



Special Education  
Framework **2014**

*Instructionally Appropriate Individualized Education Plans*

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## Foreword from Joey Hassell, Assistant Commissioner

### Special Education Framework Manual and Implementation Guide Forward

Because of challenges with outcomes for students with disabilities in Tennessee, it was critical for the Tennessee Department of Education to consider changes to the current special education framework. After working with other states, researching most effective practices, identifying legal requirements required through IDEA and developing a 43 member multidisciplinary task force to help develop guidance, the department has developed a Special Education Framework Manual and Implementation Guide.

The department believes that specialized instruction and intervention is a service provided to those students who are most at-risk in order to allow for access to high quality core instruction while maintaining high expectations and opportunity for success. Specialized education is a support and service offered to students, not a place.

It is the belief of the department that every student can learn, demonstrate growth, and has the right to actively participate in high quality, research-based education which maximizes his or her potential. Students with disabilities will be afforded the same opportunities as their peers to receive high-quality, grade level instruction through the Tennessee state standards in their least restrictive environment. Fostering a culture of high expectations will better prepare students with disabilities for college and careers. Developing Instructionally Appropriate Individual Education Plans (IEPs) are necessary to help ensure students receive high quality core instruction and intensive intervention specific to their area(s) of deficit. Relevant IEPs, which are focused on the individual student, will lead to growth and more effectively prepare students for college and careers.

As Tennessee moves to the development and implementation of Instructionally Appropriate IEPs, the department is committed to offering support to districts during this transition. Professional development opportunities for district leaders and teachers are available through the Division of Special Populations.

The Special Education Framework Manual was developed to help guide teams with required as well as most effective practices which will ultimately lead to better outcomes for students. The implementation guide was developed to support educators and provide tools to help implement the required components as well as the optional components of the manual.

We believe this model will have a significant impact on closing achievement gaps for students with disabilities and lead to increased outcomes in transitions to careers and college. As we increase access to high quality core instruction through a student's least restrictive environment, provide intensive intervention specific to his/her area of need, progress monitor interventions provided, and use relevant data to inform education decisions, this will increase opportunities and more effectively prepare students for the transition to career, college, and independent living.



Joey Hassell  
Assistant Commissioner

## **Purpose of This Framework**

**The purpose of this manual is to provide practical guidance and recommendations to local education agencies in the development and implementation of individualized education programs (IEPs) for children with disabilities in Tennessee public schools. The guidance and recommendations in this manual are not legally mandated by federal or state special education statutes or regulations for the provision of a free appropriate public education for any individual child. The ultimate determination regarding the specially designed instruction and related services necessary to ensure a free appropriate public education for an individual child with a disability is made by the child's IEP team.**

## **How to Use This Framework**

The Special Education Framework was developed with the idea that most practitioners would not be reading it from beginning to end in order, but rather, as a reference tool. Each Component can be examined individually for guidance and examples. Additionally, example IEPs have been provided in the Appendix. Portions of these IEPs are highlighted throughout the framework in the corresponding component. For example, the measurable annual goals from the IEPs are in Component 5: Measurable Annual Goals. Please note, these are only examples to help guide practice within Tennessee schools.

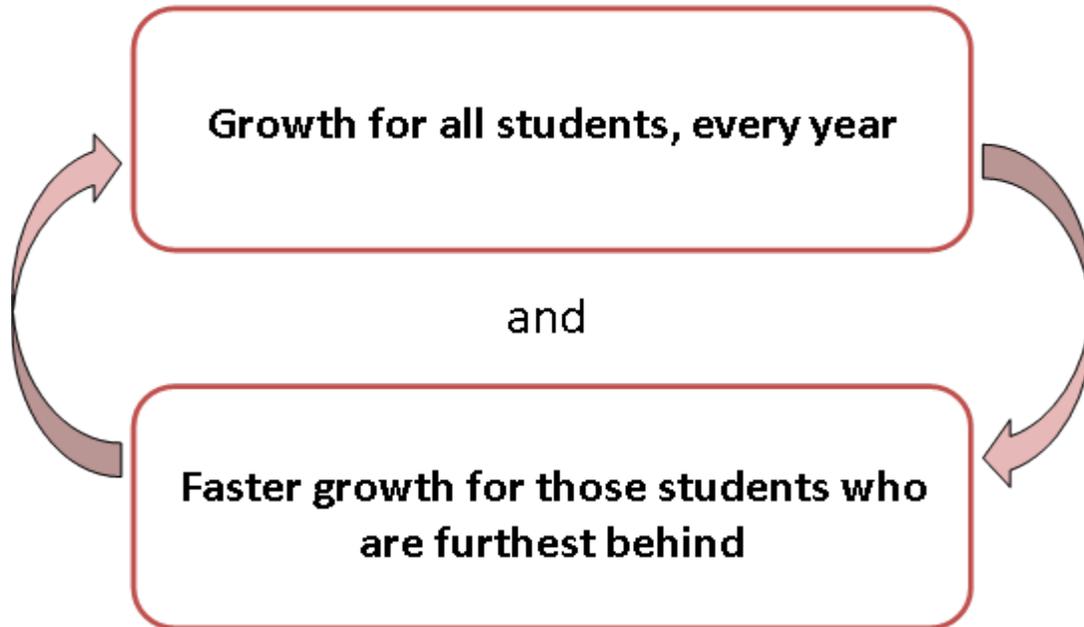
Special education has many acronyms and terminology. Words and phrases written in bold print are defined within the Glossary at the end of this document.

Additional resources and tools for implementing the principles outlined in the Framework are available in the Special Education Implementation Guide. The Implementation Guide is available in Word format so the pages can be downloaded and personalized to the needs of the student, professional, or school.

## Guiding Principles

### Accountability System

Our accountability system has two overarching objectives:



### Beliefs:

- All students can learn and demonstrate growth (**ALL means ALL**)
- Specialized instruction (IDEA, ELL and Title) is a continuum of services (not a place)
- Relationships and collaboration so stakeholders will focus on decisions that are best for **ALL** students
- Responsibility and accountability in teaching and supporting **ALL** students
- Strong leadership at all levels to ensure that students are supported in the **least restrictive environment**
- High quality professional learning empowers all stakeholders and builds capacity for the success of **ALL** students

### Key Goals of Special Populations

#### Improve Student Outcomes

- Prevention
- Intervention
- Achievement
- Outcomes

#### Manage Performance

- Effective employees at every level of the organization with a focus on improving student outcomes.

## **Policy Changes & Practices that will Impact the IEP**

### **Identifying students with a Specific Learning Disability**

As of July 1, 2014, RTI<sup>2</sup> will be the framework used by teams to identify a student with a Specific Learning Disability. Districts were eligible to apply for an extension for implementation in middle school and high school. Districts who applied for the extension will implement RTI<sup>2</sup> for middle schools by July 1, 2015 and high schools by July 1, 2016.

### **Evaluation timeline changes**

As of January 29, 2014, Tennessee changed to a 60 calendar day evaluation timeline. A program will be implemented within 30 calendar days from eligibility determination.

### **Short term objectives**

As of March 31, 2014, TN no longer has the requirement of benchmarks or short term objectives in IEPs, except for students who participate in the alternate assessment.

## Component 1 General Special Education Information

### Introduction

Research and experience have demonstrated that several factors are necessary to significantly improve outcomes for students with disabilities. Schools must provide:

- High expectations for students with disabilities,
- Opportunities for students with disabilities to participate and progress in the general education curriculum to the maximum extent possible,
- Meaningful opportunities for parents to participate in the development, review, and revision of the individualized education program (IEP) and participate in the education of their children at school and home,
- Appropriate supplementary supports and services in the general education classroom whenever appropriate,
- Effective systems of behavior support at the school, class, and individual level,
- Appropriate skills and knowledge for those who work with students with disabilities to help such students meet academic and functional goals,
- Preparation for students to transition to adult living and learning to lead productive, independent adult lives to the maximum extent practicable,
- High quality resources and instructional supports focused on teaching and learning.

Additionally, schools should ensure that special education is a service on a continuum, rather than a place where students are sent. Special education should be considered the most intensive intervention for students, after schools attempt interventions in general education but are unsuccessful at helping the student make adequate progress.

The Individual Education Program (IEP) is the cornerstone of the special education framework for each individual student. It is the tool that documents how schools will meet the student's individual needs based on his/her identified area of educational disability to increase his/her success in the educational environment. This guidance document provides important information for teams of professionals on developing IEPs that are reasonably calculated to result in educational benefit to a student.

### **The Individualized Education Program (IEP)**

An IEP is a written statement for a student with a disability that the IEP team develops, reviews, and revises. The IEP is the tool that ensures a student with a disability has access to the general education curriculum and is provided the appropriate learning opportunities, accommodations, adaptations, specialized services, and supports needed to progress toward achieving the same learning standards as students without disabilities, and to meet his or her unique needs related to the disability. Each student with a disability must have an IEP in effect by the beginning of each school year. Federal and state laws and regulations specify the information that must be documented in each student's IEP.

### **The IEP as the Cornerstone of the Special Education Framework**

The IEP is a strategic planning document that should have a far-reaching impact. An IEP identifies a student's unique needs and how the school will strategically address those needs. IEPs identify how

teachers will provide specially designed instruction, support students in the general education curriculum, and provide access to the same learning standards as nondisabled students. IEPs guide how a school will configure its special education resources to meet the needs of students with disabilities.

IEPs identify how schools will incrementally prepare students for adult living and provide an important accountability tool for school personnel, students, and parents. Schools should use an IEP to determine if they have appropriately allocated resources to provide opportunities for a student with disabilities to achieve desired outcomes by measuring a student's progress toward goals and objectives.

### **Component 1.1 Transition from 619 Preschool to Kindergarten**

The transition for young children with disabilities from preschool to kindergarten is a milestone in their early educational experience. By utilizing a few strategies to support the child and the family, the transition process can be successful. This will, however, require some thought and planning on the educator's part.

The goal is to have a seamless process that meets the needs of the individual child. We must address the child's continuing social, emotional, cognitive, and physical well-being. The very definition of *transition*, the movement from one place to another, presents challenges. Consideration should be given to children who often do not adapt quickly to change. For that very reason, planning should begin early, as you prepare children and their families for the transition to kindergarten.

Many schools have found that the strategies listed below are helpful in the process.

