

PUBLIC SCHOOLS of **BROOKLINE**

Special Education - Standard Operating Procedure Manual: Referral, Evaluation, and Placement of School-Age Students with Disabilities



**Revised December 2017
Office of Student Services**

Limitations on use of this manual and disclaimer

The purpose of this operating and procedural manual is to provide support and guidance to the management and staff of the Public Schools of Brookline. Nothing in this manual is intended to create nor does it create any enforceable rights, remedies, entitlements or obligations. The Public Schools of Brookline reserve its right to change or suspend any or all parts of this manual at the district's discretion to ensure full compliance with regulations of the Massachusetts Department of Elementary and Secondary Education and federal guidelines of the established within the reauthorization of Individuals with Disability Education Act of 2004.

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1. Introduction

The Public Schools of Brookline is committed to providing students with disabilities access to the curriculum and general education programs. Within-district resources and necessary consultative services, we are able to provide the instruction necessary to help students with disabilities close the achievement gap between their skill abilities and their grade level expectations.

Special education support and services should not be viewed as a separate model, but instead as a part of the continuum of supports, services, modifications and accommodations created to ensure that the general education environment is responsive to the diverse learning needs of all students; working together, general education staff and special education staff can ensure equal opportunity, full participation and increased outcomes for all learners, including students with disabilities.

This manual has been developed as a resource for the Brookline PK-12 Staff, Administration and Community. It references State and Federal regulations and the processes of the Public Schools of Brookline. The following policies and procedures are aligned with:

- The Massachusetts Department of Elementary and Secondary Education, Massachusetts General Laws ch.71 B, et seq., and Special Education Regulations 603 CMR 28.00 et. seq.,
- Individuals with Disabilities Education Act 2004, and 34 CFR 300 et. seq.
- Section 504 The Rehabilitation Act of 1973 (as amended).

Office of Student Services - Public Schools of Brookline
333 Washington Street
Brookline, MA 02445

Samuel Zimmerman, Deputy Superintendent of Student Services
Samuel_Zimmerman@psbma.org

Wendy Ryder, Director of Special Education - Brookline High School
Wendy_Ryder@psbma.org

Dr. Emily Frank, Co-Director of Special Education, Pre-K - 8th grade
Emily_Frank@psbma.org

Casey Ngo-Miller, Co-Director of Special Education, Pre-K - 8th grade
Casey_ngo_miller@psbma.org

Seph Bartholomew, District Administrator of Special Education
Seph_Bartholomew@psbma.org

Definitions of Terms

Special Education, shall mean specifically designed instruction to meet the unique needs of the eligible student or related services necessary to access the general education curriculum and shall include the programs and services set forth in State and Federal special education law. (603 CMR 28.02 (20))

Progress effectively in the general education program shall mean to make documented growth in the acquisition of knowledge and skills, including social/emotional development, within the general education program, with or without accommodations, according to chronological age and development expectations, the individual educational potential of the child, and the learning standards set forth in the Massachusetts Curriculum Frameworks, and the curriculum of the district. The general education program includes preschool and early childhood programs offered by the district, academic and non-academic offerings of the district, and vocational programs and activities. (603. CMR 28.02 (17))

Specially designed instruction means adapting, as appropriate to the needs of an eligible child the content, methodology, or delivery of instruction. (34 CFR 300.26)

Free and Appropriate Public Education (FAPE) As defined by Federal regulations, the general curriculum is the curriculum used with nondisabled children. All students, regardless of the nature or severity of the disability or their educational setting, must have access to and progress in the general curriculum.

Least Restrictive Environment (LRE) The Public Schools of Brookline shall ensure that, to the maximum extent appropriate, children with disabilities are educated with children who do not have disabilities, and that special classes, separate schooling, or other removal of children with special needs from the general education program occurs only if the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily.

2. Massachusetts Tiered Systems of Support (formerly referred to as Response to Intervention, RTI)

Instructional Support Teams

A result of the Massachusetts Education Reform Act of 2000 reinforces the belief that general education curriculum is for each and every student. Therefore, special education "should not be a separate program, but rather should be one aspect of a continuum of supportive services and programs that are provided to ensure that the general education environment is a responsive one." (Massachusetts Department of Education, March 2001). To that end, schools in Brookline has developed Child Study Teams (CST) at the K-8 levels and Student Intervention Teams (SIT) at the high school level as an avenue for gathering data and implementing interventions and or supports prior to a special education referral.

Massachusetts Tiered Systems of Support is a process that enables teachers to meet collaboratively to share their expertise with one another in the effort to assist students who are experiencing academic difficulties accessing the curriculum or with social and emotional challenges. The CST/SIT uses the federally required model of RtI, which is a three-tiered model with increasing levels of intervention and the layering of instructional support as part of the general education program. Philosophically and practically, it aims to assess a student's needs, provide interventions/support, and to measure the gains or continuing challenges the student may be having. The CST or SIT is not a part of the special education process. Parent referrals regarding special education services should not have an impact on cases that the CST is already considering for intervention supports.

The success of MTSS depends upon professional collaboration among team members and knowledge of the student's educational history and current challenges. In addition, team members directly involved with the student must have knowledge of how to select and correctly implement evidence-based interventions that are likely to address the student's identified needs. Finally, team members must gather formative assessment data documenting the use of the intervention and student progress, and must use this data to inform future interventions. Additional information regarding the Massachusetts Tiered Systems of Support can be found: <http://www.doe.mass.edu/sped/mtss.html>.

3. Referral Process

3.1 Initial Evaluation Referral

A student may be referred for an evaluation by a parent, legal guardian or any person in a caregiving or professional position (including teachers) concerned with the student's development.

All interventions, instructional practices, and accommodations should be documented in the CST/SIT process if the referral for special education has been put forward by the school district. Rtl should be implemented in conjunction with a referral for evaluation. However, placing a student first in Rtl **must not** delay any necessary referral.

Once a formal referral for evaluation has been expressed either in writing or orally by a parent or other person in a care giving capacity, the school district **must not** delay the provision of said evaluation. The district must promptly and without delay send notice and seek permission to conduct an initial evaluation for special education eligibility. The school district has five (5) school working days from receipt of referral to send the parent the evaluation consent form for their signature and consent to provide the parents with the opportunity to express any concerns or provide information on the student's skills or abilities. Parent consent for evaluation must be obtained before initiating the evaluation (See 603 CMR 28.04(1)).

When the school team receives a parent's consent for evaluation, the appropriate evaluators will schedule their testing sessions so all evaluations are completed within thirty school days of receiving the signed consent. Please be aware that students will miss some classes in order to complete the testing in all suspected areas of disability. It is a time-consuming, comprehensive process.

Although parents have the right to request an evaluation, they also have other options to consider when concerned about their child's performance in school:

- Meeting with the student's teacher(s) to share concerns and to get current information on performance;
- Request that the Child Study Team (K-8) or Student Intervention Team (BHS) meet to discuss the student's performance and come up with an action plan, if needed,
- Meet with the student's guidance counselor to discuss other options for support including Individualized Curriculum and Accommodation plan (ICAP) under the District Wide Curriculum Accommodation Plan,
- Request a 504 meeting.
- Request a meeting with special education team facilitator,
- Request a meeting with the building Principal (BEEP/K-8) and Headmaster, Assistant Headmaster, and Dean (Brookline High School).

3.1.1 District Referral

Once the CST or SIT has determined that all efforts and interventions have been made to gain further information to meet the needs of the student, the CST/SIT may refer the student for evaluation in order to determine special education eligibility. Documentation of this referral must be included in the student record.

3.1.2 Parent Referral

A parent (including foster parent, [special education surrogate parent](#), or guardian, an individual with whom the child lives, or an individual legally responsible for the child's welfare) may refer a student at anytime for an initial evaluation to determine eligibility for special education. This referral may be made either orally or in writing. Upon receipt of parent referral, **the school district has five (5) school working days to provide the parent with an evaluation consent form.**

[Referrals may be given to any school staff member. All submitted referrals will be given to the Educational Team Facilitator \(ETF\) to begin the evaluative process. Parents are contacted to clarify concerns and help develop the evaluation plan in all areas of suspected disability. When a student is referred for an evaluation to determine eligibility for special education, the school district shall send written notice to the student's parent\(s\) within five school days of receipt of the referral.](#)

Additionally, for students who are enrolled in a private school and for whom a request for an evaluation has been made, the school at which the child would attend in Brookline will be responsible for the evaluation **or assigned to the appropriate evaluator as determined by the Office of Student Services.**

Once the referral has been made, the district has an obligation to notify the parent in writing within five (5) school working days of the referral and provide them with an evaluation consent form. The following materials should be included in this mailing:

- An N1 (Notice of Proposal), answering all six questions
 - What action is the school district proposing to take?
 - Why is the school district proposing to act?
 - What rejected options were considered and why was each option rejected?
 - What evaluation procedure, test, record or report was used as a basis for the proposed action?
 - What other factors were relevant to the school district's decision?
 - What next steps, if any, are recommended?
- Evaluation Consent Form
- Procedural Safeguards

3.1.3 Referrals for New Students From Areas Outside of PSB

When a student moves into the district on an IEP from another town in Massachusetts, the school is required to continue the IEP goals and comparable services [and in a comparable setting without delay](#) from the student's IEP and convert the IEP into a PSB version as soon as possible. As with all students on IEPs, the school's special education team may want to amend portions of the IEP once they have more knowledge of the student's abilities.

If a student found eligible in another state moves to Massachusetts, the new Massachusetts district of residence shall provide the student with a free appropriate public education, including special education services comparable to those in the IEP from the former state, in consultation with the parents, until the Massachusetts district determines if it will accept the finding of eligibility and/or the current IEP developed for the student in the former state of residence. If the Massachusetts district determines that the finding of eligibility and the IEP developed for the student continues to accurately represent the needs of the student, then the Massachusetts district shall continue to implement the IEP. If the Massachusetts district determines that a new evaluation is necessary to determine continued eligibility or services, or a parent or another person concerned with the child's development requests an evaluation, the district shall immediately provide written notice to the parents as required under 603 CMR 28.03(1).

When a student moves into the district with the equivalent of an IEP from another country, this should be treated as an immediate referral, and an initial evaluation should occur with evaluations in all areas of concern based on documents received with enrollment. The eligibility process for an initial evaluation is followed in its entirety and an N2 would be written should a student not be found eligible. See, 603 CMR 28.03(1)(c) Change of Residence

3.2 Timelines

NOTE: No testing / evaluations can begin prior to receiving the evaluation consent form back with a check indicating consent and a parent signature. **Verbal consent is not acceptable.**

The state laws and regulations have established timelines that all school districts must adhere to in the special education eligibility process.

The district has thirty (30) school days, from receipt of parent consent, to conduct all required assessments, and an additional fifteen (15) school days to draft reports and convene an IEP Team meeting to determine student eligibility for special education services. [Within 45 school working days after receipt of a parent's written consent to an initial evaluation or reevaluation, the school district shall: provide an evaluation; convene a Team meeting to review the evaluation data, determine whether the student requires special education and, if required, develop an IEP in accordance with state and federal laws; and provide the parents with two copies of the proposed IEP and proposed placement, except that the proposal of placement may be delayed according to the provisions of 603 CMR 28.06\(2\)\(e\); or, if the Team determines that the student is not eligible for special education, the school district shall send a written explanation of the finding that the student is not eligible. The evaluation assessments shall be completed within 30 school working days after receipt of parental consent for evaluation. Summaries of such assessments shall be completed so as](#)

to ensure their availability to parents at least two days prior to the Team meeting. If consent is received within 30 to 45 school working days before the end of the school year, the school district shall ensure that a Team meeting is scheduled so as to allow for the provision of a proposed IEP or written notice of the finding that the student is not eligible no later than 14 days after the end of the school year. (603 CMR 28.05).

Once a referral is made, in writing from a parent or by the school, it is necessary to follow the guidelines set out by state laws and regulations:

Date Requirements	Necessary Forms
Within 5 school days of receipt of referral	Notice of Proposal N1 Evaluation Consent Form N1A Procedural Safeguards
<p>Within 30 school days from receiving parental consent:</p> <ul style="list-style-type: none"> Evaluations must be completed Parent's Release of Information (If independent evaluations have been completed) Developmental History Form <p>Within 45 school days of receiving parental consent:</p> <ul style="list-style-type: none"> Evaluation reports must be completed Team meeting must be held and an IEP developed (if applicable) 	<p>Reports must be made available to all IEP Team members, including parents, 2 calendar days prior to the Team meeting</p> <p>Meeting Invitation N3</p> <p>Attendance Sheet N3A</p>
<p>At the Team meeting</p> <ul style="list-style-type: none"> Attendance Eligibility Determination If appropriate, IEP Development Summary of IEP proposal or copy of proposed IEP Placement Determination 	<p>Attendance Sheet N3A</p> <p>Special Education Eligibility / Initial and Reevaluation determination ED 1 to include review of all relevant elements of the flow chart Documentation of a Specific Learning Disability (SLD) where appropriate</p> <p>Review of Admin. Data Page to ensure accuracy ADM 1 Individual Education Program Summary or IEP 1-8 Summary of Services</p>
Following a Team meeting where the student is found eligible, the parent is given 2 copies of the proposed IEP or summary sheet containing service	<ul style="list-style-type: none"> Individual Education Plan IEP 1-8 Notice of Proposal N1

<p>delivery and goals. The district then has 2 calendar weeks to send formal IEP as well as a placement page for parent signatures.</p>	<ul style="list-style-type: none"> • Team Determination of Placement PL1 • Summary of Proposed Individualized Educational Program
<p>In the case of a Team determination of no eligibility, the Notice of School District refusal to Act needs to be submitted to the parent/guardian within 10 days.</p> <p>If, as a result of a reevaluation, a student is found not eligible, Notice of School District Proposed Action is sent within 10 Days noting the specific date, as agreed to by the team, for special education services to end. Unless the parent is present at the IEP meeting and clearly agrees to an immediate cessation of services, the written notice should specify a service termination date at least thirty (30) days after the date of notice. (DESE Administrative Advisory SPED 2001-4). Services continue for the student for 30 days absent a rejection of the finding of no eligibility from the Parent. If the Parent rejects the finding, stay put applies to the last accepted IEP.</p>	<ul style="list-style-type: none"> • Notice of School District Proposed Action N2 for no eligibility for an initial evaluation • Notice of School District Proposed Action N1 stating the district's action is to no longer propose an IEP
<p>If the parent requests an independent evaluation, the District must reply within 5 school days by either agreeing the evaluation at the rate setting rates or sliding scale or file with the BSEA due to the fact that the District is asserting that the evaluations were comprehensive and appropriate. Team reconvenes within 10 school days after evaluation report (CMR 28.04)</p>	<p>Family income information letter is sent to parents where a child is not eligible for free or reduced lunch. For the latter, an independent evaluation must be offered and funded by the district</p>

4. Family Educational Rights and Privacy Act (FERPA)

Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

Privacy and Security of Student Records (CMR 23.05)

- The school principal or his/her designee shall be responsible for the privacy and security of all student records maintained in the school.

- The superintendent of schools or his/her designee shall be responsible for the privacy and security of all student records that are not under the supervision of a school principal, for example, former students' transcripts stored in the school department's central administrative offices or student records of school-age children with special needs who have not been enrolled in a public school.
- The principal and superintendent of schools shall insure that student records under their supervision are kept physically secure, that authorized school personnel are informed of the provisions of 603 CMR 23.00 and M.G.L. c. 71, § 34H and are educated as to the importance of information privacy and confidentiality; and that any computerized systems employed are electronically secure.

5. Evaluation

Evaluations of the student will be made in all areas of suspected disability in order to determine eligibility for Special Education services.

Evaluation activities should be tailored to the specific referral questions for the individual student and need to address whether or not there is a disability, if the disability affects the student's learning, and if the student requires specialized instruction and/or related services in order to make effective progress.

Evaluations must provide information to determine present levels of academic achievement, social and emotional performance, and related educational needs.

No single evaluation tool may be used as the sole criterion for determining eligibility. Rather, a variety of assessments (both formal and informal assessments), including information provided by parents, classroom teachers, observations of the student classroom performance, work samples/portfolios, interviews, and review of the records used.

5.1 Evaluation Process

Once the Team Facilitator receives the signed evaluation consent form, he/ she will notify all members of the Team that they may begin their evaluations. Additionally, at this time the Team [will mutually agree on a time and place that](#) will be confirmed with the parents / guardian and the Team will be notified of the date.

1. Each member of the Team is responsible for scheduling and completing their evaluations according to the time parameters established.
2. Evaluation reports need to be available to all Team members at least two working school days prior to the Team meeting.
3. The METCO district coordinator will be informed of all referrals for METCO students. The Educational Team Facilitator will contact the METCO coordinator to determine if a METCO representative should attend the meeting. If the Brookline school Team has significant concerns regarding the ability to provide a program to meet the special needs of a METCO child within the resources and services provided in our district, a Boston Public Schools

Special Education Administrator must be invited to the Team meeting.

