a supervisor. (Ask the person you have contacted what a reasonable time is to address your problem.)

Always keep copies of all correspondence.

Let the same officials hear from you with positive feedback as well!

**WESTPORT PUBLIC SCHOOLS
DEPARTMENT OF PUPIL SERVICES
Support and Technical Assistance to Schools**

**DIRECTOR
Cynthia Gilchrest**

Instructional Aides
Policy and Procedures

Facilities
Due Process

Grants
Budget Compliance

Transition/Articulation
Staffing

| <u>Preschool</u> | <u>Elementary</u> | <u>Middle</u> | <u>High</u> |
|--|---|---|--|
| <p>Stepping Stones @ CES Robin Marino, Coordinator 341-1713</p> | <p>Coleytown Melissa Paolini, Principal 341-1710 Sharon Halstead, Asst. Principal 341-1887</p> <p>Long Lots Cheryl Dwyer, Principal 341-1910 Karen Griffin, Asst. Principal 341-1920</p> <p>Greens Farms Dan Sullivan, Principal 222-3610 Beth Heroux, Asst. Principal 222-3617</p> <p>Kings Highway Maria Castelluccio, Principal 341-1810 Catherine Carmona, Asst. Principal 341-1820</p> <p>Saugatuck Robert Buckley, Principal 221-2910 Barbara Beaman, Asst. Principal 221-2920</p> | <p>Coleytown Kris Bienkowski, Principal 341-1610 Mike Rizzo 341-1641</p> <p>Bedford Angela Wormser, Principal 341-1510 Denise Emmerthal, Asst. Principal 341-1520</p> | <p>Staples John Dodig, Principal 341-1210 Lorraine DiNapoli, Dept. Chair Special Education 341-1239</p> |

PARENT RESOURCES

ARC: Youth Division
132 East Putnam Avenue
Greenwich, CT 06807

Private, nonprofit. Early intervention services for children ages birth to three; family support services for families with children with special needs birth to twenty-one that include respite care, summer camp programs, advocacy services. after school programs, ongoing workshops and information.

CT Association for Children with Learning Disabilities (CACLD)
25 Van Zant Street, Suite 15 - 5
East Norwalk, CT 06855 - 1719
(203) 838-5010
Fax 866 - 6108

Web Site: <http://www.netnpc.com/CACLD/>

Private, nonprofit information, referral and consultation organization serving learning disabled children and adults. Extensive library.

CT Parent Advocacy Center (CPAC)
P.O. Box 579
East Lyme, CT 06333
(800) 445-CPAC or 739-3089 (TDD)

Nonprofit organization established to inform parents about special education rights and procedures, to provide information and referral services. Workshops, newsletter, resource collection, individual assistance.

CT State Department of Special Education
Bureau of Special Education
Main: (860) 713-6910

| | | |
|-----------------------|------------------------|-----------------------|
| Interim Chief: | Nancy Cappello | (860) 713-6912 |
| Due Process: | Thomas Badway | (860) 713-6935 |
| | Terri DeFrancis | (860) 713-6933 |
| Autism, IEP: | Roger Frant | (860)713-6917 |

Coalition for Inclusive Education: Southwest
(203) 846-1064 or (203) 853-4195

Information and support regarding special education services and the law. Ongoing workshops, - meetings, and individual counseling.

Department of Mental Retardation (DMR)

Region IV

115 Virginia Avenue

Bridgeport, CT 06110

(203) 579-6021

Coordinates and oversees services for people of all ages with mental retardation. Respite care funding and family supports, case management.

Infoline: (800) 203-1234

Statewide information, referral, and crisis information service. Up to date information about agencies, community resources, child care.

International Dyslexia Association

800 LaSalle Road

Chester Building, Suite 382

Baltimore, MD 21286 - 2044

(800) ABC-D123

Information and resources regarding dyslexia.

National Information Center for Children and Youth with Disabilities (NICHY)

P.O. Box 1492

Washington D.C. 20013-1492

(800) 695-0285

National information clearinghouse that provides free information on disabilities and related issues. Extensive information on special education & related services, IEP's, specific disabilities.

Parent to Parent Network of Lower Fairfield County

50 Glenville Street

Greenwich, CT 06831

(203) 531-1880 x300

A variety of support and information services for families with children who receive special education services, ages birth to twenty-one. One-to-one matches with experienced or supporting parents; ongoing meetings and workshops for a variety of focus groups including birth to six, elementary and middle school issues; quarterly newsletter; lending library for books, toys, and special equipment. No charge. Services also provided for Spanish speaking families through Padres Abriendo Puertas (a newly formed focus group under the Parent to Parent umbrella).