- **Build a supportive infrastructure.** Written materials to guide staff members and families through the process may ease concerns and confusion. Specific information about program options, personnel, and administration may be helpful. Make these available to preschool staff and families. Families feel supported when they receive information focusing on the effects of transition, placement options, and legal/educational rights for their children.
- **Pay attention to relationships and communication.** Stay family-centered - respect all children and families, be open to different cultures and languages, provide relevant information on which families may base choices, provide one point of contact to coordinate transition activities, and help families gain competency and skills to advocate for their children. Having joint meetings with preschool staff and attending IEP meetings will encourage dialogue, as will providing training opportunities for staff that occurs across programs. Taking time to build positive relationships with families will make the transition process easier for all involved. Transparent communication will also build trust with families and staff.
- **Be aware of continuity and alignment.** Preschool programs are using the revised Tennessee Early Learning Developmental Standards (TN-ELDS) which are aligned with the State Standards for kindergarten. This alignment provides a framework of learning expectations to develop and nurture the relationship between early learning and K thru 12 to help prepare children for the next step in their learning.
- **Prepare families and children for transition.** Families should participate in meetings and be encouraged to share information. Specific workshops can be designed for parents as a way of helping them better understand the process.
- **Schedule program visits.** Kindergarten teachers may want to plan a visit to the preschool classroom to observe. Through these visits, they will become familiar with favorite activities and with

accommodations being provided. Parents have most likely developed a relationship with their child's preschool teachers and feel comfortable in that setting. They may have shared difficult circumstances with the preschool staff over time. It is important to get to know both the preschool staff and families. Offer families the opportunity to visit the program being considered as an option for their child's placement. Facilitating visits will help with the transition.

- **Utilize community resources.** Make parents aware of available resources to help them participate in community activities, understand their rights, or provide support in the process of transitioning to kindergarten.
- **Gather information.** Kindergarten teachers should communicate with each child's preschool teacher about the non-academic skills of the child (e.g. playing/working independently and collaboratively, interacting with peers, following directions, responding to routines, and conducting oneself according to classroom rules).
- **Review the IEP.** Children who will still have an IEP in kindergarten may need another team meeting(s) to review the IEP and agree on measurable annual goals.

Part of assisting in a successful transition to kindergarten involves realizing that some children no longer require special education services or are ready to move to a less restrictive environment with supports. This may be because the child has made sufficient progress within his area of need, and the same level of service is no longer necessary. Having honest conversations with staff members and the family about the strengths and needs of the child in various situations may make this evident. Additional evaluations may be needed.

In determining if a child still requires special education services, the following questions may be a part of the IEP team's considerations:

- Has the child successfully completed the IEP goals?
- How do those completed IEP goals relate to the age-appropriate Tennessee Early Learning Developmental Standards (TN-ELDS)?
- Is the child functioning on a social-emotional age-appropriate level?
- Does the child require supports that could be provided under a 504 plan?
- What do recent evaluations show? Is there a need for additional evaluations?
- Would RTI<sup>2</sup> interventions provide all supports needed?

If the IEP team determines that the child no longer needs an IEP, part of the teacher's role may include reassuring the parent about other supports available to the child. A 504 plan may be an option for a child who requires accommodations, but is otherwise able to access the general curriculum. Teachers can discuss with parents the role of Response to Instruction and Intervention (RTI<sup>2</sup>) initiatives in providing needed supports. Realizing that even children without IEPs are provided supports in areas of need may lessen the apprehension felt by parents. Educators and parents should also be open to the possibility of later changing plans that are not working, or of adjusting a placement that was either too ambitious or not ambitious enough.

### **Component 1.2 IEP Team Representatives**

The IEP team must initially develop, annually review, and, if appropriate, revise the IEP. The IEP Team is required to include certain individuals who know the student and his or her unique needs, and who can commit the resources of the school to address the student's needs.

To develop an appropriate IEP for the student, a group of individuals with knowledge and expertise about the student, as well as knowledge about the curriculum and resources of the school, must consider individual evaluation information to make decisions in an effective and efficient manner. Information about the student's strengths, interests, and unique needs are gathered from multidisciplinary team members (see below). This information, along with evaluations and observations, creates the foundation to build a program that will include appropriate interventions based on specific areas of deficit. Each member of the multidisciplinary team brings information and a unique perspective to the discussion of the student's needs, and has an important role and responsibility to make recommendations for the student's educational program.

The composition of the IEP team is prescribed by the federal **Individuals with Disabilities Education Act (IDEA)**. The **local education agency (LEA)** is responsible for insuring that the IEP team for each child with a disability includes the following:

1. The parents of the child and/or legal guardian
2. Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment)
3. Not less than one special education teacher of the child, or when appropriate, not less than one special education provider of the child
4. A representative of the public agency (LEA) who:
  - a. is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
  - b. is knowledgeable about the general education curriculum; and
  - c. is knowledgeable about the availability of resources of the public agency (LEA).
5. An individual who can interpret the instructional implications of evaluation results
6. At the discretion of the parent or the **local education agency (LEA)**, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate.
  - a. *For example, depending on student needs, professionals may include one or more of the following: **school psychologist**, **speech-language pathologist**, **Response to Intervention (RTI) professional**, **literacy coach**, **instructional coach**, **school counselor**, **ESL instruction professional** if the student is **Limited English Proficient (LEP)**, **audiologist**, **occupational therapist**, **physical therapist**, **behavior specialist**, or other professional such as a translator or physician, who has knowledge of the student useful for planning and developing an Individual Education Program (IEP).*
7. Whenever appropriate, the child with a disability attends their own meeting.
  - a. 0520-01-09-.12 DEFINITION OF INDIVIDUALIZED EDUCATION PROGRAM (IEP). Prior to the 9th grade or age fourteen (14) (or younger, if determined appropriate by the IEP team), all students will develop an initial four (4)-year plan of focused and purposeful high school study. The plan will be reviewed annually and amended as necessary and will connect the student's goals for high school including the courses and/or training and/or skills necessary to meet their potential after high school. This required plan will include identifying possible transition service needs of the student under the applicable components of the student's IEP. This plan may be developed through a process in general education, but a copy must be in the student's IEP after approval by the IEP team.

## **Most Effective Practice**

Student involvement in the development of IEP goals and participation in the meeting prior to the age of 14 better prepares them for the transition process.

## **Parent/ Student Involvement**

Schools must give parents the opportunity to participate in meetings with respect to identification, evaluation, educational placement, and the provision of a **Free Appropriate Public Education (FAPE)** to their child. Parental involvement is not only a requirement of the law but is considered best practice. Parents will offer valuable input about their child's needs and **learning styles** that can greatly assist in the development of a meaningful IEP. Further, home/school partnerships and collaboration increase the likelihood that the child will make significant progress.

Parents and schools have the same goal: excellent education for all students. Schools must give parents of students with disabilities regular progress reports. By staying informed on their child's progress on IEP goals and objectives, parents are better equipped to intervene and/or support that progress. Schools should give parents the opportunity and encouragement to share information concerning activities at home that could significantly affect the student's progress at school.

When practical, a student should be involved in the development of his/her IEP. A student will participate in developing measurable post-secondary goals and a focused plan of study. At age 16, the development of **transition services** and **course of study** will also be included in the transition plan with student and parent input. Capturing student interests and aspirations, and developing a unified plan for working toward an achievable academic and/or vocational goal(s), can dramatically improve the future for a student who has special needs.

## **Homeless and Migrant Parent Involvement**

According to McKinney-Vento.722 (g) (6)(A)(iv) the parents or guardians of homeless children and youths are to be informed of the educational and related opportunities available to their children and be provided with meaningful opportunities to participate in the education of their children.

Meaningful opportunities for parent or guardian participation would include the parent's access to be involved in parent meetings and IEP meetings. This may mean that supports may need to be provided for the parent of homeless or migrant students. The team should work with the district homeless liaison to secure such transportation. There are no funds available to provide transportation to migrant families although they often face the same barrier.

## **Excusing a Member from an IEP Meeting**

Certain members of the IEP team may be excused from an IEP meeting under specific conditions. These conditions will vary depending on whether the team member's area of expertise is going to be discussed or modified in the meeting. The parent and the school system must both agree in writing that the member's attendance is not necessary.

## Component 1.3 Universal Screening & Data Based Decision Making Procedures

### Universal Screening Procedures

All students are general education students first; therefore, all students (including students with significant disabilities) will continue to participate in recurring academic universal screening and core instruction to the greatest extent possible. Data derived from assessment informs the data-based decision making process. In regard to academics, a **universal screener** is used to identify students who have a skill-specific deficit.

An LEA must administer a nationally normed, universal screener. A universal screener is a brief screening assessment of academic skills (i.e. basic reading skills, reading fluency, **reading comprehension, math calculation, math problem solving, written expression**) administered to ALL students to determine whether students demonstrate the skills necessary to achieve grade-level standards. Universal screening reveals which students are performing at or above the level considered necessary for achieving long-term success (general outcome measures). This data can also serve as a **benchmark** for measuring the improvement of a group, class, grade, school, or district. The LEA will ensure that the universal screener used is actually the universal screener most appropriate for the function it serves. Furthermore, universal screening can be used to identify students in need of further intervention due to identified skill deficits. A more precise assessment may be needed to determine an individual student's specific area(s) of deficit before beginning an intervention.

In grades K-8, it is recommended that the universal screener be administered three times a year: at the beginning, middle, and end of the school year. The same or parallel screeners are used at each administration and those measures are always at the student's grade-placement level. In grades K-8, a record review may also provide important information such as grades, attendance, office referrals, and behavioral concerns that may provide early warning signs for intervention need. **LEAs** will establish criteria for identifying students who are at-risk using such data.

In grades 9-12, there are multiple sources of data, such as: EXPLORE, PLAN and ACT; Tennessee Comprehensive Assessment Program (TCAP) which includes Writing (TCAP-WA), End of Course (EOC), 3-8 Achievement, TVAAS and universal screeners. In grades 9-12, a record review may also provide important information such as grades, attendance, and behavioral concerns that are early warning identification for at-risk students. The LEA will establish criteria for identifying students who are at-risk using such data.

The LEA will give consideration to how the universal screener will be administered and who will administer it. For example, schools may want to administer the universal screener on the same day to all students or stagger the administration. Furthermore, the LEA should consider the appropriateness of having the teacher of record administer the universal screening. Fidelity of implementation of the universal screening must be ensured so that student skills are accurately measured. Personnel should be appropriately trained in how to administer the universal screener before it is given (RTI<sup>2</sup> Manual, 2013).

### Data-based Decision Making

**Data-based decision making** is the process of using appropriate data to inform and drive each

instructional decision. When considering academics, cut scores must be established for the universal screening. These cut scores should be based on national norms at a minimum, and identify students who are at-risk. As a guideline, students below the 25<sup>th</sup> percentile would be considered “at-risk” and in need of intervention. Students who exceed grade level expectations may be considered “advanced”. Multiple sources of data should be used to make these decisions. (RTI<sup>2</sup> Manual, 2013)

Data-based decision making for a student with a disability is a process focused on specialized instruction and intervention, increasing student achievement, and access to core instruction in preparation for transition to college and career readiness. Assessment and data-based decision making are major components of a special education framework. Data derived from current assessment informs the data-based decision making process. It is necessary to use current data derived within one year to inform the need for the most intensive special education intervention.