4. The Team Facilitator sends out a meeting invitation and attendance sheet to parents or guardians. Please note that invitations and attendance sheets must be sent to parents and guardians who reside at different addresses. [Students if eligible for transition services must be invited to attend the IEP meeting \(CFR 300.332\).](#)

5.1.2. Required Evaluative Assessments

Required Assessments for an Initial Evaluation

Required assessments include:

1. An assessment in all areas related to the suspected disability.
 2. An educational assessment by a representative of/ or designee of the school district, including
 - Educational Assessment (28R/1) (Part A) - Completed by school counselor
 - Teacher Assessment (28R/1) (Part B)
 - Specialist Assessment(s): All areas of suspected disability must be assessed. Functional behavioral assessments (FBA) must be conducted if the student's behavior interferes with learning.
 - Observation of the student by someone other than the classroom teacher
- a. A history of the student's educational progress in the general curriculum. Such assessment shall include information provided by a teacher(s) with current knowledge regarding the student's specific abilities in relation to learning standards of the Massachusetts Curriculum Frameworks and the district curriculum; and
 - b. An assessment of the student's attention skills, participation behaviors, communication skills, memory, and social relations with groups, peers, and adults.
 - c. The school district shall also thoroughly evaluate and provide a narrative description of the student's educational developmental status.
 - d. When a child is being assessed to determine eligibility for services at age three, an observation of the child's interactions in the child's natural environment or early intervention program is strongly encouraged.
 - e. For children who are receiving early intervention services, school districts are encouraged to use current and appropriate assessments from Early Intervention teams, whenever possible, to avoid duplicate testing.

5.1.3 Optional Evaluative Assessments

The school district may recommend, or a parent may request, one or more of the following:

1. A comprehensive health assessment by a physician that identifies medical problems or constraints that may affect the student's education. The school nurse may add additional relevant health information from the student's school health records.
2. A psychological assessment by a licensed school psychologist, licensed psychologist, or licensed educational psychologist, including an individual psychological examination.

3. A home assessment that may be conducted by a nurse, psychologist, social worker, guidance or adjustment counselor, or teacher and includes information on developmental history, pertinent family history and home situation and may include a home visit, with the agreement of a parent.
4. Other assessments as determined appropriate, including assessments in the areas of speech and language, hearing services, occupational therapy, physical therapy, adaptive physical education, and assistive technology.

Evaluation Procedures

1. Team members will coordinate their assessments with the student's teacher(s) and other evaluators so that the child is not over-tested on any given day. The persons conducting the assessments should ensure that the teacher is notified in advance of any pullout from class.
2. The Team Facilitator will inform the evaluators of the dates by which the assessments are to be completed, within 30 school working days of the parent's signed consent. If consent is received within thirty (30) to forty-five (45) school working days before the end of the school year, the District ensures that a Team meeting is scheduled so as to allow for the provision of the proposed IEP or written notice of the finding that the student is not eligible no later than fourteen (14) [calendar](#) days after the end of the school year.
3. A Team meeting will be held within 45 school days to review the results of the evaluations and determine eligibility for special education.
4. Evaluation must be provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide and administer. If it is not feasible to conduct evaluations in the language most likely to yield accurate information regarding the child's skills, every effort should be made to arrange for interpreters to be present to provide translation during testing sessions.

Evaluation Reports

All evaluation reports should be written in clear language that parents and guardians will be able to understand. Evaluation reports must also be translated into the primary language of the parent(s) or guardian(s), if the primary language is not English. Evaluators should interpret and summarize results and diagnostic impressions to help the Team determine eligibility including the student's present levels of educational performance and areas of need arising from the student's disability. Educationally relevant recommendations, accommodations and modifications should be identified to ensure the student's involvement and progress in the general education curriculum.

An eligibility determination needs to be made by the Team of qualified professionals and parents. The Team deciding on eligibility must rely on a variety of assessment materials when determining whether the student is eligible for special education. The Team must be sure that they have received

parent input and have gathered sufficient data for making the eligibility determination. Information must be gathered in all areas of suspected disability.

Parents should be asked if they are satisfied with the evaluation (i.e. the quality of the evaluation reports, not the outcome of the meeting). [Parent/response is documented on the N1.](#)

Please see section 8 for information regarding Independent Educational Evaluations (IEE) and section 9 for information regarding Extended Evaluations.

Provision of Outside Evaluation

Parents may, at any time, elect to have their child evaluated by an outside evaluator at private expense. When parents present the school with an outside evaluation report, if the student is already on an IEP, the Team must reconvene to consider the outside testing within 10 working school days of when the district receives the report. The parents must provide the Team with a complete copy of the written report in order for the Team to consider the recommendations. If the student is not on an IEP, relevant school personnel (teachers, guidance, psychologist, etc.) should review the evaluation with the Parent and determine whether the student requires accommodations per the DCAP; should be referred to the 504 Team for further evaluation and eligibility determination or referred for an initial special education evaluation.

The Team is required to consider the results of the outside evaluation; **however an outside evaluation does not exclusively determine special education eligibility and type of instructional programs and services.** Consideration of an outside evaluation at any time does not replace the Public Schools of Brookline's responsibility for conducting evaluation for determining special education eligibility. The Team will make recommendations, determine if additional testing is necessary and if possible determine eligibility for special education services. The Public Schools of Brookline are dedicated to preventing any duplication of evaluations. However, if the evaluation Team does not propose and attempt to complete a Brookline evaluation, it places the district in the position of being preempted by outside testing in the future.

Reevaluation

A reevaluation [should be conducted every three years, or sooner if necessary, the school district, with parental consent, conduct a full three-year reevaluation consistent with the requirements of federal law.](#) [Reevaluations typically do not occur](#) more frequently than once a year unless both parents and district agree that evaluation is needed. Conversely, the parent and district may agree that a reevaluation is not required due to a student's progress and/or IEP team feedback. When a student is referred for a reevaluation, existing evaluation data should be reviewed first. A reevaluation is also necessary prior to any significant change in placement.

If, in preparation for the 3 year reevaluation, the IEP Team and other qualified professionals, as appropriate, determine that no additional data are needed to determine that the child continues to be a child with a disability, and to determine the child's educational needs, Public Schools' of Brookline will convey to the parents:

- That determination and the reasons for the determination; and
- Parents may exercise their right to waive the three year evaluation; however, if Parents do not agree to waive the reevaluation in part or in full, the District must propose the evaluation.

Teams are urged to carefully consider whether it makes sense to waive evaluations, as assessment data provides critically important information for making decisions regarding eligibility, services, and placement. Any individual assessment may be waived with the approval of the parents if in accordance with federal requirements, if recommended by the school district, parents may agree to waive some or all assessments when the three-year reevaluation is required.

If the district suspects that a student is no longer eligible for special education services, a reevaluation must occur prior to any substantial change in placement or eligibility. Services continue for 30 days after the finding of no eligibility unless (1) parents consent to termination of services at the Team meeting or (2) Parents reject the finding of no eligibility and invoke stay put. This information must be reflected in the N1. For students who age out or graduate with a regular diploma, the district must provide a summary of academic and functional performance, including recommendations on how to assist the child to meet post secondary goals.

NOTE: All requirements mandated for initial evaluations remain true for reevaluations. Assessments and assessment reports must focus on the suspected disability as well as the student's current level of performance. Furthermore, all assessment reports must include educationally relevant accommodations and modifications should be identified to ensure the student's involvement and progress in the general education curriculum.

Reports should summarize the procedures employed, the results, and the diagnostic impression and shall define in detail and educationally relevant common terms the student's needs, offering explicit means of meeting them. See 603 CMR 28.04(2)(c). Reports should not recommend a particular placement or type of placement as this decision is driven by the IEP, once it is developed.

5.2. Evaluation of Students Who Speak a Language Other than English.

Both over- and under-representation of students whose first language is not English in special education is a concern. Distinguishing language and cultural differences from disabilities is challenging. While there is the risk of inappropriately identifying students as having disabilities because of academic challenges they experience that are related to cultural and language differences, there is also the risk of inappropriately attributing a student's challenges to their language or cultural background. Brookline has developed the [Discussion Guide for Culturally and Linguistically Diverse Students](#) ("Discussion Guide") to ensure that teams have all relevant information regarding a student's developmental history, language and educational background, and current functioning when considering the next steps to take for struggling students whose first language is not English. Child Study Teams and Student Assistance Teams are required to complete the Discussion Guide for any student who is referred to the team whose first language is not English, regardless of whether or not the student receives English Learner services.

Source for information below: pp. 5-6 of [ED449637 2000-12-00 Assessment of Culturally and Linguistically Diverse Students for Special Education Eligibility. ERIC Digest #E604](#)

“Title VI of the Civil Rights Act of 1964 requires a language assessment of any child who may be limited English proficient, including an assessment of the child’s proficiency in English as well as in his or her native language in order to distinguish language proficiency from disability needs. This act states that an accurate assessment should include objective assessment of reading, writing, speaking, and understanding. Further, the Individuals with Disability Act (IDEA) requires that ‘any materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education rather than measuring the child’s English language skills.’... IDEA ‘97 requires that tests and other evaluation materials are ‘selected so as not to be discriminatory on a racial or cultural basis; and are provided and administered in the child’s native language or other mode of communication, unless it is clearly not feasible to do so.’ Any formal tests that might be used should be examined for cultural bias by a person from the cultural group and should be administered by a person who is very knowledgeable about the child’s cultural group and speaks the child’s language or dialect (McLean, 2000). If modifications are required to make the instrument appropriate, the test should be used to provide description information only (rather than scores), since modifications may invalidate the scoring of the test... Once the assessment is completed, the group of qualified professionals and the child’s parents must determine if the child has a disability, and move on to developing an instructional plan for the child regardless of whether or not the child is considered disabled. While there is great concern that children who do not have disabilities will be assessed as having them because of cultural or linguistic differences, there are also cases in which children who do have disabilities have gone unserved because of the difficulty of distinguishing between cultural or linguistic differences and disability.”

Educational Team Facilitators are referred to Brookline’s [list of bilingual evaluators](#) in the Forms folder on Google Drive. If a student’s parents or guardians are not proficient in English, arrangements **must** be made to ensure that an interpreter is present at special education meetings. Care must be taken to ensure that the interpreter and parents or guardians understand the technical language used. Please follow the [procedures for requesting interpreters and translators](#) that have been established by the district.

6. IEP Team Meeting

6.1 Required Team Membership

Per IDEA 2004, Section 1414(d)(1)(B), the IEP team includes:

- (i) the **parents** of a child with a disability;
- (ii) **not less than 1 regular education teacher** of such child (if the child is, or may be, participating in the regular education environment;
- (iii) **not less than 1 special education teacher**, or where appropriate, not less than 1 special education provider of such child;

- (iv) a representative of the local educational agency (i) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; (ii) Is knowledgeable about the general education curriculum; and (iii) Is knowledgeable about the availability of resources of the public agency and the authority to commit the resources of the district. (**Educational Team Facilitator**),
- (v) an **individual who can interpret the instructional implications of evaluation results**
- (vi) at the discretion of the parent or the agency, other **individuals who have knowledge or special expertise regarding the child, including related services personnel** as appropriate; and,
- (vii) whenever appropriate **prior to the age of fourteen**, the **child** with a disability." (mandatory for students who are turning 14 years during the proposed IEP and thereafter).

Any person who is invited to the Team meeting by Brookline **must** be included on the invitation sheet. If a district administrator's participation is required as a **contributing member** or not of the IEP team, their name must be included on the meeting notification.

Additionally, members may include:

- If transition services, or vocational education is to be discussed a representative knowledgeable about these services must attend
- Other individuals at the request a Team member if they have knowledge or special expertise regarding the child.

The Team meeting is designed to incorporate school staff, parents and other invited personnel as a unified group to determine eligibility and/or develop an IEP for a particular child.

The Public Schools of Brookline are dedicated to ensuring parental involvement in the Team process. Every effort will be made to ensure this participation. If, despite multiple efforts, a parent is unable to attend the Team meeting, the district will provide the parent/guardian with the opportunity to participate via conference call.

At least two days prior to the Team meeting, evaluation reports will be made available to parents or guardians. Reports should convey the data clearly as well as the findings from the evaluation sessions. Nationally normed, standardized tests are necessary for determining eligibility for special education.

If the Team feels that they have not covered all necessary facets of eligibility, IEP development and placement in the designated amount of time, the Team must extend the meeting or reconvene to complete the process.

For an annual IEP, copies of the existing IEP may be brought forward as the foundation for creating the new IEP. **Note:** The word Draft must be written or stamped at the top of each page. The Team Facilitator or designated Team member, will mark up a copy of the current IEP reflecting the Team input. At the end of the meeting, either the facilitator's draft is marked as the "proposed IEP" and 2

copies of it are made for the parent or a summary of services and goal areas is prepared and given to Team members. Parents may take their own "draft" home with them with their notes.

Parents must be given either a draft of the Proposed IEP or a Summary of Proposed IEP (which includes service delivery and goal areas) at the end of the meeting.

6.2 Team Member Excusal

IDEA 2004 permits members being excused. If the member is a mandatory participant, they may be excused if they have provided input, in writing, prior to the Team meeting and if parent agrees in writing. A non-mandatory member (one who's area is not being discussed) may be excused with written consent from the Parent. The team member excusal form must be signed by a parent or guardian before the Team meeting begins.

If the parent and district agree, IEP amendments and minor revisions can be made via written documentation. The **Notice of Proposed School District Action** (N-1 form) should be completed, and should document parent input and the role of team members in planning the amendment.

6.3 Alternatives to Physical Meetings

Alternatives to "physical meetings" are explicitly allowed including video conferencing, telephone conferencing, or virtual meetings. If a meeting takes place that includes telephone or video conferencing, a meeting notice and attendance should be completed.

7. Eligibility Determination

The Public Schools of Brookline has developed these eligibility criteria to be of assistance to IEP Team members in determining whether or not a particular student is entitled to receive special education services. These guidelines are subordinate to applicable state and federal statutes and regulations governing the identification, evaluation, and education of students with disabilities.

Special education team members must use the Special Education Eligibility Flowchart that has been designed by the Massachusetts Department of Elementary and Secondary Education (ED 1, provided in index) to assist Teams in making eligibility determinations if a student has one or more of the ten identified educational disabilities per 603 CMR 28.02, that the student is not making effective progress in school and that the lack of progress is a result of the disability and that the student requires specially designed instruction and/or related services in order to access the general education curriculum. It is necessary to complete this form as a collective group at the Team meeting. A diagnosis alone is not sufficient to warrant special education services, and team members should be aware of the exclusionary factors specifically identified and noted for specific disability categories.

The flowchart is a worksheet and not a notice/form. This worksheet should become part of the student record but does not need to be mailed to parents and, if the student is determined eligible for services, it should not be attached to the IEP.

The Determination of Eligibility is based upon the examination of data, including information provided from the parent.

Determinations include:

1. The student is eligible. If the student has one or more of the disabilities defined at 603 CMR 28.02 and if, as a result of the disability (ies), the student is unable to progress effectively in the general education program without the provision of specially designed instruction, or is unable to access the general curriculum without the provision of one or more related services, the Team shall determine the student is eligible. If the Team determines the student is an eligible student, the Team shall develop an individualized special education program.

Please note that eligibility must not be based solely on lack of reading or math instruction or on English language learning needs.

2. The student is not eligible. If the Team determines that the child is not eligible, the Team **Facilitator shall record the reason for such finding, list the meeting participants and provide written notice to the parents of their rights in accordance to federal requirements within ten (10) calendar days of the Team meeting.**

As part of the Team process, the form ED 1, a flowchart sheet (located within appendix), is used to answer the three questions of eligibility. Listed on this form are the disability categories as well as questions of effective progress and the need for specially designed instruction. If, as the result of a Team meeting, the child is not found to be eligible for special education services, Form N2, Notice of School District Refusal to Act needs to be completed unless the student has been receiving special education services. In this case, Form N1 will be used.

As required by law, when the existence of a specific learning disability (SLD) has been determined, it is necessary to document said disability. The Department of Elementary and Secondary Education has developed appropriate forms for the development of determination of SLD. Please refer to appendix for SLD forms.

7.1 Disability Categories (with definitions and criteria)

Autism - A developmental disability significantly affecting verbal and nonverbal communication and social interaction. The term shall have the meaning given it in federal law at 34 CFR §300.8(c)(1).

Diagnostic Criteria:

- Clinically significant impairment in social interaction, social communication and pragmatic language.