**PTA Council: Special Education Services Committee
Representatives at each public school**

Resource for parents of children receiving services through an IEP. Identifies special education needs in the community, represents PTA, communicates parental concerns to public schools coordinator

Parents Involved in Child Development (P1CD)

c/o Candace Timpson

44 Harbor Drive

Greenwich, CT 06830

(203) 869-9132

Networking and support group for parents of children with autism and related disabilities.

Special Education Resource Center (SERC)

25 Industrial Park Road

Middletown, CT 06457

(203) 632-1485

Information and resources for parents of children with special needs. Extensive resources include a library, inservices, conferences, newsletters. Information dissemination. Request the resource package for parents. No charge.

How to obtain a copy of the IDEA regulations :

The regulations can be downloaded from a number of sources:

- <http://www.ed.gov/OSERS/IDENindex.html> (official OSERS site)
- The complete publication is broken into smaller units for ease of downloading at:
http://www.wrightslaw.com/code-regs/index_idea_Regs_990313.htm and
<http://www.ideapractices.org>
- Copies can be purchased for \$8.00 by calling the Government Printing Office at (202) 512-1800.
- Single free copies can be ordered by calling EDPUBS at (877) 433-7827.

WEB SITE RESOURCES FOR PARENTS

General Organizations:

| | |
|---|---|
| National Information Center for Children and Youth with Disabilities | http://www.Nichev.org |
| National Organization on Disability | http://www.nod.org |
| National Parent Information Network | http://npin.org |
| National Easter Seals Society | http://www.seals.com |
| TASH | http://www.tash.org |
| The Center on Human Policy | http://soeweb.svr.edu/thechp/ |
| Very Special Arts | http://www.vsarts.org |
| The ARC | http://thearc.org |
| National Organization for Rare Disorders | http://pcnet.com/-orphan |
| BEACH Center | http://www.lsi.ukans.edu/beach/BEACHHP.HTM |
| PACER | http://www.pacer.org |
| Special Olympics International | http://www.specialolympics.org |
| Parents helping Parents | http://www.php.com |
| National Parent to Parent Support and Information System, Inc. | http://www.nppsis.org |
| National Council on Disability | http://www.ncd.gov |

Specific Disabilities:

| | |
|---|--|
| CHADD Children and Adults with Add Autism Society of America | http://www.chadd.org http://www.autism-society.org |
| National Eye Institute | http://www.nei.nih.gov |
| Brain Injury Association | http://www.biausa.org |
| United Cerebral Palsy Associations, Inc. | http://www.ucpa.org |
| National Information Center on Deafness | http://www.gallaudet.edu/-nicd |
| National Down Syndrome Society | http://www.ndss.org |
| The Epilepsy foundation of America | http://www.efa.org |
| National Health Information Center | http://www.nhic-nt.health.org |
| Department of Health and Human Services | http://www.os.dHhs.gov |
| Hydrocephalus Association | http://neurosurgery.mch.harvard.edu/ha |
| Learning Disabilities Association of America | http://danatl.org |
| Learning Disabilities National Center for | http://www.nclld.org |
| Council for Learning Disabilities | http://www.winthrop.edu/cdl |
| Council for Exceptional Children | http://www.cec.sped.org |
| PERC Parents & Educators Resource Center | http://www.w.perc-schwabfdn.org |
| International Dyslexia Association | http://www.interdys.org |
| Knowledge Exchange Network | http://www.nvwanentalhealth.org |
| National Alliance for the Mentally Ill | http://www.nami.org |
| American Association on Mental Retardation | http://www.aamr.org |
| American Speech-Language-Hearing Association | http://www.asha.org |
| Spina Bifida Association of America | http://www.infotiwa.com/spinabifida |
| National Center on Stuttering | http://www.stutterine.com |

Educational Resources:

| | |
|---|---|
| The US Department of Education | http://www.ed.gov |
| The National association of State Boards of Education (NASBE) | http://www.nasbe.org |
| Fedworld Information Network | http://www.fedworld.gov |
| ERIC (Educational Clearinghouse on Disabilities and gifted Education) | http://www.cec.sped.org |
| The Resource Room | http://www.aecities.com/athens/forum/1997 |
| Advocates | http://infocom.com/-intern |
| PTI (Parent Training Information) Centers in the US | http://www.npnd.org |
| CCIE (Connecticut Coalition for Inclusive Education | http://www.includeme.com |
| Inclusion Press Homepage | http://www.inclusion.com |
| The Disability Rights Activist | http://www.teleport.com/abarhvdtd |
| Association for the Advancement of Rehabilitation Technology | http://www.resna.org |
| CT Association for Children with Learning Disabilities | http://www.caclld.org |
| Special Education Information | http://www.reedmartin.com |
| Assistive Technology | http://www.closingthegap.com |
| Resources for children with disabilities | http://www.kidstogether.org |

Thanks to New Canaan Public Schools for this information.