**IEP Teams** will explain what decisions will be made for instruction and intervention based on the results of multiple sources of data. These decisions should be based on a continuum of services where special education services are the most intensive.

Students who require an IEP based on associated deficits of a disability may also receive intervention in academic areas through general education Tier II or Tier III interventions (see RTI<sup>2</sup> manual). On a continuum of services, with special education being the most intensive intervention, a student may receive interventions in one academic area as determined by eligibility and receive general education intervention for other specific areas. This is all based on student need, data, and determination of exceptional areas noted by the student’s IEP team.

A student who is receiving special education services should not be excluded from tiered interventions if the data indicates need. For example, a student with Other Health Impairment (OHI) may receive special education services for the associated deficits noted by the IEP team for his/her disability; however, he/she may also receive tiered interventions in reading, math or written expression. In this case, both special education services and tiered intervention would be provided.

If a student is performing below grade level in a particular area but the student’s needs are being met with tiered interventions, the team would indicate this within the present levels of educational performance. Therefore, that area would not be marked as exceptional.

\*Students will participate in Tier II interventions if identified below the 25<sup>th</sup> percentile, unless the student is already identified as having a learning disability in a specific area and the student has measurable annual goals through their IEP that address the area of need. In this case, the intervention is provided through special education. Students with an IEP continue to participate in universal screenings three times a year, the same as their non-disabled peers.

**Example:** *A student is eligible as having a specific learning disability in the area of reading comprehension. The student also struggles with math, but math was not considered an area of exceptionality based on the evaluation data. The student may receive special education intervention in reading comprehension and Tier II or Tier III intervention in the area of math calculation.*

Intervention groups should be small. Research supports small groups for many types of interventions. The following are suggested ratios of highly-trained personnel to students during Tier III interventions.

Therefore, intervention groups for students with a disability should not be any larger than groups for students without a disability.

<b>Grade</b>	<b>Ratio</b>
K-5	1:3
6-8	1:6
9-12	1:12

The interventions should be delivered by highly-trained personnel. Highly-trained personnel are people who are adequately trained to deliver the selected intervention as intended with fidelity. Direct interventions should be selected and monitored by qualified, certified teachers. Research supports the most trained personnel working with the most at-risk students.

#### **Component 1.4 Scheduling an IEP Meeting & Notifying Parents**

##### **Overview of the First IEP Meeting**

An IEP meeting must be held to review a student’s evaluation results and determine his/her eligibility for special education services. Once a child has been found eligible for special education and related services, an IEP must be developed within thirty (30) calendar days. The school system must provide written notice to the child’s parents/guardians at least ten (10) calendar days prior to a meeting, including when and where the meeting will take place, so they have the opportunity to attend and participate.

##### **Notice of Meeting**

IDEA requires that an LEA, when convening an IEP meeting, send the parents a notice of meeting that informs the parents who will be attending the meeting. This notice is sent before the meeting.

If a parent requests an interpreter at the meeting to ensure full involvement and understanding, he or she should inform the school system ahead of time, so that arrangements can be made to have an interpreter present. This includes sign language interpreters. Whenever possible the interpreter should be an individual familiar with the school district and/or familiar with special education policies and procedures.

##### **Notifying Parents of the Meeting**

IDEA’s provisions regarding parent participation state the following:

Each public agency must take steps to ensure that one or both parents of a child with a disability are present at each IEP team meeting or are afforded the opportunity to participate 34 C.F.R. §300.322.

This includes the following:

- notifying parents of the meeting early enough to ensure that they will have an opportunity to attend; and
- scheduling the meeting at a mutually agreed upon time and place 34 C.F.R. §300.322.

The public agency’s notification to parents must include the following:

- purpose, time, and location of the meeting;
- participants;
- parents and public agencies have the right to invite other people with knowledge or special expertise about the child, including related services personnel as appropriate, and that the party inviting the individual makes the determination that the invitee possesses the requisite knowledge or special expertise regarding the child; and
- parents may request that the Part C service coordinator or other representatives of the Part C system be invited to attend the initial IEP meeting for a child previously served under Part C of the Individuals with Disabilities Act in accordance with 34 C.F.R. §300.321.

Knowing each of these elements in advance of the meeting gives parents the opportunity to prepare and more fully participate in meeting discussions and decisions.

**The purpose of an IEP meeting can vary. Some helpful questions to ask in regards to the focus of the IEP meeting are as follows:**

- *What is the purpose of the IEP meeting?*
- *Is the team going to talk about **transition services** for a child approaching school exit?*
- *Is the primary focus going to be services for next year?*
- *Will the IEP meeting address progress or lack of progress for the current school year?*

These purposes are quite different from one another, and would lead to varied discussions and decisions that would be made during the meeting.

**Best practice** would be to provide parents with all documents such as assessment data, progress monitoring, checklists, and all other relevant data prior to attending the IEP meeting. If the parent requests an interpreter, a meeting with the interpreter may take place with all relevant data, prior to the IEP meeting so the parent is adequately prepared for the meeting with concerns, comments, and questions.

The parent’s right to invite individuals with knowledge or special expertise regarding the child is another item that must be included in the notification parents receive about an upcoming IEP meeting. If parents do invite such a person, he or she needs to have “knowledge or special expertise” about the child, and the party inviting the person—in this case, the parents—decides whether the individual meets that criterion.

The public agency also has the right to invite individuals with knowledge or special expertise regarding the child. If the agency does invite such an individual to join the IEP team, it is the agency who determines whether the individual has the requisite “knowledge or special expertise” about the child.

If parents cannot attend the IEP meeting, then the public agency is required to use “other methods to

ensure parent participation, including individual or conference telephone calls” (34 C.F.R. §300.322(c)) and other alternative means such as video conferences (34 C.F.R. §300.328). IDEA permits such alternatives if parents and the public agency agree to use alternative methods of meeting participation (34 C.F.R. §300.328).

34 C.F.R. §300.322 include provisions that permit the public agency to hold an IEP meeting without the parents in attendance (either in person or via alternative methods), but this may only occur if the public agency has been unable to confirm parent attendance and has documented all such attempts to do so. If the public agency has not been able to assure parent attendance, then the agency must keep a record of its attempts to arrange a mutually agreed-on time and place, such as the following:

- detailed records of telephone calls made or attempted and the results of those calls;
- copies of correspondence sent to the parents and any responses received;
- detailed records of interpreters/translators offered to provide service during the meeting; and
- detailed records of visits made to the parent’s home or place of employment and the results of those visits.

A strong effort to encourage parent involvement in the IEP meeting would be to make three attempts for parent attendance. Collection of phone logs, US mail, emails, and all contacts could be by phone if documented in a log. If there is no parent signature, log the date IEP was given to parent and personnel responsible.

During the IEP meeting, team members (including the parent) share current data, strengths and concerns related to the student’s progress in current levels of performance and mastery. This will allow the team to discuss and decide on the statements associated with each IEP component, especially the following:

- the **present levels of educational performance (PLEP)** statement;
- the educational and other goals that are appropriate for the student;
- the type of special education services the student needs;
- the related services necessary to help the student benefit from his or her specialized instruction and interventions; and
- accommodations and access to general education, including **Least Restrictive Environment (LRE)**.

### **Informed Parental Consent**

The parent(s) should read each statement and verify his/her agreement by checking "Yes". After reading and agreeing to the statements, the parent(s) should sign his/her name.

A signature indicates that the legal parent/guardian/surrogate of the child:

- was informed of their procedural safeguards in their native language or translated upon request;
- was involved in the development of the IEP; and
- has given permission for the proposed placement;

When applicable the student and parent should be informed of the student's rights beginning at least one year prior to the student’s age of majority (**NICHCY, 2013**).

## Prior Written Notice

Prior written notice is an important parental right that is also included in the IDEA. It is designed to give parents time to determine whether they are satisfied with the action(s) and or change(s) recommended by the IEP team. If the parents are not satisfied, they have the right to request a **due process** hearing. Prior written notice is given to the parents after the IEP meeting has occurred, but before the implementation of the change(s) that was/were recommended by the IEP team.

## Component 1.5 Parent Procedural Safeguards

Procedural safeguards are in place to ensure that the rights of children with disabilities and their parents are protected. Although the goal should always be to resolve disputes at the local level, sometimes situations require the assistance of persons not directly involved with the issues at hand. Parents who file an administrative complaint, request mediation, or request a **due process** hearing must submit their requests to the Tennessee Department of Education, Division of Special Populations.

IDEA requires schools to provide parents of a child with a disability a notice containing a full explanation of the procedural safeguards available under the IDEA, U.S. Department of Education and Tennessee law and regulations.

A copy of the safeguards notice must be given to parents annually or when one of the following events takes place:

1. upon initial referral or parent request for evaluation;
2. upon receipt of the first state complaint under 34 CFR §§300.151 through 300.153 and upon receipt of the first **due process** complaint under 34 C.F.R. §300.507 in a school year;
3. when a decision is made to take a disciplinary action that constitutes a change of placement; and
4. upon parent request. [34 CFR §300.504(a)]

This procedural safeguards notice includes a full explanation of all of the procedural safeguards available under 34 C.F.R. §300.148 (unilateral placement at **private school** at public expense), 34 C.F.R. §§300.151 through 300.153 (state **complaint procedures**), 34 C.F.R. §300.300 (consent), 34 C.F.R. §§300.502 through 300.503, 34 C.F.R. §§300.505 through 300.518, and 34 C.F.R. §§300.530 through 300.536 (procedural safeguards in Subpart E of the Part B regulations), and 34 C.F.R. §§300.610 through 300.625 (confidentiality of information provisions in Subpart F).

Link: <http://state.tn.us/education/speced/doc/51109safeguardnotice.pdf>

## Component 1.6 Grading

Students receiving special education services through an Individual Education Plan are a heterogeneous group with different types of disabilities that have varying levels of impact upon learning. Typically, students with an IEP struggle to access certain grade-level standards without specialized instruction, intervention and/or supports and services.

### **The following should be considered:**

For students who receive grade-level content with **accommodations**, the content of the standard remains the same, but the method for learning and demonstrating mastery of that standard may be adjusted.

**Concerns:** If a student with consistently implemented accommodations is still not making progress toward achieving the grade level standards (similar to his/her peers who are also progressing toward meeting the standards), then the accommodations are not having the planned impact to remove the barriers related to the disability; therefore, other accommodations may be needed. The team should convene to review accommodations and make decisions about student progress and determine if accommodations are appropriately meeting the student's needs.