- Clinically significant impairment in communication
- Restricted repetitive and stereotype patterns of behaviors, interests, and activities.
- Onset prior to age 3
- Impairments evident across contexts and environments
- Exhibits resistance to environmental or routine change
- Unusual response to sensory stimuli
- Assessed as an educational disability not a medical diagnosis
- Clinically significant impairment in social, occupational or other important areas of functioning

Procedure: Initial evaluation for Autism will be conducted by the school psychologist and other appropriate special education professionals (e.g. Speech and Language Pathologist, Occupational Therapist) employing the criteria found in the Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition. Specific additional assessments might include some or all of the following:

1. Autism-specific rating scales
2. Assessment of social maturity
3. Communication sample include assessment of pragmatic language skills
4. Assessment of student response to sensory experiences
5. Assessment of student's emotional status
6. Assessment in multiple environments with a variety of tasks
7. Assessment of cognitive skills

Developmental Delay - The learning capacity of a young child (3-9 years old) is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: receptive and/or expressive language; cognitive abilities; physical functioning; social, emotional, or adaptive functioning; and/or self-help skills.

Diagnostic Criteria:

- Learning capacity is significantly limited, impaired or delayed
- Difficulties are seen in one or more areas, as noted above
- For school age students (6-9) a developmental delay in functioning in one or more of the above categories as defined by an overall score at the below average range or lower based on appropriate diagnostic measures.

Procedure:

1. Developmental delay in receptive and/or expressive language, cognitive ability, physical functioning, social, emotional, or adaptive functioning and self-help skills will be defined as below average performance in these areas as assessed via formal testing, observations of the student and reports from parents/guardians and teacher (s).
2. For students (3-9) developmental delay in the above listed areas is defined as significantly delayed functioning as measured by appropriate diagnostic instruments and/or

procedures within each discipline. The developmental delay significantly impacts the functioning of the student.

3. Adaptive functioning will be assessed through observation, teacher assessment, parental communication and/or formalized rating scales.
4. In addition assessment of developmental performance in language, cognition, physical development and functioning and social and emotional functioning may include some or all of the following:
 - Classroom observations
 - Developmental history
 - Adaptive behavior rating scales
5. A child cannot be identified as having a developmental delay during an initial evaluation or reevaluation during the year where the child would turn 9 years of age.

Intellectual Impairment- The permanent capacity for performing cognitive tasks, functions, or problem solving is significantly limited or impaired and is exhibited by more than one of the following: a slower rate of learning; disorganized patterns of learning; difficulty with adaptive behavior; and/or difficulty understanding abstract concepts. Such term shall include students with mental retardation.

The American Association on Intellectual and Developmental Disabilities offers the following definition: *Intellectual disability is a disability characterized by significant limitations in both in **intellectual functioning** (reasoning, learning, problem solving) **and in adaptive behavior**, which covers a range of everyday social and practical skills. This disability originates before the age of 18.*

Diagnostic Criteria:

- To be identified as having an intellectual impairment all of the following criteria must be met.
 - Significantly limited or impaired cognitive skills usually in the Borderline range (will all composite scores below 80) as reflected on individualized intelligence testing,
 - Substantial limitations to academic skill development,
 - Social/emotional development is impaired,
 - Substantial limitations in adaptive behavior and/or daily living skills,

Procedure:

1. Assessment of intellectual impairment will include some or all of the following;
 - a. Developmental and educational history-evidence of permanent limitations of capacity
 - b. Rate of learning, patterns of learning and understanding abstract concepts
 - c. Adaptive behavior rating scales
 - d. Standardized IQ tests as one measure for consideration
 - e. Assessments in different environments

Sensory - The term shall include the following:

Hearing - The capacity to hear, with amplification, is limited, impaired, or absent and results in one or more of the following: reduced performance in hearing acuity tasks; difficulty with oral communication; and/or difficulty in understanding auditorily-presented information in the education environment. The term includes students who are deaf and students who are hard-of-hearing.

Diagnostic Criteria:

- A certified audiologist determines a disability involving hearing. It must be determined that the hearing loss is sufficient to impact communication and/or educational performance. A detailed report of evaluation is required.

Procedure:

1. Upon receipt of a referral and an evaluation by an audiologist, the teacher of the Deaf/Hearing impaired completes some or all of the following components of an assessment:
 - a. Reviews the completed report of the audiologist,
 - b. Observes the student in the classroom in terms of the student's response to auditory stimuli, ability to focus and ability to eliminate extraneous auditory input
 - c. Observes the educational environment to assist in accommodating the student within the environment including classrooms and non-curricular areas.
 - d. Consults with teachers, parents/guardians and the student regarding concerns related to the auditory impairment
 - e. Consults with audiologist

Vision - The capacity to see, after correction, is limited, impaired, or absent and results in one or more of the following: reduced performance in visual acuity tasks; difficulty with written communication; and/or difficulty with understanding information presented visually in the education environment. The term includes students who are blind and students with limited vision.

Diagnostic Criteria:

- A licensed ophthalmologist makes the determination of the visual impairment. A disability is presumed to be present when the diminished visual acuity affects mobility, written communication, and/or the understanding of information presented visually. A detailed report of visual evaluation is required.

Procedure:

1. Upon receipt of referral and an evaluation by an ophthalmologist, the Teacher of the Visually Impaired completes the following components of an assessment:
 - a. Reviews the completed report of the ophthalmologist
 - b. Observes the student in the classroom and navigating within the school environment including stairwells and playgrounds
 - c. Review the student's written work

- d. Consults with teachers, parent/guardians and the student regarding concerns related to the visual impairment
- e. Observes the student using technology currently in use within the classroom

Teacher of the Visually Impaired completes a formal functional vision assessment including a learning media assessment.

Deaf-Blind - Concomitant hearing and visual impairments: the combination of which causes severe communication and other developmental and educational needs.

- 1. Concomitant hearing and vision impairments
- 2. Severe communication disorder
- 3. Interferes with development and education

Neurological - The capacity of the nervous system is limited or impaired with difficulties exhibited in one or more of the following areas: the use of memory, the control and use of cognitive functioning, sensory and motor skills, speech, language, organizational skills, information processing, affect, social skills, or basic life functions. The term includes students who have received a traumatic brain injury.

Diagnostic Criteria:

- The school psychologist and/or outside medical provider will conduct an evaluation using varied assessments and clinical inventories including but not limited to the following: WPPSI/WISC/WAIS, WRAML, Vineland, BRIEF, NEPSY, DKEFS, Rey-O. This disability category is restricted to students exhibiting verifiable evidence of impairment or limited capacity of the central nervous system.

Procedure:

- 1. The Massachusetts Department of Education identifies neurological impairment as a low incidence disability. If the student meets criteria for neurological impairment and the multidisciplinary team deems necessary, the Public Schools of Brookline personnel may wish to coordinate with the student's neurologist.
 - a. Assessments may include some or all of the following:
 - 1. Developmental and educational history
 - 2. Medical history and current assessment including a medical screening for known neurological trauma
 - 3. Assessment of related areas such as: memory, cognitive functioning, sensory and motor skills, communication skills, information processing, social skills, behavior, flexibility/adaptability, attention, reasoning, abstract thinking, judgment, problem solving, mental health status.

Emotional Impairment- As defined under federal law at 34 CFR §300.8(c)(4), the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that

adversely affects educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The determination of disability shall not be made solely because the student's behavior violates the school's discipline code, because the student is involved with a state court or social service agency, or because the student is socially maladjusted, unless the Team determines that the student has a serious emotional disturbance.

Diagnostic Criteria:

- The criteria Emotional disturbance is:
- The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance.
 - An inability to learn that cannot be explained by intellectual, sensory, or health factors.
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - Inappropriate types of behavior or feelings under normal circumstances.
 - A general pervasive mood of unhappiness or depression.
 - A tendency to develop physical symptoms or fears associated with personal or school problems.
 - Under federal guidelines the diagnosis of schizophrenia is included in the definition of emotional impairment. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Identification of a student with emotional impairment excludes determination based solely on;

- Violation of the district discipline code,
- State court involvement
- Involvement with a social service agency
- Social maladjustment
- ODD/Conduct disorder

Factors for consideration:

- Disability is pervasive across more than one setting (home, school, and community)
- Student may be in ongoing treatment for mental health
- DSM-V diagnosis and/or history of psychotropic medications are insufficient evidence of an emotional impairment (except schizophrenia)
- Prior psychiatric hospitalization(s) are insufficient evidence for an emotional impairment
- There must be a condition other than social maladjustment.

Procedure:

1. The school identifies and implements appropriate interventions preceding the Team's determination of Emotional Impairment. This may include:
 - a. Functional behavioral assessment
 - b. Positive behavior intervention plan
 - c. Referral to social service agency
 - d. Referral to school counseling and/or clinical staff
 - e. Consultation with medically relevant treatment services

2. The multi-disciplinary team will conduct psychological and educational evaluations including an assessment of the student's personal, social and emotional status all linked to the student's referral question(s). The determination of Emotional Impairment should be based on multiple, convergent sources of data collection. A period of observation and consultation with staff and parents is an integral part of the process as is examining the student's learning environment. A home visit may be part of the evaluation. Assessments may include some or all of the following:
 - Consultation with outside mental health service provider(s)
 - behavior /diagnostic checklist and rating scales
 - Screening data and other observational data
 - Educational assessment that includes observations and data on the learning environment(s), curriculum, and task demands
 - Teacher assessments and interviews
 - Multiple observations of the student across educational settings
 - Parent interview
 - Student interview
 - Information about the student personal attributes, distinctive patterns of behavior which characterize the student personal feelings, attitudes, moods, perceptions and thoughts processes and significant personal traits
 - Developmental and social history
 - Behavioral data and incident reports in the school setting
 - Functional behavioral assessment

3. The psychologists along with the Team makes this determination through clinical review of the observable behaviors combined with the collected information found within the evaluation and relevant factors in the home school environment.

Communication Impairments - The capacity to use expressive and/or receptive language is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: speech, such as articulation and/or voice; conveying, understanding, or using spoken, written, or symbolic language. The term may include a student with impaired articulation, stuttering, language impairment, or voice impairment if such impairment adversely affects the student's educational performance.

Criteria:

- **Language Impairment** - A significant discrepancy interpreted as at least 1.0 standard deviation between a student's language skills when tested in his/her native language and chronological age norms.

Procedure:

1. The speech and language pathologist will conduct a comprehensive evaluation using current standardized language assessments such as: Oral and Written Language Scales (OWLS), Comprehensive Assessment of Spoken Language (CASL), Clinical evaluation of language fundamentals (CELF) and/or Test of Language Development (TOLD).
2. A standard deviation, or greater will be considered a significant discrepancy between the language and overall scores on the above named assessments.
3. At the early educational level the speech and language pathologist will conduct a comprehensive evaluation using standardized language assessments such as PLS and CELF and/or a developmental assessment, parent reports and information obtained through educational assessment. In addition, speech and language samples taken during play and conversations may also be obtained. Assessments will be used to discern whether there is a communication impairment or a global delay. Note that a communication impairment should not be determined if a disability is more accurately described by qualification in another disability category.

Criteria:

- **Articulation Disorders** - An articulation disorder exists when a student demonstrates varied or consistent sound substitutions, omissions, additions and/or distortions of phonemes or phonological processes, which should have developed within one year of his/her chronological or grade level or functional ability which adversely affects the student's educational performance. Development charts for articulation will be referenced in this process.

Procedure:

1. A child must meet one or more of the following criteria to be considered for Speech Therapy and this will be documented using a combination of standardized assessments, checklists, observations and parent interviews including the following:
 - a. The student exhibits varied or consistent non-developmental sound errors.
 - b. The student is unintelligible to significant members of his/her environment,
 - c. The student's articulation patterns cause significant concern to the student, which may limit social, emotional, or academic functioning.

Criteria:

- **Dysfluency (Stuttered utterance):** A fluency disorder exists when the student demonstrates abnormal disruptions in the normal flow of verbal expression that are markedly noticeable and are not controllable by the student. These disruptions may be

- described in terms of repetitions, prolongations, blocks, hesitations, interjections, broken words, revisions, incomplete phrases, circumlocutions, avoidance, frustration with speaking situations that evoke significant listener reaction and secondary characteristics that suggest stress or struggle and that affect the student's educational performance.

Procedure:

1. The child who demonstrates moderate to severe stuttering behaviors may be considered for Speech Therapy service formal fluency testing will be used to assess the level of stuttering severity.

Criteria:

- **Voice Disorders:** A voice disorder exists when there is abnormality in pitch, prosody, intensity, quality or resonance, which interferes with communication, draws unfavorable attention, and adversely affects the student's educational performance.

Procedure:

1. A child who demonstrates moderate-severe abnormal characteristics, which interfere with social, emotional, academic and/or vocational functioning may be considered for direct Speech Therapy following a recommendation for treatment by an otolaryngologist or other qualified medical professionals.

Physical Impairment- The physical capacity to move, coordinate actions, or perform physical activities is significantly limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions. The term shall include severe orthopedic impairments or impairments caused by congenital anomaly, cerebral palsy, amputations, and fractures, if such impairment adversely affects a student's educational performance.

Criteria:

- The physical impairment is assessed and defined through checklists and standardized tools that determine that the student's ability is significantly limited, impaired, or delayed and those limitations and /or impairments **adversely impact the student's educational performance**. Following are specific diagnostic determinations:

- The capacity to move, coordinate or perform physical activities is impaired and is demonstrated in or more of the following:

- Physical or motor tasks
- Independent movement
- Basic life functions

Included are:

- Congenital anomaly
- Cerebral palsy
- Amputations
- fractures

Procedure:

1. The physical therapist, occupational therapist, or adaptive physical education and/or nurse will conduct an evaluation, which will include one or more of the following:
 - a. Orthopedic or neuromuscular assessments
 - b. Medical
 - c. School functioning across school environments
 - d. Developmental history/record review
 - e. Observation(s)

Health Impairment - A chronic or acute health problem such that the physiological capacity to function is significantly limited or impaired and results in one or more of the following: limited strength, vitality, or alertness including a heightened alertness to environmental stimuli resulting in limited alertness with respect to the educational environment. The term shall include health impairments due to asthma, attention deficit disorder or attention deficit with hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia, if such health impairment adversely affects a student's educational performance.

Criteria:

- The evaluation and assessment of health impairment will be made by a qualified professional such as the school psychologist or physician. It must be determined that the student's capacity to function is significantly limited and results in limited alertness with respect to the educational environment. Additional relevant information will be collected as appropriate, depending on specific impairment.
 - Chronic or acute health problem
 - Physiological capacity is limited
 - Presence of an impairment in one of the following
 - Strength
 - Vitality or alertness
 - Resulting in limited alertness in respect to the educational environment

Includes (but not limited to):

- a. Asthma
- b. ADD & ADHD
- c. Diabetes
- d. Epilepsy
- e. Cardiac condition
- f. Hemophilia
- g. Lead poisoning
- h. Leukemia
- i. Nephritis
- j. Rheumatic fever
- k. Sickle cell anemia

Procedure:

1. In the case of ADD/ADHD, the multidisciplinary team will arrange through the student's parents to work cooperatively with the student's primary care physician in the gathering of appropriate data. This will include the administration of ADHD questionnaires and the collection of other observational and educational information. It may also include a full psychological and educational evaluation to rule out the co-morbid existence of Specific Learning Disability and/or alternate hypotheses to explain attention difficulties. The final responsibility for the identification of ADD/ADHD will be determined by a qualified professional (typically the school psychologist) using the diagnostic criteria outlined in the DSM-V. A medical diagnosis of ADD or ADHD is not required for an educational determination of Health Impairment.
2. In other instances of suspected health impairment a medical assessment is required. In addition, an assessment of school functioning will be completed. Additional assessments may include some or all of the following;
 - a. A developmental history
 - b. Teacher, parent/guardian and/or student interviews
 - c. Observations of the student over time with different tasks
 - d. Assessments of effects of medication or medical treatment
 - e. Consideration of effects of chronic absences due to medical illness, including cumulative effect of absences over time
 - f. Assessment of emotional and psychological impact of the impairment

Specific Learning Disability- The term means 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, write, spell, or to do mathematical calculations. Use of the term shall meet all federal requirements given in federal law at 34 CFR §§300.8(c)(10) and 300.309.

(i) General. The term means 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, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) Disorders not included. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. The passage of IDEA 2004 brought about significant changes in the determination of eligibility for students with Specific Learning Disabilities (SLD). The following information outlines the four necessary components for SLD eligibility determination under federal and state requirements and the accompanying forms (see appendix) provide documentation to meet the requirements.

In order for the team to determine that a student has a specific learning disability, all components described below must be fulfilled:

Procedure:

1. Assessments as needed to determine there is a disorder in one or more of the psychological processes involved in understanding or in using language, spoken or written. This will include psychological and educational (academic achievement) standardized testing.
2. Assessment and data documenting that the student is not making effective educational progress for his/her age or to meet the ELA and Math Curriculum Framework standards when using a process based on the student's response to scientific, research-based intervention.
3. Assessment documenting a severe discrepancy between IQ and achievement and the student exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age or ELA or Math Curriculum Framework standards, or intellectual development.
4. It is determined that the effective progress is over time and that the student was provided with research based instruction.