GLOSSARY OF TERMS USED IN SPECIAL EDUCATION

advocate: someone who takes action to help someone else (as in 'educational advocate'): also, to take action on someone's behalf

age-appropriate: materials, activities, and interactions are appropriate to students' chronological ages (not so-called 'mental ages')

amendment: a change, revision, or addition made to a law

annual goals: a component of the IEP which states, in measurable terms, what a student can reasonably be expected to achieve in one year's time.

annual review: a yearly examination of the student's IEP to determine what revisions are necessary.

appeal: a written request for a change in a decision; also, to make such a request

applied behavior analysis: a method of teaching designed to change behavior in a precisely measurable and accountable manner; applying the principles of behavior to the student's behavior (events that are socially relevant, observable and measurable) and determining if changes in the behavior are attributable to the intervention

appropriate: able to meet a need; suitable or fitting the child's individual needs and abilities

articulation: movement from one level of school to the next (i.e., preschool to elementary, elementary to middle, middle to high school)

assessment: a collecting and bringing together of information about a child's learning needs, which may include social, psychological, and educational evaluations used to determine assignment to special programs or services; a process using observation, testing, and test analysis to determine child's strengths and weaknesses to plan his or her educational services

assistive technology: one of the related services under IDEA; any item, piece of equipment or system used to increase, maintain, or improve the developmental capabilities of a child with special needs

at risk: a term used with children who have, or could have, problems with their development that may affect later learning

BESB: Bureau of Educational Services for the Blind: state agency that provides services and supports for students who are blind or have visual impairments

BRS: Bureau of Rehabilitation Services: state agency that provides vocational services to adults with disabilities

child find: a requirement under IDEA for districts to take active measures to identify children and students with disabilities

Circle of Friends: a process to build relationships among regular students and students with special needs. It develops a network for caring, friendship, and support.

COACH (Choosing Outcomes and Accommodations for Children): an assessment and planning tool designed to help educators identify family-centered priorities for their students, define the educational program components, and address these components in an inclusive setting.

cognitive: a term that describes the process people use for remembering, reasoning, understanding, and using judgment

community-referenced instruction: instruction provided in domestic/home living, recreation/leisure, general community functioning, and vocational environments within the school and community

consent: written permission given by the parent to the local district to act on behalf of the student

counseling: advice or help given by someone qualified to give such advice or help (often psychological counseling)

DMR: Department of Mental Retardation: state agency that provides individual, community and family supports to persons with cognitive disabilities

DMH: Department of Mental Health: state agency that provides individual, community and family supports to persons with mental health disabilities

developmental: having to do with the steps or stages in growth and development before the age of 18

developmental history: the developmental progress of a child (ages birth to 18 years) in such skills as sitting, walking, or talking

developmental tests: standardized tests that measure a child's development as it compares to the development of other children at that age

disability: the result of any physical or mental condition that affects or prevents one's ability to develop, achieve, and/or function in an educational setting at normal rate

due process (procedure): action that protects a person's rights, in special education, this applies to action taken to protect the educational rights of students receiving special education services and supports

eligible: meeting the qualifications or requirements under IDEA

evaluating: analyzing a child's special learning needs

evaluation criteria: a component of the IEP which provides a description of how the objectives of a student's IEP will be examined to determine if a student has achieved what was expected.

evaluation team: a team of people from different areas of expertise who observe and test a child to determine his or her strengths and weaknesses

evaluation: a way of collecting information about a student's learning needs, strengths, and interests, the evaluation is part of the process of determining whether a student qualifies for special education programs and services

free, appropriate, public education (often referred to as FAPE): one of the key requirements of IDEA which requires that an education program be provided for all school-aged children (regardless of disability) without cost to families, the exact requirements of "appropriate" are not defined, but other references within the law imply the most "normal" setting available

functional curriculum: students are taught clusters of skills and activities that have direct practical applications within their daily lives.

home-school collaboration: school and family practice a team approach to the educational process. Parents are involved as active and visible participants in decision-making throughout the school years.