### **Also consider the following:**

For students who receive **modifications**, the content of the standard is changed, which will mean identifying standards that are fundamentally related but also **developmentally appropriate**. The members of the IEP team, including the parents of the student with a disability, are responsible for making decisions regarding what content areas (if any) require modification of the grade-level standards. A supplemental report of progress is provided that identifies how any standards are modified and outlines the details upon which any grades are based. The supplemental report of student progress informs parents about how the student performed on appropriately challenging learning tasks.

Students with IEPs require appropriate accommodations and scaffolding to meet their needs, as well as intervention in their area of deficit for growth to occur. Students that have an IEP are identified as having a disability in a specific area and therefore often may not be on grade level, hence the need for interventions.

The following are questions to consider when determining how to grade work of a student with an IEP who is not currently on grade level:

- How is specialized instruction being provided?
- What supports and accommodations are provided for the student? Are the accommodations meeting the student's needs?
- Has your school established a framework for instruction founded in the principles of Universal Design for Learning (UDL)?
- Is the student making progress in terms of intervention?
- Have you considered providing an asterisk mark (\*), to indicate an IEP is in place and provide a grading system that takes into account the student's progress and needs?
- Have you identified the specific skill deficit areas of the student?
- Are interventions provided based on specific skill deficit areas?
- Is the student receiving intervention?

An IEP team may determine that modifications are required. These modifications may substantially alter the content to such a degree that the student will not be able to adequately show mastery of the content, and therefore, not earn the credits required to be eligible for graduation within the four years.

At the conclusion of this student's 10<sup>th</sup> grade year, or two years prior to the expected graduation date, the IEP team may determine that the student will work towards earning the Occupational Diploma and begin to assess the student on the Skill, Knowledge, and Experience Mastery Assessment (SKEMA). If a student earns the Occupational Diploma at the conclusion of four high school years, the IEP team may determine whether or not they will continue to work toward completing the credit requirements for general education diploma prior to the student's dismissal from IEP at age 21.

## Component 2 Evaluations and Eligibility

In order to provide appropriate services and supports to students suspected of an educational disability, the team must first appropriately identify the area of disability and associated areas of deficit. This begins within the pre-referral process and extends through evaluation and eligibility determination. Effective, informative assessment is essential to correctly target skill deficits to the appropriate intervention.

All procedures and requirements governing the referral, initial evaluation, and reevaluation of students with disabilities may be found on the Special Education website at <http://www.state.tn.us/education/speced/assessment.shtml>

### Component 2.1 Child Find Responsibilities

In order to achieve the overall goal of locating and effectively serving all children in the state of Tennessee with potential disabilities that could impact learning, each LEA is encouraged to develop a comprehensive approach that encompasses the following three components:

- *Child find within each LEA* -- Each LEA is encouraged to designate a child find coordinator whose duties include the development and implementation of effective, ongoing child find efforts within all of the schools operated by each district.
- *Interagency Cooperation* -- Staff in other agencies which serve children often have opportunities to interact with children and their families and gain insights that may not occur within the local school setting. LEAs are encouraged to develop partnerships with all agencies in their geographic region which serve children.
  - Interagency cooperation should include homeless shelters and a migrant in-home tutor if the student is receiving this service from the migrant program.
  - Title X, McKinney-Vento Homeless Act states, “The Individuals with Disabilities Education Act (IDEA) requires that homeless preschoolers and all homeless children be included in the “Child Find” process for early identification of special education needs. It is recommended that, when possible, the eligibility process for identifying special needs be expedited to avoid delays in services provided to eligible children caused by frequent mobility.
- *Public Awareness* – Effective school screening programs and collaborative working relationships with other agencies serving children will result in many children who have special needs being identified; however, these efforts may still miss some children who are in need of services.

Therefore, it is important that effective, ongoing efforts are made to inform the general public of the child find responsibilities upon LEAs in locating all of the children who need special services due to the impact of an educational disability.

### Public Awareness Tools and Strategies

The following types of media may be effectively utilized in an awareness campaign:

- letters to parents
- radio and television —Public Service Announcements

- newspaper —human interest stories
- grocery sack stuffers
- stuffers for utility bills, bank statements, and cable television bills
- posters
- brochures
- internet web sites
- newsletters to school personnel and other agencies

The following activities may be helpful in implementing an awareness campaign:

- presentations at PTA/PTO and other group meetings
- press conferences
- Migrant education family awareness in areas of higher migrant family residence
- presentations at professional, civic and community organizations
- contacts with churches and other religious centers
- contacts with physicians/health care providers
- contacts with child care providers

### **Component 2.2 Prevention and Early Intervention**

LEAs must seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within the general education and special education areas, LEAs can provide preventative, supplementary instruction and supports to students who are having trouble reaching benchmarks.

The Tennessee Department of Education (TDOE) believes that the framework surrounding positive outcomes for ALL students in Tennessee is the Response to Instruction and Intervention (RTI<sup>2</sup>) model. This framework integrates State Standards, assessment, early intervention, and accountability for at-risk students in the belief that ALL students can learn.

The RTI<sup>2</sup> framework is aligned with the department’s beliefs and allows for an integrated, seamless problem-solving model that addresses individual student needs. This framework relies on the premise of high-quality instruction and interventions tailored to student need, where core instructional and intervention decisions are guided by student outcome data. In Tennessee, the education system will be built around a tiered intervention model that spans from general education to special education. Tiered interventions in the areas of reading, math, and/or writing occur in general education depending on the needs of the student. If a student fails to respond to intensive interventions and is suspected of having a Specific Learning Disability, then the student may require special education interventions (i.e. the most intensive interventions and services).

### **Component 2.3 Assessment Framework**

#### **Step One: Screening**

Districts will develop procedures to identify students in need of intervention, and therefore at risk for having an educational disability. As part of the RTI<sup>2</sup> Framework, districts will conduct a universal screening of academic skills for all students. A universal screener is a brief screening assessment used to

determine whether students demonstrate the skills necessary to achieve grade-level standards. Universal screening reveals which students are performing at or above the level considered necessary for achieving long-term success (general outcome measures). This data can also serve as a benchmark for measuring the improvement of a group, class, grade, school, or district (see RTI<sup>2</sup> Manual, 2013).

### **Step Two: Pre-Referral Interventions**

Students who have been identified as “at risk” will receive appropriate interventions in their identified area(s) of deficit. These interventions are often determined by school-based teams by considering multiple sources of data. Within the RTI<sup>2</sup> Framework, academic interventions are provided through Tier II and/or Tier III interventions (see RTI<sup>2</sup> Manual, 2013).

### **Step Three: Monitor Progress**

When pre-referral interventions are being provided, the effectiveness of the intervention will be monitored to ensure its effectiveness. For academic deficits within the RTI<sup>2</sup> Framework, progress can be monitored using Curriculum Based Measures (CBMs). Progress monitoring will be done in the area(s) of deficit using an instrument that is sensitive to change (see RTI<sup>2</sup> Manual, 2013).

### **Step Four: Referral**

If a student is suspected of an educational disability and/or is not making progress with pre-referral interventions, he/she may be referred for a psycho-educational evaluation. A referral may be made by the student’s teacher, parent, or outside sources. LEAs are encouraged to establish referral procedures to ensure consistency throughout the district.

Immediately after a referral is made, all available information relative to the suspected disability, including information from the parent and information about the interventions that have been implemented, will be collected. All relevant information must be considered before determining whether additional data, such as medical information or evaluation results, are needed. This decision cannot be made by an individual teacher or administrator but must be made by a team of professionals.

### **Step Five: Evaluation**

Referral information and input from the child’s team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. The definitions and eligibility standards for each disability area are found in Component 3 of this manual. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services.

### **Step Six: Determine Eligibility**

Once written parental consent is obtained, the LEA must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days. The determination of eligibility for special education services is two-pronged: after completion of the evaluation, the IEP team meets to determine whether the evaluation results indicate the existence of a disability **and** whether the identified disability adversely impacts the student’s educational performance such that he **needs** the

most intensive intervention (i.e. special education). The parent is provided a copy of the psycho-educational evaluation and the eligibility report at the time of this meeting. If the student has been found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Other requirements for determining eligibility for special education include the following:

The student's assessment may include information from a variety of sources, such as aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and/or adaptive behavior. Information obtained from these sources should be documented and carefully considered. Determination of eligibility is made by the IEP team upon a review of all components of the assessment. A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.

### **Culturally Sensitive Assessment Practices**

IEP team members must understand the process of second language acquisition and the characteristics exhibited by ELL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ELL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

### **English Language Learners**

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively-challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to Special Education because they do not fit the standard for either language even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- Has the effectiveness of the English instruction been documented?
- Was instruction delivered using the second-language teacher or was it received in the general education classroom?
- Is the program meeting the student's language development needs?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

Link to full document: [http://www.tn.gov/education/student\\_support/eligibility/Assess\\_Consid\\_CLD.pdf](http://www.tn.gov/education/student_support/eligibility/Assess_Consid_CLD.pdf)

#### **Component 2.4 Timeline Extension Requests**

According to 34 C.F.R. §300.301(d) and (e) and 34 C.F.R. §300.309(c), an extension of the evaluation timeline may only be requested in the following instances:

- The parent and local education agency agree in writing to extend the time line pursuant to 34 CFR 300.309(c) pending determination of the existence of a specific learning disability via the responsiveness to intervention process;
- the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or, the child enrolls in another local education agency after the timeframe has begun and a determination of eligibility was not completed by the local education agency that commenced the initial evaluation process, the succeeding local educational agency is making sufficient progress to ensure completion of the evaluation, and the parent and the succeeding local education agency agree on a specific timeframe within which the evaluation will be completed.

*For additional clarification see Memorandum in Appendix P*

#### **Component 2.5 Re-Evaluations**

A reevaluation must be conducted at least every three years or earlier if conditions warrant. Reevaluations may be requested by any member of the IEP team prior to the triennial due date. A reevaluation involves a review of previous assessment data, as well as current input from a student's parents and teachers, so that a decision can be made regarding continued eligibility or need for further information, usually in the form of standardized assessment and/or updated medical or behavioral information. A reevaluation may or may not lead to additional testing/assessment procedures.

Some of the reasons for requesting early reevaluations may include:

- concerns, such as lack of progress in the special education program,
- acquisition by an IEP team member of new information or data, or
- review and discussion of the student’s continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student’s exit from his/her special education program).

Depending on the child’s needs and progress, reevaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child’s evaluation needs.

## **Component 2.6 Transfer Students**

### **In-State Transfers**

If an in-state transfer student’s records are complete, the IEP team does not need to complete a new Eligibility Report, and the student’s eligibility date remains the same. If components are missing from an in-state transfer student’s records, the IEP team will complete the Reevaluation Summary Report to review existing evaluation data to determine what assessments are needed in order to determine the student’s continued eligibility and need for special education services. Once assessments are complete, the IEP team will reconvene to determine the student’s eligibility for services and complete a new Eligibility Report.