Assessments must include the following four components:

Component 1: Historical Review and Assessments

Historical Review [34 CFR 300.309(b)] When evaluating a student for a specific learning disability, the Team must ensure that the student's underachievement is not due to lack of appropriate instruction in reading or math. Therefore, the Team has considered the following:

- The student has been provided appropriate instruction in general education settings and that instruction has been delivered by qualified personnel;
- There is data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of the student's progress and this documentation was provided to the student's parents or guardians.

Participation Skills [603 CMR 28.04(2)(a)(2)(ii)]: Assessments of the student's attention skills, participation behaviors, communication skills, memory, and social relationships with groups, peers, and adults have been collected.

Performance History [603 CMR 28.04(2)(a)(2)(iii)]: Supporting evidence shows whether the student has consistently performed within the range of same-age peers, better than same age peers, less well than same age peers, or demonstrated inconsistent performance throughout his/her educational history.

Medical Information [34 CFR 300.311 (a)(4)] and optional [603 28.04(2)(b)(1)]: Educationally relevant medical findings are noted

Component 2: Area of Concern and Evaluation Method

Area of Concern [34 CFR 300.309(a)(1)] **The Team has identified the Area(s) of Concern and has evidence that:**

- The student is not making effective educational progress for his/her age or to meet ELA or Math Curriculum Framework standards when using a process based on the student's response to scientific, research-based intervention and/or
- There is a severe discrepancy between IQ and achievement and the student exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age or ELA or Math Curriculum Framework standards, or intellectual development.

Component 3: Exclusionary Factors

Exclusionary Factors [34 CFR 300.309(a)(3)] The team has determined that the lack of achievement in the area of concern is not a result of cultural factors; environmental or economic disadvantage; limited English proficiency; visual, hearing, or motor disability; mental retardation; or an emotional disturbance.

Component 4: Observation

Observation [34 CFR 300.310] Relevant behavior has been observed and the relationship of that behavior to the student's functioning has been noted.

Multiple Disabilities: The federal regulations state that multiple disabilities mean concomitant impairments (such as intellectual impairment-blindness or intellectual impairment-health impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple impairments does not include deaf-blindness.

7.2 Effective Progress

Teams determine whether a student is making effective progress in school.

The Team must make a determination on whether the student is making effective progress in the general education program. The general education program includes preschool and early childhood programs offered by the district, academic and non-academic offerings of the district and vocational programs and activities.

To determine whether a student is making effective progress, the Team must determine whether the student has:

- Made documented growth, with or without accommodations, in knowledge and skills acquisition including social/emotional development, the learning standards set forth in the Massachusetts Curriculum Frameworks and the curriculum of the district;
- Made growth according to the chronological age, the developmental expectations and the individual educational potential of the child.
- When considering if the student has made effective progress, the Team must specifically look at whether the disability(ies) is(are) causal to an inability to make progress. Such a

finding is pivotal in the eligibility determination. The law clearly states that students may not be determined eligible solely because of a need for reading or math instruction or because of limited English proficiency or social maladjustment.

- Teams sometime struggle in trying to decide if a student is making effective progress and look for specific guidelines to assist in making this important decision. Effective progress, however, is not easily translated to test scores, academic achievement, social skills or other individual or specific variables, but rather is a measure that is determined on the basis of a number of interrelated factors. Teams, therefore, should carefully review evaluation data and make student-centered decisions on this important issue. Progress should not be “minimal” or “trivial.”
- Although failing grades would allow the Team to assert that the student is not making effective progress, the Team would not be able to comparably assert that the student is making effective progress solely because he/she is making passing grades. In fact, the federal special education law specifically prohibits the Team from finding a student ineligible solely because the student is advancing from grade to grade. 34 CFR 300.111 (c)(1).

Teams evaluate whether the lack of progress is a result of the disability.

Teams must look at the evaluation results to see whether the lack of progress is a result of the disability or a result of other factors. Only if the Team determines the lack of progress is connected to a disability or disabilities may the Team continue on to discuss a possible finding of special education eligibility.

According to state and Federal regulation, **a student may not be found eligible solely because the student is unable to follow the school discipline code, has limited English proficiency, social maladjustment or has lacked reading or math instruction.** These reasons may become part of the Team's deliberations, but the essential finding of the Team must be that the lack of progress is, at least in part, a result of the disability(ies).

If the Team determines that there is a disability, it must then ask a final question: Does the student require specially designed instruction and/or related services in order to make progress?

7.3 Specially Designed Instruction

Specially Designed Instruction consists of modifications and instruction that is not provided for students in the general education program. Specially designed instruction includes modifications that affect content, delivery of instruction, methodology and/or performance criteria and are necessary to assist the student in participating and learning.

The need for specially designed instruction and/or related services is an absolute requirement for students found eligible for special education. Related services necessary to access the general curriculum are considered special education and may be provided alone, or in combination with specially designed instruction.

If the student only requires accommodations, then that student is not eligible for special education. General educators within the general education environment typically provide accommodations. Preferential seating, pencil grip use, or cooperative learning strategies are some examples of these kinds of typical accommodations. Accommodations do not involve modifying the material content, but do allow students to receive information in a more effective manner.

7.4 Related Services

Related services as defined within means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes early identification and assessment of disabling conditions in children. (20 U.S.C. Section 1401(26)). IDEA 34 CFR §300.34 and 603 CMR 28.00

Related services help children with disabilities benefit from their special education by providing extra help and support in needed areas, such as speaking or moving.

Related services can include, but are not limited to, any of the following:

(1) Audiology includes—

- (i) Identification of children with hearing loss;
- (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
- (iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;
- (iv) Creation and administration of programs for prevention of hearing loss;
- (v) Counseling and guidance of children, parents, and teachers regarding hearing loss; and
- (vi) Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification. [§300.34(c)(1)]

Audiology is primarily provided to support the needs of children with hearing loss and includes (but is not limited to) key services such as determining the range, nature, and degree of a child's hearing loss and both group and individual needs for amplification.

The National Institute on Deafness and Other Communication Disorders (2006b) estimates that 17 of every 1,000 children under 18 have a hearing loss. More than 71,900 children, ages 6-21, are served in the U.S. under IDEA's category of hearing impairments (U.S. Department of Education, 2006).

(2) *Counseling services* means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel. [§300.34(c)(2)]

According to the American School Counselor Association (2007), counseling services are intended to help all children in the areas of academic achievement, personal/social development and career development. This can include helping children with personal and social concerns such as developing self-knowledge, making effective decisions, learning health choices, and improving responsibility. Counselors may also help children with future planning related to setting and reaching academic goals, developing a positive attitude toward learning, and recognizing and utilizing academic strengths.

Note that IDEA's list of related services includes other counseling services—parent counseling and training; and rehabilitation counseling (that is, counseling specific to career development and employment preparation). These are defined separately in IDEA and are clearly different from counseling services (which are also not to be confused with *psychological services*).

(3) *Early identification and assessment of disabilities in children* means the implementation of a formal plan for identifying a disability as early as possible in a child's life.

The disability and medical fields are full of information about early identification of disabilities in children as well as assessing the scope and impact of a child's disability. This literature is focused on system-level issues such as setting up screening programs for specific disabilities (e.g., autism, speech-language impairment, visual and hearing impairments) and establishing mechanisms within the educational system by which children at risk of learning problems are quickly identified and their learning issues addressed.

As a related service, however, early identification and assessment of disability in children represents an *individual* service for one child. If a child's IEP team determines that identifying and assessing the nature of a child's disability is necessary in order for the child to benefit from his or her special education, then this related service must be listed in the child's IEP and provided to the child by the public agency at no cost to the parents. A formal plan would be written to establish the process and procedures by which the child's disability will be identified.

Interpreting services were added to IDEA's list of related services in the 2004 reauthorization and are defined at §300.34(c)(4) as follows:

(4) *Interpreting services* includes—

(i) The following, when used with respect to children who are deaf or hard of hearing: Oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell; and

(ii) Special interpreting services for children who are deaf-blind. [§300.34(c)(4)]

Interpreting services may be new to IDEA's definition of related services, but they have been provided over the years to many children who are deaf or hard of hearing, as part of providing them with access to instruction. The definition of interpreting services indicates a range of possible such services (e.g., oral transliteration, cued language), all of which refer to specific communication systems used within the deaf and hard-of-hearing community. To find out more about these various systems, visit such organizations as:

National Institute on Deafness and Other Communication Disorders Information Clearinghouse

<http://www.nidcd.nih.gov/Pages/default.aspx>

Medical services are considered a related service only under specific conditions: when they are provided (a) by a licensed physician, and (b) for diagnostic or evaluation purposes only. This is clear from the definition at §300.34(c)(5):

(5) *Medical services* means services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

This related service has a long and interesting history that has only gotten more interesting as medical science has advanced and children with diverse medical conditions are being educated in increasing numbers in general education classrooms. The support that many such children need in order to attend school, school districts have argued, is medical in nature, complex and continual, and is not the responsibility of public agencies because IDEA clearly states that medical services are allowable related services only when provided for diagnostic or evaluation purposes.

The case of *Cedar Rapids Community School District v. Garret F.*, which took place in 1999, turned the gray line about the provision of related services to children with complex medical needs into a "bright line" ("Supreme Court adopts," 1999). The U.S. Supreme Court found that, if a related service is required to enable a qualified child with a disability to remain in school, it *must* be provided as long as it is not a purely "medical" service. What is considered "medical," as IDEA's definition amply indicates, are those services that can only be provided by a licensed physician (and only for the purposes of diagnosis or evaluation). If a non-physician can deliver the services, then the service must be provided by public agencies, regardless of the staffing or fiscal burdens they may impose. Health care services that can be provided by a non-physician are not provided under the category of medical services, however. Today they would be as considered school health services and school nurse services. Examples of such services include bladder catheterization, tracheostomy

tube suctioning, positioning, and monitoring of ventilator settings, to name a few.
(<http://www.parentcenterhub.org/iep-relatedservices/>)

(6) Occupational therapy—

(i) Means services provided by a qualified occupational therapist; and

(ii) Includes—

(A) Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;

(B) Improving ability to perform tasks for independent functioning if functions are impaired or lost; and

(C) Preventing, through early intervention, initial or further impairment or loss of function.

OT services can enhance a child's ability to function in an educational program and may include such services as:

- self-help skills or adaptive living (e.g., eating, dressing);
- functional mobility (e.g., moving safely through school);
- positioning (e.g., sitting appropriately in class);
- sensory-motor processing (e.g., using the senses and muscles);
- fine motor (e.g., writing, cutting) and gross motor performance (e.g., walking, athletic skills);
- life skills training/vocational skills; and
- psychosocial adaptation.

(7) Orientation and mobility services—

(i) Means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community; and

(ii) Includes teaching children the following, as appropriate:

(A) Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);

(B) To use the long cane or a service animal to supplement visual travel skills or as a tool for safely negotiating the environment for children with no available travel vision;

(C) To understand and use remaining vision and distance low vision aids; and

(D) Other concepts, techniques, and tools. [§300.34(c)(7)]

Orientation and mobility services are not intended for children with disabilities other than visual impairments. If such a child needs to learn how to safely navigate a variety of settings, that child would generally not receive O&M services but, rather, travel training. Travel training is included in the definition of special education and means providing instruction to children with significant cognitive disabilities, and any other children with disabilities who require this instruction, to enable them to develop an awareness of the environment in which they live and learn the skills necessary to move effectively and safely from place to place [§300.39(b)(4)].

(8)(i) *Parent counseling and training* means assisting parents in understanding the special needs of their child;

(ii) Providing parents with information about child development; and

(iii) Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.

IDEA defines physical therapy as “services provided by a qualified physical therapist” [§300.34(c)(9)]. These services generally address a child's posture, muscle strength, mobility, and organization of movement in educational environments. Physical therapy may be provided to prevent the onset or progression of impairment, functional limitation, disability, or changes in physical function or health resulting from injury, disease, or other causes.

(10) *Psychological services* includes—

(i) Administering psychological and educational tests, and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;

(iv) Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;

(v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and

(vi) Assisting in developing positive behavioral intervention strategies.

Psychological services (counseling services) are delivered as a related service when necessary to help eligible children with disabilities benefit from their special education. In some schools, these services are provided by a school psychologist, but some services are also appropriately provided by other trained personnel, including school social workers and counselors.

You may notice that counseling is mentioned in the definition of this related service, and is also mentioned in IDEA's definition of social work services (specifically, group and individual counseling with the child and family). In response to public comments questioning this, the Department clarified:

Including counseling in the definition of ***social work services in schools*** in §300.34(c)(14) is intended to indicate the types of personnel who assist in this activity and is not intended either to imply that school social workers are automatically qualified to perform counseling or to prohibit other qualified personnel from providing counseling, consistent with State requirements. (71 Fed. Reg. at 46573-4]

Further, the definition of psychological services uses the phrase “planning and managing a program of psychological services”—which includes “psychological counseling for children and parents.” The more administrative nature of “planning and managing” is a telling difference in how counseling is included in the definitions of these two related services.

IDEA's definition of psychological services also specifically mentions positive behavioral intervention strategies, often referred to as PBS or PBIS. Behavior is an area of great concern these days, and it's useful to know that many of IDEA's provisions support taking a proactive approach to addressing behavior that interferes with a child's learning or the learning of others. For such a child, the IEP team must consider, if appropriate, strategies (including positive behavioral interventions, strategies, and supports) to address that behavior [§300.324(2)(i)].

The fact that psychological services can include “assisting in developing positive behavioral intervention strategies” does not mean that only the professionals who provide psychological services may provide such assistance or that they are even necessarily qualified to do so. As the Department states:

There are many professionals who might also play a role in developing and delivering positive behavioral intervention strategies. The standards for personnel who assist in developing and delivering positive behavioral intervention strategies will vary depending on the requirements of the State. Including the development and delivery of positive behavioral intervention strategies in the

definition of *psychological services* is not intended to imply that school psychologists are automatically qualified to perform these duties or to prohibit other qualified personnel from providing these services, consistent with State requirements. (71 Fed. Reg. at 46574)

(11) *Recreation* includes—

- (i) Assessment of leisure function;
- (ii) Therapeutic recreation services;
- (iii) Recreation programs in schools and community agencies; and
- (iv) Leisure education.

Recreation services generally are intended to help children with disabilities learn how to use their leisure and recreation time constructively. Through these services, children can learn appropriate and functional recreation and leisure skills. Recreational activities may be provided during the school day or in after-school programs in a school or a community environment. Some school districts have made collaborative arrangements with the local parks and recreation programs or local youth development programs to provide recreational services.

As part of providing this related service, persons qualified to provide recreation carry out activities such as:

- assessing a child's leisure interests and preferences, capacities, functions, skills, and needs;
- providing recreation therapeutic services and activities to develop a child's functional skills;
- providing education in the skills, knowledge, and attitudes related to leisure involvement;
- helping a child participate in recreation with assistance and/or adapted recreation equipment;
- providing training to parents and educators about the role of recreation in enhancing educational outcomes;
- identifying recreation resources and facilities in the community; and
- providing recreation programs in schools and community agencies. (Mattson, 2001)

(12) *Rehabilitation counseling services* means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with a disability by vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended, 29 U.S.C. 701 et seq. [§300.34(c)(12)]

(13) *School health services and school nurse services* means health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

School health services may include providing such health-related support as:

- special feedings;
- clean intermittent catheterization;
- suctioning;
- the management of a tracheostomy;
- administering and/or dispensing medications;
- planning for the safety of a child in school;
- ensuring that care is given while at school and at school functions to prevent injury (e.g., changing a child's position frequently to prevent pressure sores);
- chronic disease management; and
- conducting and/or promoting education and skills training for all (including the child) who serve as caregivers in the school setting. (U.S. Department of Education, 2003)

(14) *Social work services in schools* includes—

- (i) Preparing a social or developmental history on a child with a disability;
- (ii) Group and individual counseling with the child and family;
- (iii) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
- (iv) Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- (v) Assisting in developing positive behavioral intervention strategies. [§300.34(c)(14)]

(15) *Speech-language pathology services* includes—

- (i) Identification of children with speech or language impairments;
- (ii) Diagnosis and appraisal of specific speech or language impairments;

(iii) Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;

(iv) Provision of speech and language services for the habilitation or prevention of communicative impairments; and

(v) Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

7.5 Transportation

Transportation is included in an eligible child's IEP if the IEP team determines that such a service is needed in order for the child to benefit from his or her special education. The term has a specific meaning. IDEA defines *transportation* as:

- travel to and from school and between schools;
- travel in and around school buildings; and
- specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability. [§300.34(c)(16)]

The Department of Education states, "It is assumed that most children with disabilities will receive the same transportation provided to nondisabled children" (Id.), in keeping with LRE requirements. Thus, transportation as a related services may also mean providing modifications and supports so that a child may ride the regular school bus transporting children without disabilities. (71 Fed. Reg. at 46576).