inclusion: students with disabilities are welcomed into their communities, schools, and regular education classrooms. Students attend their home schools (the schools they would attend if they did not have a disability) and access the total school environment as participating members of the school community

IDEA (Individuals with Disabilities Education Act): a federal law passed in 1975, amended in 1997 (IDEA'97) and most recently reauthorized in 2004 (IDEIA) that mandates that states provide special education services ("a free appropriate public education in the least restrictive environment") to meet the needs of children with disabilities.

identification: the process of locating and identifying children needing special services

independent evaluation: an evaluation performed by a certified and/or licensed professional examiner who is not employed by the school system responsible for the education of the child

individually adapted curriculum and instruction: curriculum instruction, and support strategies designed to meet the individual needs of each student within inclusive school and community environments.

Individualized Education Program (IEP): a written educational plan for a school-aged child with disabilities developed by a team of professionals (teachers, therapists, etc.) and the child's parents. It is reviewed and updated yearly and describes how the child is presently doing, what the child's

learning needs are, and what services the child will need and who will provide them. (For children ages birth to 3 years, the Individual Family Support/Services Plan is used.)

instructional strategies: specific methods and materials that will be used in teaching the student.

integrated therapy for related services: related services (e.g., speech/language, physical therapy, and occupational therapy) that support students' participation in school and the community and is provided within these naturally occurring environments: educational and therapeutic techniques are cooperatively designed to assess, plan, implement, evaluate, and report progress on educational needs and goals. Therapists provide both direct service to students and indirect, consultative services to other educators.

LEA: local education agency; the local school district

MAPS (McGill Action Planning System): a system approach to help team members plan for the integration of students with special needs into regular age-appropriate classrooms

objectives: the specific, intermediate steps that must be taken to reach the annual goals, a component of the IEP

occupational therapy: a therapy or treatment provided by an occupational therapist that helps improve fine motor skills, self-help skills, and sensory development

PPT (Planning and Placement Team)/IEP Team Meeting: a team meeting consisting of at least, the parents, the student (if appropriate), a special education teacher, a general education teacher, an administrator or LEA representative, and a PPS staff member who are collectively responsible for determining services and supports for IDEA eligible students

parent training and information programs: programs that provide information to parents of children with special needs about acquiring services, working with schools and educators to ensure the most effective educational placement for their child, understanding the methods of testing and evaluating a child with special needs, and making informed decisions about their child's special needs

physical therapy: treatment provided by a trained physical therapist that helps in developing strategies to improve muscle tone, posture, and the ability to move around.

placement: the classroom, program, and/or therapy that is selected for a student with special needs

policy/policies: rules and regulations; as related to special education services and supports, the rules that a state or local school system has for providing services for and educating its students with special needs

positive behavioral supports: non-aversive interventions to address behavior problems. The functions of a problem behavior are identified and team members problem-solve and design strategies for; (a) preventing the behavior, (b) teaching alternative desirable skills to meet this function or purpose, and (c) reacting appropriately if the behavior does occur.

private therapist: any professional (therapist, tutor, psychologist, etc.) not connected with the public school system or with a public agency

psycho-social (development): the psychological development of a person in relation to his or her social environment

psychologist: a specialist in the field of psychology, usually having a Master's degree or Ph.D. in psychology

public agency: an agency, office, or organization that is supported by public and serves the community at large

Pupil Personnel Staff: (sometimes called Pupil Personnel Services staff or “PPS” staff) employees of a board of education who are assisted to the task of implementing or supervising special education or related services and supports

referral: the process of bringing a student to the attention of the school staff to determine whether the student is eligible for special education services

related services: transportation and developmental, corrective, and other support services that a child with disabilities requires in order to benefit from special education. Examples of related services include: speech pathology and audiology, psychological services, physical therapy occupational therapy, recreation, counseling services, interpreters for the hearing impaired, and medical services for diagnostic and evaluation purposes.

self-help skills: the abilities related to feeding, dressing and other skills necessary for functioning in a family, school and community.;also referred to as Activities of Daily Living (ADL).

special education services and supports: specifically designed supports and services provided at no cost to families to meet the individual needs of students found eligible for services under the IDEA.

speech/language therapy: treatment provided by a speech therapist that helps in developing strategies to improve communication, auditory oral motor, and feeding skills.

standardized tests: tests which give results compared to a very large group of other children the same age; these may be expressed in grade equivalent, age equivalent percentile, standard scores or raw scores

transition planning: educators, families, and adult service providers work together to advocate and plan a smooth transition from school to integrated adult life; particular attention is given to ensure opportunities for students to transition to meaningful integrated employment