### **Out of State Transfers**

The IEP team will complete the Reevaluation Summary Report to review existing evaluation data and determine whether these assessments are sufficient for determining the student’s eligibility according to Tennessee State standards.

If an out of state transfer student’s records are complete and sufficient for determining eligibility, the IEP team will complete an Eligibility Report. On the eligibility tab, the referral date will be entered as the date the LEA was made aware that the student previously received special education services, and the consent date will be entered as the date the parent consented to the file review for eligibility purposes (i.e., the date they signed the RSR).

If an out of state transfer student’s records are not complete or sufficient for determining eligibility, the IEP team will indicate the assessment decision on Section V of the Reevaluation Summary Report. On the eligibility tab, the referral date will be entered as the date the LEA was made aware that the student previously received special education services, and the consent date will be entered as the date the parent signed consent for additional assessments. The IEP team will generate and sign an “Out of State Transfer” Eligibility Report which provides eligibility during the initial evaluation timeline. When assessments are complete, the IEP team will reconvene to review evaluation results and determine eligibility according to Tennessee State Disability standards. At this time, an Eligibility Report will be generated and signed to reflect the current eligibility date and disability. If the student is found eligible, a new IEP will also be created to reflect the current date and data collected from the reevaluation/assessment.

*For additional clarification, please refer to the Transfer Student Memorandum and Flowchart Appendix Q*

## **Student Records for Homeless and Migrant**

Student records from other states and districts are to be available, according to No Child Left Behind (NCLB), for all migrant students on the Migrant Student Information Exchange (MSIX), the national migrant data. This data base includes space for schools and districts to indicate whether or not the student has an IEP. Tennessee is obligated to provide this information when a student leaves a district in Tennessee, even if moving within the state. This information is shared with the state and then moved onto the national data base via the Individual Student Record which the district migrant contact is to complete.

### **Component 2.7 Unilaterally Placed Children**

Pursuant to IDEA Regulations at 34 C.F.R. §300.131, local education agencies must identify, locate and evaluate all unilaterally placed private school children, including children who are unilaterally placed in a home school program, in the geographic area served by the local education agency. If a unilaterally placed child is determined eligible as a child with a disability, the local education agency must offer a “services plan” which may provide a limited amount of related services as determined by the local education agency. Children who are unilaterally placed in either private schools or home school programs have no entitlement to special education and related services.

If a student with a disability is parentally placed in a private or home school, the LEA has an obligation under 34 C.F.R. §300.131 and 300.303 (b), to conduct a reevaluation while the student is attending a private or home school.

If a student with a disability who previously attended a private/home school returns to the LEA, the LEA is obligated to convene an IEP meeting and develop an appropriate IEP for that child. If a reevaluation was not conducted while the child attended a private or home school, the LEA must conduct a reevaluation upon re-enrollment in public school. As with any reevaluation, depending on the child’s functioning, this may not require the administration of tests or other formal measures. However, the IEP team must thoroughly review all relevant data when determining each child’s evaluation needs (OSEP Letter to Goldman, 2009).

### **Component 2.8 Referral and Evaluation upon Parental Request**

Pursuant to IDEA Regulations at 34 C.F.R. §300.301(c) upon receipt of a written request for an evaluation, an LEA must commence the evaluation process and complete the evaluation within sixty (60) calendar days. Once a parent submits a written request for evaluation, the LEA must provide the parent with written notice of the team’s decision to evaluate. If the team decides to conduct an evaluation, the school district must obtain informed written consent from the parent before proceeding with the evaluation. If the team determines that an evaluation is not warranted, prior written notice must also be provided to the parent. The notice must include the basis for the determination and an explanation of the process followed to reach that decision. If the LEA refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may request a due process hearing.

## **Component 2.9 Assessment Specialists**

Specific Eligibility Standards have been established for determining disability eligibility, evaluation procedures, and evaluation participants. The following is a list of assessment specialists who may be included in the assessment of children who are suspected of having a disability designated in Tennessee's Rules and Regulations. A brief description of these specialists is also included.

**Audiologist** – A person holding a Master's degree or Doctoral degree in audiology and having American Speech-Language and Hearing Association certification (CCC-A) or Fellow of American Academy of Audiology who is responsible for identification, audiological evaluation, and management of hearing impaired persons.

**Speech-Language Pathologist (SLP) or Speech-Language Therapist (SLT)** – a specialist who diagnoses and facilitates the educational process by providing specific services to students with oral/facial anomalies, voice disorders, neurogenic disorders, neuromuscular disorders, phonological/articulation disorders, language disorders, and fluency disorders.

**Reading Specialist** – The reading specialist has specialized knowledge of assessment and diagnosis that is vital for developing, implementing, and evaluating the literacy program in general, and in designing instruction for individual students. He or she can assess the reading strengths and needs of students and provide that information to classroom teachers, parents, and specialized personnel such as psychologists, special educators, or speech teachers in order to provide an effective reading program.

**Low Vision Specialist** – a state-credentialed teacher with an endorsement in the instruction of students with visual impairments. This person is certified to conduct and/or interpret Functional Vision Assessments.

**Orientation and Mobility Specialist** – a person qualified to provide evaluation and teaching services to blind or visually impaired students to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community; and instruction to students in the following: (a) to use spatial and environmental concepts 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 to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision; and (c) to understand and use remaining vision and distance low vision aids; and other concepts, techniques, and tools.

**Ophthalmologist** – a medical doctor who specializes in the branch of medicine dealing with the structure, functions, and diseases of the eye and their correction.

**Optometrist** – in Tennessee, this licensed specialist can determine the degree of visual impairment, if any, and perform many of the same practices as an ophthalmologist, excluding surgery.

**Occupational Therapist** -Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life (**AOTA Model Practice Act, April 2011**)

**Physical Therapist** – a Tennessee Health Related Boards practitioner licensed to examine, evaluate and provide interventions to students with mechanical physiological and developmental impairments, functional limitations, and disability or other health and movement related conditions in order to alleviate impairments and functional limitations by designing, implementing and modifying therapeutic interventions.

**Psychologist** – the licensed psychologist must hold a license issued by the appropriate licensing board in the state in which the child was determined disabled. In Tennessee, the licensing agency is The Tennessee Health Related Boards in Psychology. The licensed psychologist will hold the Psy.D, Ed.D, or Ph.D. degree. He or she must be competent to evaluate students for special education eligibility. The ability to administer tests does not solely establish competence in evaluating exceptionalities or the potentially extensive needs of students.

**Psychological Examiner** – the licensed psychological examiner and licensed senior psychological examiner must also hold a license issued by the Tennessee Health Related Boards in Psychology. He or she will hold the M.A., M.S., M.Ed., Ed.S, Psy.D, Ed.D, or Ph.D. degree. The licensed senior psychological examiner must be competent to evaluate students in the suspected disability area. Prior to utilizing licensed personnel, it is important to consider the types of services to be delivered in relation to the person's training and experience.

**School Psychologist** – the school psychologist must be certified by the appropriate state agency in the state where a child was determined disabled. In Tennessee, the appropriate state agency for licensure and endorsement of the school psychologist is the State Department of Education. The licensed school psychologist must hold the M.A., M.S., M.Ed., Ed.S, Psy.D, Ed.D, or Ph.D. degree. She or he must be competent to evaluate students in the suspected disability area.

**Graduate Student in Psychology** – an exception to the three specialists identified above (Psychologist, Psychological Examiner, and School Psychologist) is services provided by a graduate student under the immediate supervision of one of these three specialists. This student must meet the following requirements:

1. The student must be working toward licensure with the State Department of Education in School Psychology or enrolled in an internship leading toward licensure as a Psychologist or Psychological Examiner.
2. The student must have completed all course work necessary to participate in an internship from his or her university's program.
3. Services provided must be part of a recognized field experience supervised by the Psychology Training Program in which the student is enrolled.
4. The student must be under the immediate supervision of a State Department of Education licensed **school psychologist**, a licensed psychologist, or a licensed psychological examiner. This supervision must have the approval of the psychology program of the university in which the student is enrolled.

In addition to the student requirements listed above, the Psychology Training Program in which the student is enrolled must provide the Department of Education with a list of its graduate students who are providing psychological services to an education agency. They must also provide documentation that the student meets the above requirements.

**Psychiatrist** – holds a license issued by the appropriate licensing board in the state in which the certification was approved. In Tennessee, the licensing agency is the Tennessee Board of Health Related Boards. The licensed psychiatrist holds a M.D. degree and has the ethical responsibility for determining if his or her areas of expertise include the diagnosis and certification of the given exceptionality.

**Neurologist** –a Tennessee Health Related Boards practitioner licensed to test and treat disorders and diseases of the central nervous system.

## **Component 2.10 Disability Standards**

### **AUTISM**

#### **1. Definition**

Autism means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3) that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an Emotional Disturbance, as defined in this section.

The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) or Asperger’s Syndrome when the child’s educational performance is adversely affected. Additionally, it may also include a diagnosis of a Pervasive Developmental Disorder such as Rett’s or Childhood Disintegrative Disorder. Autism may exist concurrently with other areas of disability.

After age three (3), a child could be diagnosed as having Autism if the child manifests the above characteristics. Children with Autism demonstrate the following characteristics prior to age 3:

- (1) difficulty relating to others or interacting in a socially appropriate manner;
- (2) absence of, disorder, or delay in verbal and/or nonverbal communication; and
- (3) one or more of the following:
  - (a) insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change;
  - (b) unusual or inconsistent responses to sensory stimuli.

#### **2. Evaluation**

The characteristics identified in the Autism Definition are present.

#### Evaluation Procedures

Evaluation of Autism shall include the following:

- (1) parental interviews including developmental history;
- (2) behavioral observations in two or more settings (can be two settings within the school);
- (3) physical and neurological information from a licensed physician, pediatrician or neurologist who can provide general health history to evaluate the possibility of other impacting health conditions;
- (4) evaluation of speech/language/communication skills, cognitive/developmental skills, adaptive behavior skills and social skills; and
- (5) documentation, including observation and/or assessment, of how Autism Spectrum Disorder adversely impacts the child's educational performance in his/her learning environment.

#### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Autism Spectrum Disorders:

- (1) the parent;
- (2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
- (5) a licensed physician, neurologist, pediatrician or primary health care provider; and
- (6) a certified speech-language pathologist or therapist; and
- (7) other professional personnel as needed, such as an occupational therapist, physical therapist or guidance counselor.