As part of longstanding OSEP policy and numerous written policy letters, memos, and summaries, public school districts must provide transportation to children with disabilities in two situations. These are:

- if a district provides transportation to and from school for the general student population, then it must provide transportation for a child with a disability; and
- if a school district does not provide transportation for the general student population, then the issue of transportation for children with disabilities must be decided on a case-by-case basis if the IEP Team has determined that transportation is needed by the child and has included it on his or her IEP.

Not all children with disabilities are eligible to receive transportation as a related service. A child's need for transportation as a related service and the type of transportation to be provided must be discussed and decided by the IEP team. If the team determines that the child needs this related service to benefit from her or her special education, a statement to that effect must be included in the IEP, along with relevant details and arrangements.

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7.6 Extended School Year (ESY)

The IEP Team is obligated to consider the need for ESY services at every Team meeting.

- All categories of students with disabilities must be considered for ESY.
- In the event that the need for ESY services is not yet known, or the nature/extent of ESY services needs further review, the IEP Team can identify the timeframe it will reconvene to determine the need/services.
- The IEP Team can also plan what data should be gathered to assist in making later determinations.
- Although there is no absolute deadline/timeline for ESY determinations, federal regulations expect that these IEP Team determinations will be made in a timely manner so that students who require ESY services are, in fact, able to receive those services as part of their free appropriate public education (FAPE). To that end, it is recommended that ESY determinations be completed by April 15.

The need for ESY must be due to a showing or concern by the Team that there will be a substantial regression of skills during a scheduled break in service.

- The skills must involve at least one existing IEP goal area, and they must be essential to the progress of the student.
- New goals are not developed to justify the need for ESY services.
- The actual data/information should be maintained for future consideration of ESY.
- If there are no identified goal areas of concern, the IEP Team Consideration For Extended School Year (ESY) form is not needed.

When addressing the regression/recoupment question the IEP Team should take into account the following:

- All students, whether in general or special education, lose skills over breaks in services.
- Most students, including students with disabilities, recoup those skills in a reasonable amount of time with re-teaching.
- Students with disabilities who can recoup skills in a reasonable amount of time are not eligible for ESY services.

The provision of ESY may not be limited to those students who have actually experienced substantial regression and an unreasonable amount of time for recoupment. The potential for regression/recoupment difficulties must also be assessed.

When addressing the question regarding nature or severity of disability the IEP Team should take into account the following:

- Due to the severity of their disabilities, some students require highly structured and more continuous programming techniques in order to make progress. They may be particularly vulnerable to skill loss during a long break in programming that reduces their

ability to achieve progress. This may be due, in part, to the student exhibiting an increase in behavioral issues after the break.

The student's mental, emotional or physical health may also contribute to difficulties in reasonably maintaining skills during a program break.

When addressing the critical areas/stages of learning question the IEP Team should take into account the following:

- This standard is concerned with critical areas or critical stages of learning that involve **essential skills for becoming self-sufficient and independent**.
- Younger students with significant disabilities may be more frequently engaged in critical stages of learning involving such essential skills.
- Positive changes in a student's medical, physical or sensory status can sometimes result in accelerated learning opportunities. When such changes occur relatively close to a scheduled break in programming, they should be reviewed as to whether it is possible to predict that there is now an opportunity for accelerated learning for a skill that is essential to self-sufficiency and independence.

The IEP Team should state that there is no need for ESY services if:

- There are no IEP goals of concern
- No evidence of substantial regression or the possibility of substantial regression
- No evidence of prolonged period of recoupment of skills

If there is a need for ESY services, the IEP Team should consider the following in the identification of the services to be provided:

- In addition to instructional programming, the need for related services and supplemental aids must be considered if they involve a goal area of concern.
- IEP Teams must take the least restrictive environment (LRE) into consideration when determining ESY services. However, a school is not required to create new programs as a means of providing ESY services to students with disabilities in integrated or inclusive settings if the school does not provide services at that time for its students without disabilities.
- While it is appropriate for the IEP Team to consider ESY services or other educational services that have already been established by the school, the IEP Team must determine services on an individual student basis and cannot be limited to those services.

ESY must address an IEP goal area of concern, but it is not an automatic duplication of the types and extent of services provided to the student during the normal school year. In many cases, the student won't receive all of those services, or they will be appropriately provided on a substantially reduced schedule. The following serves to demonstrate the variety of ways that ESY can be provided:

1. A traditional classroom setting.

2. School-based programs that vary in length of schedule.
3. Daily instruction in specific IEP goal areas.
4. Small group instruction.
5. One or more related services
6. Cooperative programs with other agencies.
7. Intra-school cooperative programs.
8. Consultation with a job coach.
9. Intensive short-term instruction at various points in the summer months to prevent regression.
10. A week of intensive review just prior to the beginning of the school year.
11. Home-based programs that include parent training.

It is important to note that while the provision of necessary ESY services ensures that a free and appropriate public education (FAPE) is being provided, **the services are not intended to maximize a student's potential.**

Nor are the services provided as a means of facilitating child care, or as a way to achieve credit recovery due to the student's lack of attendance or refusal to complete school work.

NOTE: If a change in the student's ESY services is later determined to be appropriate, the IEP amendment process can be utilized to specify the change.

Instructions/Notes for Extended School Year Forms

1. The IEP team must fill out a "Student Recommendation Form" and an "Extended School Year Documentation Form" for each child for whom you are recommending the summer program. No student can be recommended for the summer program without these completed forms.
2. Although the student's liaison (most likely the special educator) will be responsible for turning in the student's Extended School Year form it is the responsibility of the therapist or other teacher who is recommending services to get the form from the liaison and fill in the appropriate section of the student's form (e.g. Speech, Physical Therapy, etc.).
3. The IEP team must fill out the form for all areas in which you are concerned that the student will regress (e.g. Reading and Math, or OT, Reading, and Other). This information should be used to determine what program/services the student will need. You must complete information for at least two vacations (e.g. September and January, or January and February).
4. In order to be eligible for Extended Year Services, the Team must find that the the student has shown significant regression or may significantly regress without services. DESE stated that significant regression and recoupment consist of the following inter-related elements:
 - (a) the loss of performance levels that were obtained before a break in service,

- (b) the child's limited learning rate, which lengthens the amount of time the child requires to review and/or relearn previously attained objectives, and
- (c) the fact that the time for that child to accomplish such recoupment is greater than the period of time the school district allows all other children for review and/or relearning.

5. The forms will be collected once during the school year. The "Student Recommendation Form" and the "Extended School Year Documentation Form" will be collected in March. Please do not wait to complete the forms.

7.7 Paraprofessional Services

Determination of Additional Instructional Assistance Through the Individual Education Program

The goal for all students with disabilities under the Individuals with Disabilities Education Act is to develop and maintain independence in curricular and extracurricular activities in the least restrictive school setting. Therefore, a primary goal for all students with special needs is to encourage, promote, and maximize independence. For all students, additional paraprofessional support may only be included in the IEP within the context of this goal.

Thus, when an additional assistance is assigned to support the student in fulfilling an IEP goal or goals (e.g., behavioral, self-help, academic, communication, etc.) the annual IEP goal(s) for which the assistant will provide support should reflect as much independence as is appropriate for the student; short-term objectives or benchmarks should be written to reflect increased independence, as appropriate for the student, until the annual goal is reached. If not carefully monitored, additional assistance can easily and unintentionally foster dependence; as a result, the IEP team must periodically review the continued need and effectiveness of this additional support.

The use of an paraprofessional is only one support or service that may permit a student to achieve effective progress and participate in a less restrictive environment. Unless this additional assistance is assigned with the goal of fostering independence, such a support can actually restrict the student's access to the general curriculum, social opportunities and other benefits of being assigned to a general education classroom. An IEP may include additional assistance only within the context of IEP goal(s) and objective(s) that are written to reflect attaining as much independence in the performance of the goal(s) and objective(s) as is appropriate for the student. The IEP must also include a schedule for evaluating the student's performance on meeting the goal(s) and objective(s) and for withdrawing or fading the support, as appropriate.

In every case, the first steps before assigning an additional assistant are to;

- (1) carefully define the student's needs, and
- (2) then review all existing staff, programs, and resources at the school site. This review must include a review of general and special education resources; and

(3) should consider such alternatives as accommodations and modifications for the student, the use of existing assistants at the school site, and mentoring and other collaborative instructional models for teacher support. A decision to assign an additional instructional assistant may never be made outside of the IEP process.

To implement behavioral plans for students with serious behavioral problems, it is often necessary to have a paraprofessional present to intervene and record responses to the interventions, etc.

Assistant support may only be included in an IEP to support behavior if the student has Functional Behavior Assessment and a detailed Positive Behavioral Intervention Plan that includes a schedule for evaluating the plan and withdrawing or fading the support, as appropriate.

A very small percentage of the school population will require part-time or full-time assistance. Students who are on ventilators, have serious seizures, allergic reactions or are subject to other life threatening events may need the supervision of a specialized health care attendant, as specified by the IEP team in accordance with medical protocols. Other students with serious physical limitations may need relatively constant supervision and assistance with turning pages, completing assignments, complex medical procedures, self-care such as eating and toileting, and travel from one location to another. However, even in these instances, assistants must never be provided without first considering less intrusive alternatives that do not compromise the student's safety or ability to fully participate, and without a written plan to ensure that the student is permitted to do as much for himself/herself as is possible. In addition, it should never be assumed that these students will need such supports permanently, without medical evidence to the contrary; and the goal should always be to foster as much independence as is possible and appropriate for the student.

PROCEDURES FOR DETERMINING THE NEED FOR ADDITIONAL INSTRUCTIONAL ASSISTANCE

Step 1 - Process initiated

The process to determine the need for additional assistance is initiated when the staff or parent expresses the possible need for additional support for the student.

- The student's liaison is contacted, who in turn contacts the Principal, Educational Team Facilitator and the Director of Special Education and/or Superintendent of Student Services or his/her designee.
- The building Team Facilitator with the liaison, the referring staff and/or parent, completes *Form IA-1 Request for Additional Assistance*.

Step 2 - The Team Facilitator collaborates with the regular education staff and all service providers to complete Form IA-2: Record of Attempted Modifications and Adaptations.

Completion of these forms will assist the team in identification of target needs, ie., critical times of the day, types of activities during which the student requires direct assistance; what is currently

being done to address the student's needs; and how existing and natural resources have been utilized. Attach completed forms to IEP if no further assistance is needed.

Step 3 - If IEP team determines additional information is necessary:

The Team Facilitator arranges for at least two educators knowledgeable about the student and his/her program, one from general education and one from special education to observe the child. The observers will complete Form IA-3: Student Observation Form

Additional observers may include the principal or assistant, principal, program specialist or appropriate District representative, BCBA, and psychologist

The Observation Team, in conjunction with the building ETF:

- Conducts observations.
- Obtains input from principal, parent, classroom teacher, and other appropriate staff, i.e. current classroom assistant, ancillary staff, program specialist, etc.
- Verifies implementation of Behavior Support Plan or Positive Behavior Intervention Plan if behavior is the primary concern.
- Reviews records
 - What recent changes have occurred in the life of the student?
 - Attendance history
 - Instructional levels. Are they appropriate for the student's ability level?
- Assesses the learning environment
 - Has the student just changed from elementary (self-contained classrooms) to middle school (multiple classrooms and teachers) or middle school to high school?
- Identifies prior interventions and reviews the results
- Reviews existing goals
 - For which goals will the assistant be listed as one of the service providers?
 - Are new or modified goals required for independence in the areas of need?
- Obtains input from principal or vice principal as appropriate.
- Completes Form IA-4: *Student Needs for Additional Support Rubric* and Form IA-5: *Summary of Evaluation for Additional Support*.
- Holds IEP meeting to review assessment
- Move to Step 4

Step 4 - IEP Revision ([See Guide to IEP Process in Section 20](#))

If it is determined the student requires additional assistance, the IEP must include the following:

- Documentation that alternatives were considered.
- Goals and objectives that address the skills that need to be taught - specifically, independence in academic, social, or other functional areas - in order for supplemental assistant to be appropriately faded.
- The schedule of review of the student's program, which leads to the fading of the additional support. Except in cases of ongoing medical need, the team must meet

within 6 months to review the student's progress and the effectiveness of the assistance.

- Frequency, duration and location of the assistance. Note: Special Education assistance may not exceed the annual review date. Renewal of such a service must be made, if still needed, at the annual review.
- Behavioral support. When the purpose of the Special Education Assistant is to support the student with serious behavioral problems, the IEP shall include a thorough Positive Behavioral Support Plan specifying the duties of the Special Education Assistant in relationship to the teacher and other staff, and a specific plan for fading the support.

Additional instructional assistance will commence upon receipt of a signed and dated IEP .

7.8 Assistive Technology

A student's possible need for assistive technology devices and services must be considered whenever an Individualized Education Program (IEP) is developed. In addition, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act require schools to provide assistive technology for students with disabilities, if needed to assure equal access to the school's programs and services.

Assistive Technology is defined by the IDEA 2004 as both:

- device (34 CFR 300.5) any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device); and
- service (34 CFR 300.6) any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes--
 - (a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
 - (b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
 - (c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - (d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 - (e) Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
 - (f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide

services to, employ, or are otherwise substantially involved in the major life functions of that child).

These laws also require that schools provide instructional materials in accessible formats to students who cannot access text in a typical print format.

The Assistive Technology Team for the Public Schools of Brookline includes an Assistive Technology (AT) Specialist and an Augmentative and an Alternative Communication (AAC) specialist. Both specialists are available to consult with staff about students, and to work directly with students. Requests for consultation and assessments should be submitted via an online Google form. The links to these forms are sent to staff at the beginning of the year. When possible, it is best to start with a request for consultation, rather than a request for a formal evaluation, as consultation can happen more quickly and more informally than a formal evaluation, and concerns can often be addressed through consultation only.

8. IEP Development

Once a child is found to be eligible, the IEP needs to be developed using the evaluation data, input from Team members and current classroom performance to guide development of goals and benchmarks for the student.

The parent must be provided with **two (2) copies of the IEP within 2 calendar weeks** if the Parent was provided with a draft of the IEP including services and goal areas. If a draft has not been provided, Parents must receive the IEP within **3-5 school** working days.

Within **30 calendar days after receipt of the proposed IEP, proposed placement, and N1 notice (reflecting mailing date of the IEP)**, the parents shall respond to the IEP by either accepting in full or part or rejecting in full or part the IEP. Parents can also request a meeting to discuss the rejected portions of the IEP. Upon parental response to the proposed IEP and proposed placement, the district shall implement all accepted elements of the IEP without delay. **When the participation or consent of the parent is required and the parent fails or refuses to participate, the school district shall make and document multiple efforts to contact the parent. Such efforts may include letters, written notices sent by certified mail, electronic mail (e-mail), telephone call, or, if appropriate, TTY communications to the home, and home visits at such time as the parent is likely to be home. Efforts may include seeking assistance from a community service agency to secure parental participation. The school district shall ensure that its efforts to involve the parent and gain parental consent meet a reasonable measure standard as articulated in federal law at 34 CFR §§300.300(c)(2) and 300.322(d). If the above efforts are attempted and documented and the district is unable to secure parental consent to a reevaluation or placement subsequent to the initial placement in a special education program, the school district shall proceed in accordance with 603 CMR 28.07(1)(b). This provision shall not apply if the parent has revoked consent to all special education and related services as provided in 603 CMR 28.07(1)(a)(4).**

The IEP can be **amended at any time if the child's profile and or goals need to be altered to reflect current levels of performance**. This remains the case if new assessment information is obtained. Additionally, at any point, a parent can reject a portion of the IEP, to include goals/objectives and/or services, etc. Please note that any team member can request that the team reconvene at any point to review student progress and make adjustments to the IEP.

Each year, annually, the IEP must be reviewed and updated to reflect the growth the student has made and new goals need to be developed as well. Input from general educators, special educators, parents and related service providers needs to be included. Input from the student is required if the student is over 14 years old.

Recommended services for each student must be individually considered and recommended and should not depend on known or existing services. All IEP sections need to be considered by all IEP

TEAMs. No section should be skipped. Services within the IEP may assist the student with the following:

- To reach the IEP goals
- To be involved and progress in the general curriculum
- To participate in extracurricular and nonacademic activities
- To allow the student to participate with nondisabled students while working towards the IEP goals

Overall, the services and supports should lead the student to success and to greater independence. To accomplish this aim, services may be provided directly to the student and/or on behalf of the student. In others words, the supplemental aids and services recommended to benefit the student may be provided to the student, to the parents and/or to the school staff. Services that are provided to parents and school staff members should help them assist the student in reaching IEP goals.

The IEP is not intended to be a lesson plan but should provide a clear picture of the student's current abilities and needs, and should identify key goals and objectives that provide a direction and focus for the student's learning over the next IEP period.

8.1 Free and Appropriate Public Education (FAPE)

General Curriculum:

The IEP should be considered a primary tool for supporting a student's involvement and progress in the general curriculum, identifying the supports and services necessary to mitigate the impact of their disability allowing the student to access a Free and Appropriate Public Education (FAPE). As defined by federal regulation, the general curriculum is the curriculum used with non-disabled children. A FAPE is a program where the child is expected to make effective progress. An IEP provides FAPE if it is reasonably calculated, in a team process that was in compliance with federal and state standards, to provide the student with meaningful, measurable educational benefit. All students, regardless of the nature or severity of the disability or their educational setting, must have access to and progress in the general curriculum.

Within Massachusetts, the general curriculum is defined as the Massachusetts Curriculum Frameworks in the following areas: English Language Arts, Mathematics, History and Social Sciences and Science and Technology. Other curriculum areas can and should be discussed if the student's disability affects progress in those areas.

School districts must maintain high standards for children with disabilities. These standards should be consistent with the expectations for all students in the educational system.

General educators play a critical role in the Team process as the experts on the general education curriculum and classroom environment. Their participation in the TEAM process is required under state and Federal laws and regulations.

8.2 IEP Components

1. Parent and/or student input or concerns
 - a. Focused, concise statement addressing educational concerns for the student, as well as any social and emotional concerns that the parents or student may have.
2. Team vision for the upcoming 1-5 years.
 - a. A vision statement is required for all students. The character of the statement will change based on the age of the student. The vision should reflect the entire Team's vision including the student if the student is 14 years or older.
 - b. The intent of the vision statement is to look forward to future goals, usually 1-5 years in the future. For younger students, periods of transition from one grade to the next or from elementary to middle school may provide a time focus for these statements. The Team steps back from the here and now to take a broader, long-range perspective as it looks to where this student is headed in the future. Knowing where the student is headed makes it easier for the Team to eventually determine what progress needs to be made this year.
3. Student strength and key evaluation results
 - a. Type of disability in accordance with the definitions defined in the state and federal regulations
 - b. General education performance
 - c. Brief summary of assessment data, including state and district-wide assessment results
 - d. Relevant information from any school or independent assessments (This should not be a copy and paste of the assessments or current performance.)
4. Explanation of how the disability affects progress in the general curriculum areas. This should not be a reiteration of the profile.
5. Necessary accommodations
 - a. These are developed by the service providers in conjunction with the general education teacher(s). NOTE: If the student is included with non-disabled peers, input from general educators is mandatory as they are responsible for implementing the accommodations. This only includes accommodations not identified as common practice through the District Curriculum Accommodation Plan (DCAP).
 - b. Accommodations are changes in course/test presentation, location, timing, student response or other attributes that are necessary to provide access for a student with a disability to participate and which do not fundamentally alter or lower the standard of expectations.
6. Types of specially designed instruction (modifications)

- a. Team must consider how Content, Methodology/Delivery of Instruction will be modified from the general education resource.
 - b. Performance Criteria reflects the modification of the content of the performance or the test by the student.
 - c. This is not an area of the IEP to list accommodations (the "HOW" something is done). Modifications address the "WHAT".
 - d. Modifications are changes in course/test presentation, location, timing, student response or other attributes that are necessary to provide access for a student with a disability to participate BUT which also fundamentally alter and/or lower the standard of expectations.
- 7. Current performance levels
 - a. An accurate description of how the student is performing in the various areas of need as identified by the IEP. Must convey sufficient information to provide clear levels of current functioning.
- 8. Measurable annual goals
 - a. Goals should relate directly to those areas where the student's disability affects performance and should reflect a focus on those areas that make the biggest difference in the student's performance. Goals should not identify multiple curricular standards in a single curriculum area nor qualify as a detailed weekly or monthly lesson plan.
 - b. The IEP should be written with a direct connection between the current performance levels and the measurable annual goals. The current performance levels state what the student can currently do and identify key stumbling blocks. The goals state what the Team believes that the student will accomplish by the end of the IEP period. The current performance levels become the starting points for determining the goals and the goals become the end points for student accomplishment for the IEP period.
 - c. Goals are designed to provide reasonable educational benefit. The goals should be measurable. The objectives/benchmarks break the measurable annual goal into major milestones that the student is expected to reach within a specified amount of time. To help ensure measurability objectives/benchmarks should also have target behavior, conditions, and outcomes. Goals also address the data collection strategy for measuring and documenting progress.
- 9. Break down of service provisions
 - a. Service Delivery must denote the type of service provider i.e. Special Education staff / Occupational Therapist / Speech Therapist. "Sped Staff" is not acceptable. If provided by a private vendor, the generic title (Occupational Therapist, Speech/Language) is still used, as is the reference to the type of service provider.
 - b. A specific amount of time per cycle needs to be identified for all areas. "Ongoing, as needed" is not acceptable.

- c. All services, even services we provide via private vendors, need to be included on the service delivery grid as district services.

10. Nonparticipation justification

- a. Justification must be provided for any removal from general education and the basis of this conclusion by the Team. The Team must describe why removal is considered critical to the student's program.
- b. Nonparticipation justification is Is not a placement
- c. Nonparticipation justification is riven by least restrictive environment (LRE)

To reinforce IDEA's strong preference for involvement in the general education environment, the law requires a clear statement justifying why removal is necessary when removal occurs. Teams no longer need to identify the steps for moving a student to a less restrictive environment. Rather Team members must clearly identify times when a student is removed from the general education classroom and give good reason for such removal (Massachusetts Department of Education IEP Process Guide. June, 2001).

11. Specific items to be discussed for students with autism spectrum disorders:

- a. the verbal and nonverbal communication needs of the student,
- b. any needs resulting from unusual responses to sensory experiences,
- c. the need to develop social interaction skills and proficiencies,
- d. any needs resulting from resistance to environmental change and/or change in daily routines,
- e. any needs resulting from engagement in repetitive activities and stereotyped movements,
- f. any need for positive behavioral interventions at school and/or at home,
- g. other needs that may impact progress in education, and social and emotional development.

Extended School year: Team needs to determine whether the student requires an extended school year due to substantial regression, whether the student requires an extended day (due to the need to additional services to generalize into the community) or a shortened day (due to the need for a modification in the schedule to ensure access).

Specialized transportation: the Team needs to determine whether the student requires specialized transportation. Please note that if a student is receiving transportation because they are going to a program in another location that is not their neighborhood school and receive transportation, this is NOT specialized transportation. Teams need to consider whether the student requires a monitor, or safety harness, or van, etc.

Whenever the IEP Team determines that a student's disability affects social skills development, or when the student's disability makes him or her vulnerable to bullying, harassment, or teasing, the IEP must address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. Furthermore, for students identified with a disability on the autism spectrum, the IEP

Team must consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. (Technical Assistance Advisory SPED 2011-2). The student's needs relative to being at risk of bullying, as a target or an aggressor, should be documented in the Additional Information section of the IEP, and also in the N-1 letter.

8.3 Least Restrictive Environment (LRE)

The school district shall ensure that, to the maximum extent appropriate, children with disabilities are educated with children who do not have disabilities, and that special classes, separate schooling, or other removal of children with special needs from the general education program occurs only if the nature or severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily.

As the Team discusses placement, the least restrictive environment will be selected as it correlates with the student's needs. To the extent possible, students with disabilities will be educated with their non-disabled peers.

Teams should always consider in-district settings as they relate to the student's needs. These settings include the general education classroom, a learning center, or a separate classroom or district-wide program. [The Team is considering a setting that is an out of district, the Special Education Director should be consulted for support](#)

In the rare cases where a student's needs cannot be met within the public school setting, an out-of-district placement may be explored. If the Team designates an out-of-district placement, the Team shall state the basis for its conclusion that education of the student in a less restrictive environment with the use of supplementary aids and services could not be achieved to provide the student with a free, appropriate public education in a community school.

In most cases, the Team who wrote the IEP will decide the placement immediately after the IEP is developed. If the student's needs and corresponding services are complex and the Team is considering an initial out-of-district program or a different setting for a student currently in an out-of-district placement, a subsequent meeting might be scheduled, within ten school days, to finalize the placement decision. In all cases, the parent continues to be an equal participant in the Team process.

9.1 Bullying Prevention of Students with Disabilities

Students can be vulnerable as targets and aggressors because of unique needs resulting from their disabilities and as such all IEP teams must address bullying.

Bullying Prevention and Intervention Law Massachusetts anti-bullying law has two major requirements for students with disabilities:

- 1) Schoolwide response to prevent bullying of students with disabilities
- 2) IEPs to develop individual student's ability to avoid and respond to bullying

Specific IEP protections must be considering and provided for:

1. Students Vulnerable to Bullying Because of Disability (IEP DETERMINATION)
2. Students with Disability Affecting Social Skills (IEP DETERMINATION Students likely have disability affecting social skills development with: developmental delays, emotional impairments, communication disorders, neurological and health impairments)
3. Students with Autism Spectrum Disorder (IEP Protections Automatically Triggered)

For students in the previous three groups the IEP team must address skills and proficiencies needed to avoid and respond to bullying, harassment or teasing (MGL CH 71 Bsec 3).

The school should convene the IEP Team if you or a staff member believes a child is at risk of being bullied or is exhibiting bullying behavior due to disability (DESE Technical Assistance Advisory SPED 2011-2: Bullying Prevention and Intervention, p.2).

Determining Impact of Disability on Bullying

Questions to assist at team meeting;

- Does the student feel safe at school? If not, why not?
- Does the student have a clear understanding of what bullying is and is he or she able to identify bullying attempts?
- Does the student have sufficient self-advocacy skills to obtain help/know what to do if he/she is bullied?
- Does student engage in behavior that might make the student more vulnerable to bullying?
- Does student engage in behavior that might be identified as bullying?
- Given the specific nature and extent of the student's disability, is the student able to conform to the school's code of conduct relative to bullying?
- What has been done to integrate the student into the social life of the school during the school day and during extracurricular activities?
- Is the student socially and/or physically isolated?

- Does the student have someone she/he trusts at school to whom she/he may report bullying?
- Are there times of day with less adult supervision and less structure where bullying is more likely to occur?

DESE guidance documents can be accessed at:

<http://www.doe.mass.edu/bullying/considerations-bully.html>.

10. Transition Services

Success in adult life is a goal we have for all students. Depending on the disability and the support services required in adult life, successful transition from highschool to adult life might require that planning activities beginning in elementary school with students exploring their interests in middle school. Starting the process early prepares students with disabilities to think about what they want to be able to do in adult life. In high school, transition planning includes exploring post-secondary opportunities and employment options, living arrangements, social supports, and community access. It may include connecting with the adult service agencies that may provide them with services when they graduate school or turn 22 years of age (Massachusetts DESE) .

Beginning when a student will turn 14 during the IEP period, transition planning is a necessary component to the development of the IEP. The student must be invited to all educational meetings where transition planning is discussed if they are 14 or turning 14 during the IEP period. Transition planning can be discussed prior to the student's 14th birthday. A state mandated Transition Planning Form (TPF) is always completed at these meetings and included in the student's special education file. If the student is 13 at the time of the Team meeting and will turn 14 by the end of the proposed IEP, the transition planning form must be written and attached to the IEP.

With student input, the IEP team considers the course of study and post-secondary activities in order to plan and propose transition services based on the student's and team's vision (as stated on IEP 1). The Team must also consider how the disability impacts the individual student's needs to meet their vision and future goals, considering the student's preferences and interests. Transition into adult life, postsecondary and vocational life skills are also considered. Once a student has turned 14, the IEP must include a post-secondary vision statement as well as identify the transition services that support that vision.

IDEA defines transition services as: A coordinated set of activities for a student, designed within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives and, when appropriate, acquisition of daily living skills and functional vocational skills.

The Massachusetts Department of Elementary and Secondary Education has provided a transition planning worksheet for assisting TEAMS with post-secondary planning. A copy of the form can be found in the appendix section of this manual. This form is not an IEP form, rather a document whose content is directly linked to the IEP vision and guided by the identified needs of the student. Upon graduation, students receive a summary of performance based on their transition plans and their high school course of studies.

11. Placement

The IEP team decision regarding a student's placement is made once the IEP is fully developed. It is based upon the individual needs of the particular student and the appropriate educational environment in which the IEP can be implemented. The Team Determination of Placement page, (PL 1) should be included with the IEP. If a placement decision is not possible at the IEP meeting, a separate meeting must be held within ten school days to discuss the options available.

At the Team meeting, after the IEP has been developed, the Team shall consider the identified needs of the student, the types of services required, and whether such services may be provided in a general education classroom with supplementary aids and/or services or if necessary after considering Least Restrictive Environment, in a separate classroom or school.

11.1 Referral Process for K- System-Wide Programs

Prior to the consideration of a more restrictive placement in a district-wide program, each staff member working with the student should, in accordance with 34 CFR 300.324 (Development, review, and revision of IEP), be reviewing the child's IEP regularly as appropriate to determine progress towards IEP goals , no less than annually, to determine whether the annual goals for the child are being achieved;

Parent involvement should occur as a result of the following (but limited to);

1. a student's lack of effective progress,
2. results of any reevaluation conducted under [§ 300.303](#) (which requires a Team meeting)
3. Information about the child provided to, or by, the parents, as described under [§ 300.305\(a\)\(2\)](#); (which requires a Team meeting)
4. A change in a child's anticipated needs; or
5. Other matters.

Under the direction of the [Education](#) Team Facilitator, the school based PSS [and/or child study team](#) and relevant staff will review [all](#) components of the student's IEP to determine [if](#) all attempts at supporting the child in the least restrictive environment have been implemented.

Consideration must be given to the following ([possible actions but not limited to](#)):

1. Increase of supports within school, including consideration of decreased time in general education setting
2. Use of composite programs (using parts of in-house programs and/or unique combinations of resources),
3. **Additional staff training which may be requested,**

4. The school, with agreement with parent/guardian, may seek consultation support of in-district specialists or outside consultants
5. Use of new/alternative specialized instructional materials
6. The school, with agreement with parent/guardian, may complete FBA and possible creation and implementation of a positive behavior support plan
7. Communication with parents about concerns regarding child's progress-open and ongoing documentation of response to changes and interventions

These efforts may lead to or necessitate an amendment to the student's current IEP. Parents must be aware of the concerns and must be involved in the problem-solving process.

Interventions resulting from in continued lack of effective progress

As integral members of the special education Team, parents are kept apprised of all steps noted.

Evidence of lack of student progress, and additional efforts made, will be shared with principal and Director of Special Education by the Team Facilitator. The Director will then contact the Team Facilitator and principal of potential receiving ('reviewing') school to share information. Team Facilitators will meet with Director and Principal to review student needs and evidence.

1. Team Facilitator of reviewing school disseminates documentation to program teachers and related service personnel for review. Within approximately 7 days of receiving documentation, reviewing school will meet to discuss impressions.

2. Special Education director and Team Facilitator of reviewing school will schedule a time and observe student within approximately 14 days. Observations will serve to assist in providing additional suggestions for building based support as well as consider the appropriateness of program referral.

3. Close communication between reviewing personnel, Team Facilitator, Principal, and Director of Special Education regarding program appropriateness potential options for Team to consider which may include/but not limited to additional staff training and/or hiring and the provision of specialized programs.

4. Team meeting is held to review student progress and consider all options. *The Team makes recommendations for services based on student needs first, then and only then is consideration given to placement.*

5. Next steps will include visitation(s) and a transition plan for student and parent if the Team recommends district-wide program and parent consents.

11.2 Privately Placed at Parent's Expense

Parents may choose to enroll a child in a private school at their own expense at any time. Massachusetts' special education law applies to all Brookline residents regardless of where they attend school. The school district must provide or arrange for evaluation, determine eligibility, propose an Individualized Education Program (IEP), and make services available to all eligible students who reside in the district, regardless of where they attend school. ([DESE Administrative Advisory SPED 2018-1](#): IDEA-2004 and Private School Students)

Eligible students must be offered an IEP as developed by a Brookline IEP Team. The Team should write the IEP based on the student's needs, without regard to where the child will attend school. The IEP is written as if the student were attending the Brookline school district reflecting the student's needs. Parents may decline special education services of the proposed IEP. The District has the responsibility to reconvene the Team to consider the IEP on an annual basis, even if services have been declined. The Team must review appropriate educational information and propose an IEP based upon student needs or propose to re-evaluate to determine eligibility for services. Only if a parent terminates their child's special education services, in writing, will the student be withdrawn from special education entirely.

11.3 Voluntary Termination from School Prior to Graduation/Age 22

Students over the age of 16, who are eligible for special education services, who withdraw from the Public Schools of Brookline prior to graduation, or reaching age 22, must be given the opportunity to access special education services in pursuit of their diploma. If at any time prior to their 22nd birthday, the student is interested in receiving special education services and working towards their diploma, they may contact the Brookline Office of Student Services and request their file be activated. This information must be conveyed to eligible students at the time they withdraw from school, ideally through direct conversation. A letter confirming this information is mailed to the student with a copy in their Brookline High School file at the time they leave. (Official student files for high school students are maintained at Brookline High School.)