## **DEAF-BLINDNESS**

### **1. Definition**

Deaf-Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing any one of the impairments. A child with deaf-blindness shall have at least one of the following:

- (1) a child who meets criteria for Deafness/Hearing Impairment and Visual Impairment;
- (2) a child who is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits; or
- (3) a child with severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature.

### **2. Evaluation**

The characteristics identified in the Deaf-Blindness Definition are present.

#### Evaluation Procedures

a. Evaluation of Deaf-Blindness shall include the required Evaluation Procedures for Hearing Impairment/Deafness and Visual Impairment and include the following:

- (1) Deafness/Hearing Impairment Procedures
  - (a) audiological evaluation;
  - (b) evaluation of speech and language performance;
  - (c) school history and levels of learning or educational performance;
  - (d) observation of the child's auditory functioning and classroom performance; and
  - (e) documentation, including observation and or assessment, of how Deafness/Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.
- (2) Visual Impairment Procedures
  - (a) Eye exam and evaluation completed by an ophthalmologist or optometrist that documents the eye condition with the best possible correction and includes a description of etiology, diagnosis, and prognosis of the Visual Impairment evaluation;

(b) a written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:

- i. observation of visual behaviors at school, home, or other environments;
- ii. educational implications of eye condition based upon information received from eye report;
- iii. assessment and/or screening of expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child's reading and writing skills, needs, appropriate reading and writing media, and current and future needs for Braille; and
- iv. school history and levels of educational performance.

(c) documentation, including observation and/or assessment, of how Visual Impairment adversely affects educational performance in the classroom or learning environment.

b. Evaluation of a child with a suspected degenerative condition or syndrome which will lead to Deaf-Blindness shall include a medical statement confirming the existence of such a condition or syndrome and its prognosis.

c. Additional evaluation of Deaf-Blindness shall include the following:

- (1) expanded core curriculum skills assessment that includes Deafness/Hearing Impairment;
- (2) assessment of speech and language functioning including the child's mode of communication;
- (3) assessment of developmental and academic functioning; and
- (4) documentation, including observation and/or assessment, of how Deaf-Blindness adversely impacts the child's educational performance in his/her learning environment.

### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deaf-Blindness:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician or audiologist;
- (5) a licensed speech-language pathologist or therapist;
- (6) an ophthalmologist or optometrist;
- (7) a licensed teacher of students with Visual Impairments; and
- (8) other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).

## **DEAFNESS**

### **1. Definition**

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance. The child has:

- (1) an inability to communicate effectively due to Deafness; and/or
- (2) an inability to perform academically on a level commensurate with the expected level because of Deafness; and/or
- (3) delayed speech and/or language development due to Deafness.

### **2. Evaluation**

The characteristics identified in the Deafness Definition are present.

#### Evaluation Procedures

Evaluation of Deafness shall include the following:

- (1) audiological evaluation;
- (2) evaluation of speech and language performance;
- (3) school history and levels of learning or educational performance;
- (4) observation of classroom performance; and
- (5) documentation, including observation and/or assessment, of how Deafness adversely impacts the child's educational performance in his/her learning environment.

#### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deafness:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician or audiologist;
- (5) a licensed speech-language pathologist or therapist; and

(6) other professional personnel, as indicated.

## **DEVELOPMENTAL DELAY**

### **1. Definition**

Developmental Delay refers to children aged three (3) through nine (9) who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs. LEAs have the option of using Developmental Delay as a disability category. Initial eligibility as Developmental Delay shall be determined before the child's seventh birthday.

### **2. Evaluation**

The characteristics identified in the Developmental Delay Definition are present.

#### Evaluation Procedures

Evaluation of Developmental Delay shall include the following:

- a. Evaluation through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays):
  - (1) physical development, which includes fine and gross motor skills combined;
  - (2) cognitive development;
  - (3) communication development, which includes receptive and expressive language skills combined;
  - (4) social/emotional development; and
  - (5) adaptive development.
- b. Demonstration of significant delay in one or more of the above areas which is documented by:
  - (1) performance on a standardized developmental evaluation instrument which yields a score 1.5 standard deviations below the mean; or when standard scores for the instrument used are not available, a 25% delay based on chronological age in two or more of the developmental areas; or
  - (2) performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean; or when standard scores for the instrument

used are not available, a 40% delay based on chronological age in one of the developmental areas; and

(3) when one area is determined to be deficit by 2.0 standard deviations or 40% of the child's chronological age, the existence of other disability categories that are more descriptive of the child's learning style shall be ruled out.

c. Evaluation by appropriate team member(s) of the following:

(1) documentation of identifiable atypical development;

(2) measurement of developmental skills using individually administered procedures;

(3) examination of developmental strengths and needs of the child gathered from observation(s);

(4) observation by a qualified professional in an environment natural for the child which may include the school, child-care agency, and/or home/community to document delayed or atypical development,

(5) interview with the parent to discuss and confirm the noted strengths and needs in the child's development;

(6) a review of any existing records or data, and

(7) documentation, including observation and/or assessment, of how Developmental Delay adversely impacts the child's educational performance in his/her learning environment.

d. After the age of seven, when reevaluation for continued eligibility is determined appropriate by the IEP Team, the reevaluation shall include at a minimum a multi-measure diagnostic procedure which includes a comprehensive psycho-educational assessment that measures developmental skills, cognitive functioning, and/or additional areas as determined appropriate by the IEP Team.

### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Developmental Delay:

(1) the parent;

(2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age),

(3) a licensed early childhood special education teacher or special education teacher with pre-school experience and one or more of the following persons:

(a) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner;

(b) a licensed speech-language specialist;

(c) a licensed related services and medical specialists; and

(d) other personnel, as indicated.

## **EMOTIONAL DISTURBANCE**

### **1. Definition**

Emotional Disturbance means a disability exhibiting one or more of the following characteristics to a marked degree and over an extended period of time (during which time documentation of informal assessments and interventions are occurring) that adversely affects a child's educational performance:

1. inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors;
2. inability to build or maintain satisfactory interpersonal relationships with peers and school personnel;
3. inappropriate types of behavior or feelings when no major or unusual stressors are evident;
4. general pervasive mood of unhappiness or depression;
5. tendency to develop physical symptoms or fears associated with personal or school problems.

The term may include other mental health diagnoses. The term does not apply to children who are socially maladjusted, unless it is determined that they have an Emotional Disturbance. Social maladjustment includes, but is not limited to, substance abuse related behaviors, gang-related behaviors, oppositional defiant behaviors, and/or conduct behavior problems.

### **2. Evaluation**

The characteristics identified in the Emotional Disturbance Definition are present.

#### Evaluation Procedures

Evaluation of Emotional Disturbance shall include a multifactored evaluation for initial placement that includes, but is not limited to, the following:

- (1) visual or auditory deficits ruled out as the primary cause of atypical behavior(s);
- (2) physical conditions ruled out as the primary cause of atypical behavior(s);
- (3) specific behavioral data which includes
  - (a) documentation of previous interventions, and
  - (b) evaluation of the locus of control of behavior to include internal and external factors;

- (4) direct and anecdotal observations over time and across various settings by three or more licensed professionals;
- (5) individual assessment of psycho-educational strengths and weaknesses, which include
  - (a) intelligence, behavior, and personality factors, and
  - (b) take into account any exceptionality of the individual in the choice of assessment procedures;
- (6) individual educational assessment (criterion- or norm-referenced) including direct measures of classroom performance to determine the student's strengths and weaknesses;
- (7) review of past educational performance;
- (8) comprehensive social history/assessment collected directly from the child's parent/guardian, custodial guardian, or if necessary, from an individual with intimate knowledge of the child's circumstances, history, or current behaviors which includes:
  - (a) family history,
  - (b) family-social interactions,
  - (c) developmental history,
  - (d) medical history (including mental health), and
  - (e) school history (including attendance and discipline records); and
- (9) documentation, including observation and/or assessment, of how Emotional Disturbance adversely impacts the child's educational performance in his/her learning environment.

#### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Emotional Disturbance:

- (1) the parent;
- (2) the child's general education classroom teacher(s);
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (5) other professional personnel (i.e., mental health service providers, and school social workers), as indicated.

## **FUNCTIONAL DELAY**

### **1. Definition**

Functional Delay means a continuing significant disability in intellectual functioning and achievement which adversely affects the student's ability to progress in the general school program, but adaptive behavior in the home or community is not significantly impaired and is at or near a level appropriate to the student's chronological age, including:

- a. significantly impaired intellectual functioning which is two or more standard deviations below the mean, and difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning:
  - (1) limited English proficiency;
  - (2) cultural factors;
  - (3) medical conditions that impact school performance;
  - (4) environmental factors;
  - (5) communication, sensory or motor disabilities.
- b. deficient academic achievement which is at or below the fourth percentile in two or more total or composite scores in the following areas:
  - (1) basic reading skills;
  - (2) reading fluency skills;
  - (3) reading comprehension;
  - (4) mathematics calculation;
  - (5) mathematics problem solving;
  - (6) written expression.
- c. home or school adaptive behavior scores that fall above the level required for meeting Intellectual Disability eligibility standards.

### **2. Evaluation**

The characteristics identified in the Functional Delay Definition are present.

#### Evaluation Procedures

Evaluation of Functional Delay shall include the following:

- a. Intelligence evaluation with an individual, standardized test of cognition or intellectual ability which takes into consideration the following:
  - (1) selection of test instrument(s) that are sensitive to cultural, linguistic or sensory factors;

- (2) interpretation of test scores which take into account:
  - (a) the standard error of measurement for the test at the 68th percent confidence level, and
  - (b) factors that may affect test performance; including:
    - i. limited English proficiency;
    - ii. cultural factors;
    - iii. medical conditions that impact school performance;
    - iv. environmental factors;
    - v. communication, sensory or motor disabilities; and
  - (c) determination that test performance due to these factors is not the primary reason for significantly impaired scores on measures of intellectual functioning.
- b. Achievement evaluation with individual, standardized achievement test(s) in the areas of:
  - (1) basic reading skills,
  - (2) reading fluency skills,
  - (3) reading comprehension,
  - (4) mathematics calculation,
  - (5) mathematics problem solving, and
  - (6) written expression;
- c. Home or school adaptive behavior assessment which is evaluated by individual, standardized instruments and determined by scores as appropriate; and
- d. Documentation, including observation and/or assessment, of how Functional Delay adversely impacts the child's educational performance in his/her learning environment.

### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Functional Delay:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner; and
- (5) other professional personnel, as indicated.

## **HEARING IMPAIRMENT**

### **1. Definition**

Hearing Impairment means impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include Deafness.

A child shall have one or more of the following characteristics:

- (1) inability to communicate effectively due to a Hearing Impairment;
- (2) inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment;
- (3) delayed speech and/or language development due to a Hearing Impairment.

### **3. Evaluation**

The characteristics identified in the Hearing Impairment Definition are present.

#### Evaluation Procedures

Evaluation of Hearing Impairment shall include the following:

- (1) audiological evaluation;
- (2) evaluation of speech and language performance;
- (3) school history and levels of learning or educational performance;
- (4) observation of classroom performance; and
- (5) documentation, including observation and/or assessment, of how Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.

#### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Hearing Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) a licensed special education teacher;
- (4) an audiologist or licensed physician;
- (5) a licensed speech-language pathologist or specialist; and
- (6) other professional personnel, as indicated.

## INTELLECTUAL DISABILITY

### 1. Definition

Intellectual Disability is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affect a child's educational performance.

### 2. Evaluation

The characteristics as identified in the Intellectual Disability Definition are present.

#### Evaluation Procedures

Evaluation of Intellectual Disability shall include the following:

- a. Assessment of intelligence/cognitive abilities, adaptive behaviors at school and in the home, and developmental assessment as follows:
  - (1) intellectual functioning, determined by appropriate assessment of intelligence/cognitive abilities which results in significantly impaired intellectual functioning, which is two or more standard deviations below the mean, with consideration given to the standard error of measurement for the test at the 68th percent confidence level, on an individually administered, standardized measure of intelligence;
  - (2) significantly impaired adaptive behavior in the home or community determined by:
    - (a) a composite score on an individual standardized instrument to be completed with or by the child's principal caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score, and
    - (b) additional documentation, when appropriate, which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program or institutional setting; and
  - (3) significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:
    - (a) systematic documented observations by an appropriate specialist, which compare the child with other children of his/her chronological age group. Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range include:
      - i. birth to 6 years – communication, self-care, social skills, and physical development;
      - ii. 6 to 13 years – communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure;

iii. 14 to 21 years – communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work; and

(b) when appropriate, an individual standardized instrument may be completed with the principal teacher of the child. A composite score on this instrument shall measure two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score; and

(4) Assessments and interpretation of evaluation results in evaluation standards 2.a.(1), 2.a.(2), and 2.a.(3) shall take into account factors that may affect test performance, including:

- (a) limited English proficiency;
- (b) cultural factors;
- (c) medical conditions that impact school performance;
- (d) environmental factors;
- (e) communication, sensory or motor disabilities; and
- (f) difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning, home, and school adaptive behavior.

b. Developmental history which indicates delays in cognitive/intellectual abilities (intellectual impairment) manifested during the developmental period (birth to 18) as documented in background information and history and a current demonstration of delays present in the child's' natural (home and school) environment.

c. Documentation, including observation and/or assessment of how Intellectual Disability adversely impacts the child's educational performance in his/her learning environment.

### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Intellectual Disability:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner; and
- (5) other professional personnel, as indicated.

## INTELLECTUALLY GIFTED

### 1. Definition

Intellectually Gifted means a child whose intellectual abilities and potential for achievement are so outstanding the child's educational performance is adversely affected. Adverse affect means the general curriculum alone is inadequate to appropriately meet the student's educational needs.

### 2. Evaluation

The characteristics identified in the Intellectually Gifted Definition are present.

#### Evaluation Procedures

Evaluation of Intellectually Gifted shall include the following:

a. Assessment through a multi-modal identification process, wherein no singular mechanism, criterion or cut-off score is used for determination of eligibility that includes evaluation and assessment of:

- (1) educational performance
  - (2) creativity/characteristics of intellectual giftedness, and;
  - (3) cognition/intelligence;
- b. Individual evaluation procedures that include appropriate use of instruments sensitive to cultural, linguistic, and environmental factors or sensory impairments;
- c. Multiple criteria and multiple assessment measures in procedures followed for screening and comprehensive assessment that include:
- (1) Systematic Child Find and Individual Screening:
    - (a) systematic child-find for students who are potentially gifted to include at least one grade level screening, and
    - (b) individual screening of these students in grades K-12 in the areas of:
      - i. educational performance, and
      - ii. creativity/characteristics of giftedness; and
    - (c) a team review of individual screening results to determine need for referral for comprehensive assessment;
  - (2) Comprehensive Assessment:
    - (a) individual evaluation of cognition or intellectual ability;
    - (b) individual evaluation of educational performance and creativity/characteristics of giftedness, the need for expanded assessment and evaluation in each of these areas to be based on results of Individual Screening; and regardless of specific criteria used to determine or identify the student with Intellectual Giftedness;
    - (c) completion of assessment procedures in the three component areas (cognition, educational performance and creativity/ characteristics of giftedness) for program and services planning; and

(d) documentation, including observation and/or assessment, of how Intellectual Giftedness adversely impacts the child's educational performance in his/her learning environment.

### Evaluation Participants

a. Information shall be gathered from the following persons in the evaluation of Intellectual Giftedness:

- (1) the parent;
- (2) the child's referring teacher, or a general classroom teacher qualified to teach a child of his/her age, who is familiar with the student (with a child of less than school age, an individual qualified to teach a child of his/her age, who is familiar with the child); and when appropriate, in collaboration with the ESL teacher, when the child is an English Language Learner;
- (3) a licensed special education teacher and/or a licensed teacher who meets the employment standards in gifted education;
- (4) a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist;
- (5) other professional personnel, as indicated.

b. At least one of the evaluation participants [(2), (3), (4), or (5)] must be trained in the characteristics of gifted children.

## **MULTIPLE DISABILITIES**

### **1. Definition**

Multiple Disabilities means concomitant impairments (such as Intellectual Disability-Deafness, Intellectual Disability-Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blindness.

### **2. Evaluation**

The characteristics as identified in the Multiple Disabilities Definition are present.

#### Evaluation Procedures

Evaluation of Multiple Disabilities shall include the following:

- a. Evaluation, following the procedures for each disability;
- b. Determination of eligibility based on the definition and standards for two or more disabilities;
- c. The nature of the combination of the student's disabilities require significant developmental and educational programming that cannot be accommodated with special education programs by addressing any one of the identified disabilities; and
- d. Documentation, including observation and/or assessment, of how Multiple Disabilities adversely impact the child's educational performance in his/her environment.

#### Evaluation Participants

Information shall be gathered from those persons designated for each disability included in the evaluation of Multiple Disabilities.

## **ORTHOPEDIC IMPAIRMENT**

### **1. Definition**

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

### **2. Evaluation**

The characteristics as identified in the Orthopedic Impairment Definition are present.

#### Evaluation Procedures

Evaluation of Orthopedic Impairment shall include the following:

- (1) Medical evaluation of the child's Orthopedic Impairment by a licensed physician;
- (2) Social and physical adaptive behaviors (mobility and activities of daily living) which relate to Orthopedic Impairment; and
- (3) Documentation, including observation and/or assessment, of how Orthopedic Impairment adversely impacts the child's educational performance in his/her learning environment.

#### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Orthopedic Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher(s);
- (3) a licensed special education teacher
- (4) a licensed physician; and
- (5) other professional personnel as indicated (i.e., Occupational Therapist, Physical Therapist, or Assistive Technology Specialist).

## **OTHER HEALTH IMPAIRMENT**

### **1. Definition**

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, Attention Deficit Hyperactivity Disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and Tourette's Syndrome that adversely affects a child's educational performance.

A child is Other Health Impaired who has chronic or acute health problems that require specially designed instruction due to:

- (1) impaired organizational or work skills;
- (2) inability to manage or complete tasks;
- (3) excessive health related absenteeism; or
- (4) medications that affect cognitive functioning.

### **2. Evaluation**

The characteristics as identified in the Other Health Impairment Definition are present.

#### Evaluation Procedures

Evaluation of Other Health Impairment shall include the following:

- a. The evaluation report used for initial eligibility shall be current within one year and include the following:
  - (1) an evaluation from a licensed health services provider\* that includes:
    - (a) medical assessment and documentation of the student's health;
    - (b) any diagnoses and prognoses of the child's health impairments;
    - (c) information, as applicable, regarding medications; and
    - (d) special health care procedures, special diet and/or activity restrictions.\*TCA and the Board of Examiners in Psychology clearly give health services provider designated psychologists the legal and ethical authority to assess, diagnose, and treat ADHD. A psychological evaluation does not replace the need for a medical evaluation as described in (1) (a).
  - (2) a comprehensive psycho-educational assessment which includes measures that document the student's educational performance in the following areas:
    - (a) pre-academics or academic skills,
    - (b) adaptive behavior,
    - (c) social/emotional development,

- (d) motor skills,
  - (e) communication skills, and
  - (f) cognitive ability.
- b. documentation, including observation and/or assessment, of how Other Health Impairment adversely impacts the child's educational performance in his/her learning environment.

#### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Other Health Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed medical health services provider (such as licensed physician, physician's assistant or nurse practitioner);
- (5) a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist; and
- (6) other professional personnel as indicated.

## **SPECIFIC LEARNING DISABILITIES**

### **1. Definition**

The term Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, and that adversely affects a child's educational performance. Such term includes conditions such as perceptual disabilities (e.g., visual processing), brain injury that is not caused by an external physical force, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include a learning problem that is primarily the result of Visual Impairment; Hearing Impairment; Orthopedic Impairment; Intellectual Disability; Emotional Disturbance; Limited English Proficiency; or Environmental or Cultural Disadvantage.

The characteristics as identified in the Specific Learning Disabilities definition are to include:

A. Evaluation for Specific Learning Disabilities shall meet the following standards:

1. To ensure that underachievement in a student suspected of having a Specific Learning Disability is not due to a lack of appropriate instruction (i.e., empirically research-based instruction that is rigorous, systematic, and peer-reviewed) in the student's State approved grade level standards, the following must be obtained:
  - a. Data that demonstrate that prior to, or as a part of, the referral process, the student was provided appropriate instruction (i.e., empirically research-based instruction that is rigorous and systematic throughout all Tiers of instruction/intervention) in regular education settings, delivered by qualified and appropriately trained personnel; and
  - b. Data-based documentation of repeated assessments of achievement, reflecting formative assessment of student progress during intervention, which was provided to the student's parents at a minimum of once every four and one-half (4.5) weeks.
2. The student does not achieve adequately for the student's age or to meet state-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the student's age or state-approved grade level standards:
  - a. Basic Reading Skills
  - b. Reading Fluency Skills
  - c. Reading Comprehension
  - d. Written Expression
  - e. Mathematics Calculation
  - f. Mathematics Problem Solving

An evaluation of Oral Expression and Listening Comprehension shall be completed pursuant to the Speech or Language Impairment eligibility standards. If a student has been evaluated by a Speech-Language Pathologist and does not qualify as Language Impaired, then the IEP team may consider a Specific Learning Disability in either Oral Expression or Listening Comprehension if

either continues to be a suspected area of disability; however, the rigorous intervention and progress monitoring standards must be met.