11.4 Graduation

In accordance with M.G.L. c.71, s.1, a student with a disability who requires special education is entitled to receive publicly funded special education until s/he turns twenty-two or "attains a high school diploma or its equivalent," whichever comes first. To receive a diploma, all Brookline students, including those receiving special education services, must meet the graduation requirements as outlined in the Brookline High School Course Catalogue. Furthermore, the students must either earn a scaled score of at least 240 on the grade 10 MCAS English Language Arts and Mathematics tests, or earn a scaled score between 220 and 238 on these tests and fulfill the requirements of an Educational Proficiency Plan (EPP). Students must also earn a scaled score of at least 220 on one of the high school MCAS Science and Technology/Engineering (STE) tests: Biology, Chemistry, Introductory Physics, or Technology/Engineering.

12. Continuum of Special Education Services

In order to best meet the individual needs of students, the Public Schools of Brookline has developed the following programs for students ages 3-22. These programs service students with similar disabilities using an integrated approach. As part of the Team process, the evaluation materials are reviewed, goals are developed, and a service delivery grid is completed reflecting an individual student's needs. If necessary, a specialized program or classroom will be investigated. The following is a description of the services and programs provided Preschool through grade eight. Please note instructional models change and fluctuate according to student needs.

Brookline Early Education Program (BEEP)

The Public Schools of Brookline Preschool Team provides services and evaluations for three to five year old children. This Team consists of the intake team facilitator, a speech and language pathologist, a school psychologist, and an occupational therapist. On an as-needed basis, the itinerant physical therapist and the special education preschool teacher may provide an evaluation / observation and serve as a member of the Team. Members of the Preschool Team provide case management, consultation, and/or services for preschool-age children who are identified as having special needs.

Preschool Related Services

As necessary, additional related services are provided to preschoolers identified throughout the school year. Children with identified needs/IEP are brought to the schools for speech and language therapy, occupational therapy, and/or physical therapy. If schedules permit, the therapists may also go to locations serving the preschoolers who have been identified as having special needs for observation and consultation. Additionally, a playgroup emphasizing social and physical skills for preschoolers is offered to recommended children.

Integrated Preschool / Pre-Kindergarten Settings

BEEP Integrated preschool and pre-kindergarten programs are offered at multiple sites throughout Brookline. Staffed with a special educator and/or an early childhood educator. IEP services are provided in a preschool or pre-kindergarten setting.

Learning Centers

Learning Centers are available in all elementary schools (grades K-8) and the high school. The Learning Centers are designed to provide a range of services to students with varied mild to moderate disabilities. Learning Centers focus on assisting students in meeting the curricular demands of each grade. In addition specific services include but are not limited to direct instruction in reading, mathematics and written language. Learning centers provide students with academic support and assistance in developing organization skills, executive function skills, and study skills.

Small group instruction and individualized instruction are used to assist students in achieving individual student IEP goals. Learning Center special education teachers consult to general education staff members and to parents as needed. Learning Center teachers also assist in the development and implementation of appropriate modifications and accommodations. Learning Centers provide students and teachers with a level of understanding of each student's disability(ies) and areas of strength as well as self-advocacy skills appropriate to the grade level of the student.

In addition, learning centers servicing students age 14 and older assist students with transition planning and post-secondary planning. This may include some or all of the following: college preparatory support, exposure to services at the college level, development of individual transition plans, exploration of post-secondary employment options, and identification of areas of continued learning needed to enhance job skills and exposure to adult service agencies.

Learning Center key points:

- Assists students in meeting curricular demands
- Direct instruction
- Academic support
- Classroom accommodation and modification support
- Study skill development
- Executive function/organizational skill(s) development
- Assistance in use and application of assistive technology
- Disability awareness, ability awareness and development of self-advocacy skills

K-8 System-Wide Programs

System-wide programs exist in Brookline to provide students with intensive disabilities a higher level of individualization and support as well as structured, separate environments when deemed necessary by a student's IEP team.

Adaptive Learning Center

The Adaptive Learning Center (ALC), currently located at Lincoln School, serves students in grades K-8 with severe disabilities. All students in the program are intellectually impaired, and many have additional disabilities as well, including autism, physical, and health disabilities. Some students have medical challenges. The program emphasizes instruction in the areas of adaptive skills, social-emotional functioning, communication skills, and academics. Students receive small group, specialized instruction provided by a special education teacher supported by program paraprofessionals, and instruction in the general education setting depending on their individual needs. Applied Behavior Analysis (ABA) is a core methodology of the program. Related services such as speech and language therapy and occupational therapy are provided to students in accordance with their IEPs. Opportunities for inclusion in the general education setting are provided throughout the day for all students.

Adaptive Learning Center - Key Points:

- Assists students in acquiring adaptive skills, as well as skills in the areas of social-emotional functioning, communication, and academics through the provision of

- specialized instructional programs.
- Direct instruction by special education teachers.
- Opportunities for inclusion in the general education setting for all students, with accommodations and modifications as necessary for each student
- Instruction and assistance in use and application of assistive technology, as appropriate for each student.
- Development of self-advocacy skills.

Language & Academic Home Base (LAHB)

This program, currently located at *Driscoll School* serves students referred from each K-8 school, grades 3 to 8 and Brookline High School with average or above average cognitive abilities for whom learning is significantly challenging due to specific learning disabilities, particularly in the areas of literacy and English Language Arts. Additionally, these disabilities may manifest themselves in receptive and or expressive language, reading, writing, spelling and/or performing mathematical calculation, applications or reasoning. Instruction is provided in small groups at each grade level in a LAHB classroom. Students receive explicit instruction in their weaker academic skills and are taught compensatory strategies that draw on their stronger learning and cognitive areas. Students in the LAHB program participate in general education classes and are provided additional support in content areas such as social studies and science, as well as math when appropriate. Speech and language services are integral to this program. Consultation is also provided to general education staff members by LAHB teachers, as is consultation to the LAHB program from Landmark School consultants.

LAHB program - key points

- Individualized and small group instruction in reading and written language
- Reading fluency training
- Small group and individualized tutorials
- Frequent progress monitoring and assessment of literacy skills
- Language-rich curriculum aligned to MA Frameworks/Common Core
- Preview and review of grade level content
- Integration into general education classes with appropriate supports
- Executive functioning skill development
- Collaboration with speech and language pathologist
- Consultation by Landmark School staff

Reaching for Independence through Structured Education (RISE)

The RISE program is designed for students who are diagnosed with an Autism Spectrum Disorder (ASD) and require specialized instruction that is primarily delivered outside of the general education setting. While the K-8 program is currently at the Runkle School, there are also two BEEP locations (at Lynch and Putterham), as well as a program at Brookline High School. Systematic and data-based instruction is implemented in the following areas: academics; communication; self-help; social and play skills; and vocational skills. The primary methodology of the program is Applied Behavior Analysis (ABA). Classrooms are organized in a structured way to minimize distractions and encourage independence for all learners. Based on individual strengths, many RISE students are

included in the general education setting for learning opportunities related to academics and/or social activities. Additionally, RISE educators provide consultative support for students with autism across the district.

RISE program - key points

- Assists students in acquiring social and communication skills, self-regulation skills, adaptive skills, and academic skills through the provision of specialized instructional programs.
- Direct instruction by special education teachers.
- Opportunities for inclusion in the general education setting for all students, with accommodations and modifications as necessary for each student
- Instruction and assistance in use and application of assistive technology, as appropriate for each student.
- Development of disability awareness self-advocacy skills .

Therapeutic Learning Center (TLC) The TLC, currently at *the Devotion School* serves students in grades K-8 who have a history of emotional disabilities, which significantly impact their learning. Students may be referred from each of the K-8 schools. The TLC provides support in general education, direct instruction in a separate setting, adaptations of the educational environment, positive behavior intervention plans, instruction in self-regulation, relaxation and social thinking and counseling as deemed necessary by each individual student's IEP.

TLC program - key points

- Assists students in meeting curricular demands through the provision of specialized instructional programs.
- Structured and purposeful TLC staff support during inclusion activities.
- Direct instruction by general and special education teachers.
- Academic, social, emotional, and behavioral support as outlined within student's individual education plan.
- Organizational and study skill development.
- Classroom accommodation and modification support.
- Instruction and assistance in use and application of assistive technology.
- Development of self-advocacy skills.
- In the moment social coaching.
- Consultation to parents, outside providers, community based supports, and general education teachers regarding how to manage the social and emotional needs of students, as well as how to properly apply behavioral interventions.
- Daily data collection regarding student performance toward target goals.

Brookline High School Programs and Supports

BHS COURSE OFFERINGS

In order to provide the highest level of individualization, students participating in any of the instructional 'home bases' have access to the range of academic programming at BHS. Course selection is based on the recommendations of the student's IEP Team.

Course levels include:

- Advanced Placement
- Honors
- Standard
- Courses supported or instructed by special educators
 - Co-taught Standard Courses are for students who require a high level of accommodation, explicit preview, review, and daily specially designed instruction in the context of a standard level course. These courses are instructed by a content certified teacher and special educator.
 - Small Group Courses are for students who need the greatest level of support; these classes are taught by a special educator who is also content-certified and are available in English, Math, History, Science and Academic Support/Comprehensive Learning Center.

Brookline High School Program Descriptions:

Special Education services at BHS are delivered to a wide range of students requiring a broad array of programs and services to meet the varied needs of students with disabilities. Currently the special education department serves approximately 350 students. A continuum of instruction is provided from inclusion settings to those requiring a multi-tiered level of specialized and intensive support that is met in partial to substantially separate settings. Rigorous, robust programs and services teach students academic skills, facilitate social/emotional growth, address behavioral regulation, develop self-advocacy and perseverance, create independent learners, and enhance engagement in independent life skills, including community and the workplace.

In this continuum of services, our programs and services include 6 substantially separate programs, 4 partial to full inclusion profile specific programs, small group (sub-separate core curriculum) classrooms, academic learning centers, and co-taught classes. BHS Programs as follows:

The Reaching for Independence through Structured Education (RISE) Community

These programs serve students with moderate to severe disabilities (including students who are cognitively limited and/or nonverbal and/or non-ambulatory), 9-12 grades. The focus of classroom instruction is to teach academics for college and career planning as well as functional academics that can be used in real life situations. One to one and small group instruction and co-teaching model is utilized throughout the day to optimize learning. Instruction and skill application occurs in the classroom, community and at various work sites.

The RISE Community - key points:

- Assists students in acquiring adaptive daily living skills, as well as skills in the areas of social-emotional functioning, communication, and academics, vocation/career, through the provision of specialized instructional programs.
- Direct instruction by special education teachers.
- Opportunities for inclusion in the general education setting for all students, with accommodations and modifications as necessary for each student
- Instruction and assistance in use and application of assistive technology, as appropriate for each student.
- Development of self-advocacy skills
- Community based opportunities for functional life skills, career exploration, vocational skills.
- Assists students in acquiring social and communication skills, self-regulation skills, adaptive skills, and academic skills through the provision of specialized instructional programs.

Co-teaching Classrooms

Inclusion practices are founded on the principles of diversity, individual needs, reflective practice, and collaboration. Our co-taught classrooms are served by two highly qualified teachers, a general educator and a special educator, working together with inclusive groupings of students, sharing the planning, organization, delivery, and assessment of instruction, in the same classroom. This partnership between the general and special educators requires sustained integrative and collaborative work, with the ratio of teacher to students, and students to students on IEPs, to be lower than the inclusion classrooms.

Co-Teaching - key points:

- Shared responsibility of all students in the classroom and the physical space of the classroom
- Collaboration in co-planning of all lessons, delivery of instruction, assessments
- Assists students in meeting curricular demands through the provision of universally designed instruction and direct instruction by general and special educator
- Decrease in student to teacher ratios, providing opportunities for more small group and 1:1 instruction
- increased options for instructional delivery and student engagement and participation
- Co-teaching strategies and development of curriculum organized by partnership collaboration
- Specialized instruction, accommodations and modifications of the curricula as mandated by student's individualized educational plans
- Development of self-advocacy skills and self determination

ExCEL Program (Excellence in Community, Effort and Learning)

This program serves students with emotional/social/behavioral challenges requiring a therapeutic environment. This is a substantially separate therapeutic learning environment where community building and self-discovery are emphasized in order to improve student academic behavior and performance. The program is designed for students who need daily structure, clear behavioral expectations, consistency and a smaller community.

ExCEL Program - key points:

- Community based substantially separate classrooms, developing citizenship and self determination skills
- Leveled behavioral system with self reflection and accountability guidelines
- Specialized instruction in the common core curriculum in small group classrooms, with cycles of unit studies by special education teachers.
- Structured staff support for advisory, career exploration, college planning
- Community based life skills opportunities and community service hours
- Direct instruction by general educators in inclusion classrooms
- Academic, social, emotional, and behavioral supports throughout the school day
- Organizational and study skill development
- Development of self-advocacy skills
- In the moment social coaching, social justice principles
- Consultation to parents, outside providers, community based supports, and general educators regarding how to manage the social/emotional needs of students, as well as how to properly apply behavioral interventions.

School Psychologists Services

Currently, there are 4 full time school psychologists at BHS. Currently, these school psychologists conduct all initial and re-evaluations, which includes cognitive AND academic testing, as well as providing the full time clinical psychology/counseling support for the SLC program developed last year, along with all other responsibilities of the school psychologist as outlined by PSB.

Supported Learning Center (SLC)

The Supported Learning Center serves students with challenges in social/emotional dysregulation. This is a home base classroom where students receive therapeutic support for emotional/social regulation that assists them in being able to engage, participate, and make effective progress in general education classes. The delivery of instruction and support utilizes a strengths-based approach, promoting self-advocacy and self-reflection for students. This is a therapeutic milieu classroom.

SLC Program - key points:

- Community based therapeutic milieu classroom with emotional/social support from special educator and school psychologist
- Direct specialized instruction in small group classrooms as mandated by student's individualized educational plan, academic supports
- Organizational and study skills development
- Development of coping strategies, counseling services, self reflection and personal goal setting
- Self advocacy and self determination development
- Opportunities for drop-in support throughout the school day, building skills in application of coping strategies for social/emotional regulation to return to the general education classroom
- Independence building in application of coping strategies and individual resilience strategies for transitions throughout the school day
- Consultation to parents, outside providers, community based supports, and general

educators regarding how to manage the academic and social/emotional needs of students.

Bridge Alliance Program

Services students age 18-22 from all our specialized programs for teaching independent life skills, employment, career and college transitioning. These services are designed to help young adults with disabilities identify skills and interests, develop a range of career options, and ultimately secure employment in the community.

Bridge Alliance Program - key points:

- Functional life skills
- Career exploration
- College planning
- Vocational training
- Onsite work training
- Employment opportunity discovery, internships, community service hours
- Transportation training
- Functional academics, including dual enrollment with community colleges
- Developing self disclosure, self advocacy and self determination skills
- Fostering independence in transitional life skills, independent living skills
- Agency access as needed

Winthrop House

Winthrop House is an off-site component of Brookline High School, providing a specialized therapeutic educational alternative for students whose social and/or emotional challenges have hindered success in a traditional high school setting. The goal of Winthrop House is to break the cycle of difficulties some students experience in school. With its low student-teacher ratio, the program provides students individual support in an emotionally and physically safe environment, helping students build self-esteem, work towards academic potential, and experience positive peer interactions. Currently this school's capacity is for 32 students, and has all components and facilities as the traditional high school setting. Each student has an Individualized Educational Program.

The program's therapeutic interventions stress the stabilization of positive and productive learner habits, providing students with the support they need to learn, take risks, and move forward with emotional/social regulation. To better understand themselves as learners, students are guided through an exploration of their own attitudes, values, learning styles, and emotional/social challenges. Intensive individual and group counseling supports help students identify issues, develop insight and coping skills and practice these skills within the therapeutic milieu of the school environment. The program offers clinical case management and coordination with all outside professionals involved with students, as well as intensive support and communication with parents, including a parent support group.

The Winthrop House academic program parallels BHS core curriculum, including the option of honor classes, while focusing on the needs of students as individuals. All staff support the academic, social/emotional, and learning goals of Winthrop House students, as well as students' transitions to the main high school, college, and/or the workplace.

Winthrop House program - key points:

- Community based therapeutic milieu, embedded individualized therapeutic supports throughout the school day
- Leveled system for privileges based on adherence to community and academic expectations
- Direct specialized instruction in small group classrooms as mandated by student's individualized educational plan, academic supports
- Organizational and study skills development
- Development of coping strategies, DBT group, counseling services, self reflection and personal goal planning
- Self advocacy and self determination development
- Opportunities for main campus general education courses with support as mandated by individualized education plan, building independence and accountability for transitions
- Structured staff support for advisory, career exploration, college planning
- Consultation to parents, outside providers, community based supports, and general educators regarding how to manage the social/emotional needs of students.

EMPLOYMENT & TRANSITION SERVICES

Brookline High School offers a continuum of highly individualized services that support student's' postsecondary goals and vision. This may include career development classes, travel training, and employment support.

Related services for eligible students are available from Brookline Public School staff in the following areas:

- Adaptive Physical Education
- Assistive Technology
- Alternative and Augmentative Communication (AAC)
- Behavioral Consultation via Board Certified Behavior Analysts (BCBA)
- Hearing Services via an Educational Audiologist or Itinerant Teacher of the Deaf
- Home Services/Parent Training
- Extended School Year (ESY)
- Occupational Therapy
- Orientation and Mobility
- Physical Therapy
- School-Based Counseling
- Speech and Language Therapy
- Vision Services via Itinerant Teacher of Students with Visual Impairments
- Transportation

These services are provided in accordance with the needs of individual students and as outlined in the student's IEP. Related services focus on the student's academic and functional needs so that a student may make effective educational progress in the least restrictive environment. Related service providers may push in to provide services, pull out if the disability requires it, provide modeling and consultation to the general education staff, and consult with families.

13. Independent Educational Evaluations (IEE)

If a parent or advocate presents a request for an Independent Educational Evaluation, you should contact your Special Education Director immediately for support. Your Special Education Director will guide you through the process.

When a student has been referred for a special education evaluation and the school district has obtained consent from the student's parent the district must assess the student in all areas related to the suspected disability as well as conduct a comprehensive educational assessment.

Parents may obtain an independent educational evaluation of their child by appropriate professionals at their own expense at any time. In addition, federal and state law provides parents with a procedure for obtaining public funding of an IEE if they disagree with the school district's evaluation. This IEE is to be conducted by a qualified examiner who is not employed by the responsible school district. See 603 CMR 28.04(5)

In accordance with Massachusetts General Law C. 71B, s.3 and the regulations implementing that law, 603 CMR 28.04(5), parents are entitled to receive a publicly funded IEE under the following circumstances:

- The requested evaluation must be in an area that was assessed by the school district, and the request must be within sixteen (16) months from the date of that evaluation with which the parent disagrees. Parents may opt to have less than all the assessments already done, if they are satisfied with some of the assessments already completed. Should parents wish to request an independent evaluation that includes assessments not already done by the district, the district is not automatically required to pay for these assessments; however, the district must either agree to pay at the rate setting rate or file with the BSEA within 5 school days.
- A qualified person who is registered, certified, licensed or otherwise approved by the Commonwealth to conduct these assessments must conduct the evaluation. Documentation regarding these qualifications will be requested of the evaluator and required by the district. Additionally, the evaluator must abide by the rates set by the state agency responsible for setting such rates. These rates can be found at 114.3 CMR 30.00

When a parent has requested an IEE at the district's expense, they must provide in writing:

- What evaluation(s) they are dissatisfied with
- A list of the specific evaluations that are being requested
- The name, address, and telephone number of the agency or individual chosen to complete the evaluation
- The application for financial contribution from the school district
- A completed Release of Information form, if the parent wants the district to forward a copy of the student's relevant educational records to the evaluator

In order to determine whether or not a family is eligible for public funding for an IEE, the family's financial status must be determined. If the child is eligible for free or reduced lunch,

the district must fund the evaluation in full. If the family is not eligible, the district is required to fund the evaluation on a sliding fee scale, according to the family income.

The district uses a standard letter, outlining the requirements for requesting an IEE. Included with this letter should be a copy of:

- Free or Reduced price lunch form
- An evaluation consent form recommending a school based evaluation (if applicable)
- Information on where to obtain evaluations at the rate setting rates

If the family is either not eligible for public funding or refuses to provide the information to the district, or requests a publicly funded independent evaluation in an area not yet assessed by the district, a response must be provided to the parent within **five school days** whether or not the district will fund the evaluation, and should the district decide to not fund the evaluation, the district must proceed directly to the BSEA. Any requests by a parent for a publicly funded independent evaluation must be given to the school's Director of Special Education immediately.

14. Extended Evaluations

An Extended Evaluation is an option if the evaluations prove inconclusive: If evaluation information is inconclusive and the Team has found the student eligible, the Team may want to consider an Extended Evaluation. An Extended Evaluation may be used to gather further information needed to write an IEP. An Extended Evaluation may only be used if a parent agrees. Immediately following a Team meeting, at which an Extended Evaluation is proposed, a new Evaluation Consent Form must be sent to parents for any additional recommended assessments. Teams must be aware of the state regulatory restrictions placed on the use of the Extended Evaluation.

Extended Evaluations cannot be used for the following purposes:

1. to extend the evaluation timeliness for required assessments
2. to deny programs or services to a student
3. to constitute a temporary placement

The Team should write a partial IEP or full IEP in conjunction with an Extended Evaluation Form. This action will ensure, with parental acceptance of the IEP, that a student is not denied services determined necessary at a Team meeting. An Extended Evaluation may run from one to eight weeks. The Team may decide to meet during that evaluation period. However, the Team must reconvene as soon as the additional evaluation data is available in order to review assessment data and/or complete the writing of the IEP.

15. Discipline of Students with Special Needs

The Individuals with Disabilities Education Act (IDEA) and related regulations provide eligible students with certain procedural rights and protections in the context of student discipline. A brief overview of these rights is provided below:

In general, students may be excluded from their programs, just as any other student can be, for up to ten cumulative school days per school year. However, when a student is excluded from his/her program for more than ten school days in the school year, the school district is required to provide the student with FAPE. In addition, the student's Team must convene a meeting (a "manifestation determination review") to determine whether the student's behavior was caused by his/her disability or had a direct and substantial relationship to his/her disability. Please note that both in-school suspensions and external suspensions must be included when determining whether the student has been suspended for more than ten days.

At the manifestation determination review Team meeting, members of the Team, including the parent/guardian, will review all relevant information in the student's file, including the IEP, teacher observations, and any information provided by the parent/guardian to determine if the conduct in question was caused by or had a direct and substantial relationship to the child's disability or was the direct result of the district's failure to implement the IEP.

If the Team determines the behavior was not a direct result of the student's disability, or any other suspected disability, and was not the result of the district's failure to implement the IEP, the school may discipline the student according to the school's code of student conduct, except that the district must continue to provide the student with educational services during the period of suspension or expulsion. However, if the Team determines that the behavior was a direct result of the disability, the student must return to the previous placement unless (1) parent and district agree to a different placement, (2) a hearing officer orders new placement, or (3) the student was suspended for the special circumstances described below. The Team must also conduct a functional behavior assessment and develop a behavior plan, or review and modify an existing behavioral plan for the student to address the problem behavior.

If the student's conduct was the result of the district's failure to implement the IEP, the district must take immediate steps to review and remedy those deficiencies.

Special circumstances: In the event a student possesses a controlled substance or possesses a weapon, or cause serious bodily harm to an individual at school or a school function, a school may place a student in an interim alternative education setting for up to 45 school days. Hearing officers may also order the placement of a student in an appropriate interim setting for up to 45 school days upon determination that the current placement is substantially likely to result in injury to the student or others.

"Serious bodily injury" is defined in federal law as bodily injury which involves (1) a substantial risk of death; (2) extreme physical pain; (3) protracted and obvious disfigurement; or (4) protracted loss or impairment of the function of a bodily member, organ, or mental faculty. See 18 U.S.C. 1365.

When a parent(s)/guardian(s) disagrees with the Team's decision on the "manifestation determination" or with a decision regarding placement, the parent(s)/guardian(s) has a right to request an expedited due process hearing from the Bureau of Special Education Appeals.

Similar procedures apply to students with plans under Section 504 of the Rehabilitation Act of 1973.

The Individuals with Disabilities Education Act Regulations at 34 CFR 300.529 state the following:

Nothing in this part prohibits an agency from reporting a crime committed by a child with a disability to appropriate authorities or to prevent State law enforcement and judicial authorities from exercising their responsibilities with regard to the application of Federal and State law to crimes committed by a child with a disability.

An agency reporting a crime committed by a child with a disability shall ensure that copies of the special education and disciplinary records of the child are transmitted for consideration by the appropriate authorities to whom it reports the crime.

An agency reporting a crime under this section may transmit copies of the child's special education and disciplinary records only to the extent that the transmission is permitted by the Family Educational Right and Privacy Act (Authority: 20 U.S.C. 1415(k)(9)).

The flowchart below, from the Department of Elementary and Secondary Education website, summarizes the procedures that should be followed when disciplining students with special needs:

http://www.doe.mass.edu/sped/IDEA2004/spr_meetings/disc_chart.doc (Print chart for hard copy).

Additional information regarding the procedural protections for special education students can be obtained from the Assistant Superintendent of Student Services. The Assistant Superintendent of Student Services can also provide information on disciplinary procedural protections available to students who have identified disabilities and who are not eligible for services under the IDEA.

16. Parents' Rights & Due Process

Parents have the right to appeal any aspect of the IEP process through the Bureau of Special Education Appeals (BSEA). Parent should be provided the contact information for the BSEA as part of the N2 form, Notice of No Findings, as well as the Procedural Safeguards Brochure.

Problem Resolution System-PRS (formerly PQA) - Parents may also contact the DESE, Office of Program Quality Assurance Services (PQA) at 781-338-3700 to use the state "Problem Resolution System" described at <http://www.doe.mass.edu/pqa/prs/>.

Parents can file a complaint with PQA about any violation of state or federal education law or obtain help from PQA staff to resolve the problem informally. If Parents want a formal investigation by PQA, they will have to submit their complaint in writing.

Filing a formal complaint with PQA will not prevent Parents from using other methods, such as conversations with your local school district, mediation, or a due process hearing at the Bureau of Special Education Appeals (discussed below) to resolve the complaint.[1] If Parents request a due process hearing, however, a complaint that was filed through the problem resolution system will be set aside until the due process hearing is completed.

[1] For a comparison of how the problem resolution system resolves a complaint with how a complaint is resolved through a due process hearing see:
<http://www.doe.mass.edu/sped/docs.html>.

16.1 Mediation

Mediation is a service provided by a neutral individual who is trained in special education law and in methods of negotiation. Mediation can be scheduled whenever the parents and schools have a disagreement about special education matters, even if a complaint was made through the PQA Problem Resolution System. The mediator helps the parent and school district talk about their disagreement and reach a settlement that both sides can accept. Discussions during mediations are confidential and nothing that is said by either party can be used later if the dispute becomes the subject of a formal hearing or court proceeding. Once an agreement is reached, it will be put in writing, both sides will sign it, and it may be enforced by a court.

A description of the mediation process can be found on the ESE Web site at <http://www.mass.gov/anf/hearings-and-appeals/bureau-of-special-education-appeals-bsea/mediation/>. Additional information about how mediation works is available from the BSEA in their publications "[Frequently Asked Questions about Mediation](#)" and the "[Explanation of Mediation](#)."

Mediation will be set up by contacting your Special Education Director.

16.2 Due Process Hearings

If a parent or guardian and the school district have been unable to work out their disagreement, both parties are entitled to have a neutral and impartial hearing officer listen to both sides of the dispute, hear testimony, examine evidence, and make a decision. This hearing is convened by the Bureau of Special Education Appeals (BSEA) and is called a due process hearing. The due process hearing will consider disputes about eligibility; evaluation; IEPs; educational placement decisions, including those resulting from discipline; FAPE (Free and Appropriate Public Education); provision of special education; or procedural protections of state and federal law for students with disabilities, including 504. A hearing should be requested within two years of when the party knew, or should have known about the events that form the basis for the complaint.

The BSEA hearing officer is trained in special education law and must not have any personal or professional connection to any of the parties involved in the disagreement. Any parent or guardian, or the school district, can file a written due process hearing request form with the other party and send a copy to the BSEA to obtain a due process hearing. The BSEA has developed a hearing request form all forms can be found on the DESE website.

If a parent or advocate presents a formal Hearing Request, you should contact your Director of Special Education immediately for support. Additionally, please note that there are times when the district will request a hearing. Your Director of Special Education or Deputy Superintendent will guide you through the process.

Procedural Safeguards

Under IDEA 2004 school districts must provide a copy of the Parent's Notice of Procedural Safeguards (PNPS) once per year to all parents of eligible students with disabilities. Current PNPS are available in several languages on the MA DESE website at: <http://www.doe.mass.edu/sped/prb/>.

All families receive the PNPS at the beginning of each school year. A copy must also be provided along with every IEP that is presented.

17. Age of Majority

Massachusetts has established 18 as the age of majority. At that age, all students (who are not under legal guardianship) are considered adults and competent to make their own decisions. This right extends to every student with a disability who is receiving special education services.

At least one year before a student's 18th birthday, on or before the 17th birthday, the Public Schools of Brookline must inform the student and the parents of the transfer of rights at age 18. The DESE mandated Age of Majority letter/forms must be signed, copies of these can be found in the Appendix. We will include a statement in the IEP that the student and parents have been informed of this transfer of rights.

[When a student turns age 18, all of the decision-making rights in special education that have been exercised by the parent transfer to the adult student, unless;](#)

- a court has appointed a legal guardian for the student, or
- the student indicates that he or she wants to share decision-making with his or her parent (or other willing adult), or
- the student indicates that he or she wants to delegate decision making to his or her parent (or other willing adult).

If the student chooses to share or delegate decision-making, that choice must be documented and witnessed by representatives of the school district. The student may revoke sharing or delegation of decision-making at any time. If any disagreement arises related to special education decision-making, the choice of the adult student shall prevail. See 603 CMR 28.07 (5).

Teams distribute the Brookline 'Age of Majority' packet (3 pages) to students and parents on or before the 17th birthday. By the 18th birthday, if students want to either share or delegate the decision making, this must be done prior to turning 18. If this has not been done prior to turning 18 or if the student wishes to have sole decision making authority; on the student's 18th birthday the student then has full authority to accept or reject their IEP, or withdraw from Special Education

18. College Testing Information

The College Board has recently changed its eligibility requirements for testing accommodations. Districts and parents are reporting that the College Board is rejecting many requests for accommodation because the documentation supporting the request is not sufficient under its new eligibility standards. As a result, parents and students are asking Districts to conduct additional evaluations or eligibility assessments to support students' requests for accommodation.

The District provides the College Board with documentation supporting the student's request for accommodation when such documentation is available, consistent with the Massachusetts Student Records Regulations (see 603 CMR 23.00). In some cases, the College Board is asking that the student provide documentation of specific additional assessments or updated assessment information that the District does not need in order to deliver appropriate special education services to the student. The District is not obligated to provide or pay for updated or additional assessments to support a student's request for accommodation on College Board examinations if such assessment information does not already exist and is not necessary for the appropriate special educational program for the student at the time of the request. The parent is responsible for paying for additional assessments that are needed for the sole purpose of supporting the student's request for accommodation on the College Board examinations.

If the parent requests an evaluation or assessment, whether or not the request describes the reason for the request, the District must respond in accordance with the requirements of state and federal special education law. The District may either agree or disagree to conduct such an assessment and provide notice to the parent of the decision. The District's decision not to conduct the assessment is subject to the due process requirements of the law.

If a request for an evaluation is made for the purpose of demonstrating a need for accommodations on College Board tests, and the school district has no reason to believe the student has a disability or

needs special education services, then the District can deny the request for an eligibility evaluation; the District must notify the parent of the decision.

19. Section 504

A student with a disability may be found not eligible for special education. However this child may be eligible for a Section 504 accommodation plan under the Americans with Disabilities Act. This is a general education responsibility, therefore this is a separate referral and consideration process and is not directly linked to special education. The Public Schools of Brookline has a Section 504 manual for reference or please contact the building principal or guidance counselor for information regarding Section 504.

20. Legal Notices and Advisories

[REVIEW ALL WEBSITES FOR UPDATED ADDRESSES]

IEP Process Guide

<http://www.doe.mass.edu/sped/iep/proguide.pdf>

Procedural Safeguards Brochure

<http://www.doe.mass.edu/sped/prb/>

FERPA

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Student Records

<http://www.doe.mass.edu/lawsregs/603cmr23.html?section=07>

Voluntary Termination of Special Education Services

<http://www.doe.mass.edu/sped/advisories/101.html>

Home/Hospitalized Educational Services

<http://www.doe.mass.edu/pgs/ta/hhepga.html>

Translated IEP Forms and Notices

<http://www.doe.mass.edu/sped/iep/tforms.html>

21. Procedural Templates

- a. **N1 - Notice of Proposed School District Action**
- b. **N2- Notice of School District Refusal to Act**
- c. **N3 - IEP Team Meeting Invitation**
- d. **ED1 - Special Education Eligibility/Initial and Reevaluation Determination**
- e. **ADM1- Administrative Data Sheet**
- f. **PL1 (3-5 years olds)- Special Education Placement Consent Form**
- g. **PL1 (6-21 year olds) - Special Education Placement Consent Form**
- h. **N1A - Evaluation Consent Form**
- i. **N3A - Attendance Sheet**
- j. **[IEP Process Guide](#)**
- k. **[Team Member Excusal Form](#)**