In order to substantiate inadequate achievement, an individual, standardized, and norm-referenced measure of academic achievement must be administered after initial consent is obtained in the area of suspected disability (i.e., Basic Reading Skills, Reading Fluency, Reading Comprehension, Written Expression, Mathematics Calculation, and Mathematics Problem Solving). Intensive intervention must occur within the tiers before inadequate classroom achievement can be assessed. The score from a standardized achievement test administered prior to receiving intensive intervention may not be used to determine inadequate classroom achievement. The team will select assessment instruments that are sensitive to floor effects and developmental levels, especially for students in the primary grades.

3. The student does not make sufficient progress to meet age or state-approved grade-level standards in one or more areas (i.e., Basic Reading Skills, Reading Fluency, Reading Comprehension, Written Expression, Math Calculation, Mathematics Problem Solving) when using a process based on the student's responsiveness to scientific, research-based intervention in each area of suspected delay.

A lack of sufficient progress will be established by examining the student's Rate of Improvement (ROI) including a gap analysis and will be based on the following criteria:

- The rate of progress or improvement is less than that of his/her same-age peers, or
  - The rate of progress is the same as or greater than that of his/her same age peers but will not result in reaching the average range of achievement within a reasonable period of time.
4. The LEA must ensure that the child is observed in the student's learning environment (including the general education classroom setting) to document the student's academic performance and behavior in the areas of difficulty.

A pattern of strengths and weaknesses in performance shall be documented by two systematic observations in the area of suspected disability. One may be conducted by a special education teacher and one must be conducted by the School Psychologist or certifying specialist:

- a. Systematic observation of routine classroom instruction, and
- b. Systematic observation during intensive, scientific research-based or evidence-based intervention.

In the case of a student who is in a placement outside of the local education agency (LEA), a team member must observe the student in an environment appropriate for a student of that age.

5. The team must determine that underachievement is not primarily the result of Visual, Motor, or Hearing Disability, Intellectual Disability, Emotional Disturbance, Cultural Factors, Environmental or Economic Factors, Limited English Proficiency, or Excessive Absenteeism.

A measure of cognition is not required for all students referred to special education based on a suspected Specific Learning Disability. Only when the team suspects the student may be evidencing another disability (e.g. Intellectual Disability or Functional Delay) will a comprehensive measure of the student's intelligence be administered.

- B. A student whose characteristics meet the definition of a student having a Specific Learning Disability may be identified as a student eligible for special education services if:
  - 1) All of the aforementioned eligibility criteria are met, and
  - 2) There is evidence, including observation and/or assessment, indicating how the Specific Learning Disabilities adversely impact the student's performance in or access to the general education curriculum.
- C. Evaluation participants must include:
  - 1) The parent or guardian;
  - 2) The student's general education classroom teacher;
  - 3) A licensed special education teacher;
  - 4) At least one person qualified to conduct an individual diagnostic evaluation (i.e., School Psychologist and/or Speech-Language Pathologist); and
  - 5) Other professional personnel as indicated (i.e., Occupational Therapist).

In the case of a private evaluation and/or diagnosis (e.g. Attention Deficit Hyperactivity Disorder or Visual Processing), the team should consider information presented to help inform instruction and intervention. The student must be provided academic interventions congruent with the RTI <sup>2</sup> guidelines if the team suspects the presence of a Specific Learning Disability as either a primary or secondary disability.

## **SPEECH OR LANGUAGE IMPAIRMENT**

### **1. Definition**

Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance. Speech or Language Impairment includes demonstration of impairments in the areas of language, articulation, voice, or fluency.

- (1) Language Impairment – A significant deficiency not consistent with the student's chronological age in one or more of the following areas:
  - (a) a deficiency in receptive language skills to gain information;
  - (b) a deficiency in expressive language skills to communicate information;
  - (c) a deficiency in processing (auditory perception) skills to organize information.
- (2) Articulation Impairment – A significant deficiency in ability to produce sounds in conversational speech not consistent with chronological age.
- (3) Voice Impairment – An excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.
- (4) Fluency Impairment – Abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.

Speech or Language deficiencies identified cannot be attributed to characteristics of second language acquisition and/or dialectic differences.

### **2. Evaluation**

The characteristics as identified in the Speech or Language Definition are present.

#### Evaluation Procedures

Evaluation of Speech or Language Impairments shall include the following:

- a. Language Impairment – a significant deficiency in language shall be determined by:
  - (1) an analysis of receptive, expressive, and/or composite test scores that fall at least 1.5 standard deviations below the mean of the language assessment instruments administered; and
  - (2) a minimum of two measures shall be used, including criterion-referenced and/or norm-referenced instruments, functional communication analyses, and language samples. At least one standardized comprehensive measure of language ability shall be included in the evaluation process. Evaluation of language abilities shall include the following:
    - (a) hearing screening;
    - (b) receptive language: vocabulary, syntax, morphology;

- (c) expressive language: mean length of utterance, syntax, semantics, pragmatics, morphology; and
  - (d) auditory perception: selective attention, discrimination, memory, sequencing, association, and integration.
- (3) documentation, including observation and/or assessment, of how Language Impairment adversely impacts his/her educational performance in his/her learning environment.
- b. Articulation Impairment – a significant deficiency in articulation shall be determined by one of the following:
- (1) articulation error(s) persisting one year beyond the highest age when 85% of students have acquired the sounds based upon current developmental norms;
  - (2) evidence that the child’s scores are at a moderate, severe, or profound rating on a measure of phonological processes; or
  - (3) misarticulations that interfere with communication and attract adverse attention. Evaluation of articulation abilities shall include the following:
    - (a) appropriate formal/informal instrument(s);
    - (b) stimulability probes;
    - (c) oral peripheral examination; and
    - (d) analysis of phoneme production in conversational speech.
  - (4) documentation, including observation and/or assessment, of how Articulation Impairment adversely impacts his/her educational performance in his/her learning environment.
- c. Voice Impairment – evaluation of vocal characteristics shall include the following:
- (1) hearing screening;
  - (2) examination by an otolaryngologist;
  - (3) oral peripheral examination; and
  - (4) documentation, including observation and/or assessment, of how Voice Impairment adversely impacts his/her educational performance in his/her learning environment.
- d. Fluency Impairment – evaluation of fluency shall include the following:
- (1) hearing screening;
  - (2) information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;
  - (3) oral peripheral examination; and
  - (4) documentation, including observation and/or assessment, of how Fluency Impairment adversely impacts his/her educational performance in his/her learning environment.

### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Speech or Language Impairment:

- (1) the parent;
- (2) the child’s general education classroom teacher;
- (3) a licensed school speech-language pathologist, a licensed speech-language pathologist, a licensed speech-language therapist;
- (4) a licensed special education teacher, when appropriate;
- (5) a licensed otolaryngologist (for voice impairments only); and
- (6) other professional personnel, as indicated.

## **TRAUMATIC BRAIN INJURY**

### **1. Definition**

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

Traumatic Brain Injury may include all of the following:

- (1) an insult to the brain caused by an external force that may produce a diminished or altered state of consciousness; and
- (2) the insult to the brain induces a partial or total functional disability and results in one or more of the following:
  - (a) Physical impairments such as, but not limited to:
    - i. speech, vision, hearing, and other sensory impairments,
    - ii. headaches,
    - iii. fatigue,
    - iv. lack of coordination,
    - v. spasticity of muscles,
    - vi. paralysis of one or both sides,
    - vii. seizure disorder.
  - (b) Cognitive impairments such as, but not limited to:
    - i. attention or concentration,
    - ii. ability to initiate, organize, or complete tasks,
    - iii. ability to sequence, generalize, or plan,
    - iv. flexibility in thinking, reasoning or problem solving,
    - v. abstract thinking,
    - vi. judgment or perception,
    - vii. long-term or short term memory, including confabulation,
    - viii. ability to acquire or retain new information,
    - ix. ability to process information/processing speed.
  - (c) Psychosocial impairments such as, but not limited to:
    - i. impaired ability to perceive, evaluate, or use social cues or context appropriately that affect peer or adult relationships,
    - ii. impaired ability to cope with over-stimulation environments and low frustration tolerance,

- iii. mood swings or emotional lability,
- iv. impaired ability to establish or maintain self-esteem,
- v. lack of awareness of deficits affecting performance,
- vi. difficulties with emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence),
- vii. impaired ability to demonstrate age-appropriate behavior,
- viii. difficulty in relating to others,
- ix. impaired self-control (verbal or physical aggression, impulsivity),
- x. inappropriate sexual behavior or disinhibition,
- xi. restlessness, limited motivation and initiation,
- xii. intensification of pre-existing maladaptive behaviors or disabilities.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

## **2. Evaluation**

The characteristics as identified in the Traumatic Brain Definition are present.

### Evaluations Procedures

Evaluation of Traumatic Brain Injury shall include the following:

- (1) appropriate medical statement obtained from a licensed physician;
- (2) parent/caregiver interview;
- (3) educational history and current levels of educational performance;
- (4) functional assessment of cognitive/communicative abilities;
- (5) social adaptive behaviors which relate to Traumatic Brain Injury;
- (6) physical adaptive behaviors which relate to Traumatic Brain Injury; and
- (7) documentation, including observation and/or assessment of how Traumatic Brain Injury adversely impacts the child's educational performance in his/her learning environment.

### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Traumatic Brain Injury:

- (1) the parent;
- (2) the child's general education teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician; and
- (5) other professional personnel, as indicated.

## **VISUAL IMPAIRMENT**

### **1. Definition**

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

Visual Impairment includes at least one of the following:

- (1) visual acuity in the better eye or both eyes with best possible correction:
  - (a) legal blindness – 20/200 or less at distance and/or near;
  - (b) low vision – 20/50 or less at distance and/or near.
- (2) visual field restriction with both eyes:
  - (a) legal blindness – remaining visual field of 20 degrees or less;
  - (b) low vision – remaining visual field of 60 degrees or less;
  - (c) medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually.
- (3) other Visual Impairment, not perceptual in nature, resulting from a medically documented condition.

### **2. Evaluation**

The characteristics as identified in the Visual Impairment Definition are present.

#### Evaluation Procedures

Evaluation of Visual Impairment shall include the following:

- (1) evaluation by an ophthalmologist or optometrist that documents the eye condition with the best possible correction;
- (2) a written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:
  - (a) observation of visual behaviors at school, home, or other environments;
  - (b) educational implications of eye condition based upon information received from eye report;
  - (c) assessment and/or screening of expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation

- of the child's reading and writing skills, needs, appropriate reading and writing media, and current and future needs for braille;
- (d) school history and levels of educational performance; and
- (3) documentation, including observation and/or assessment, of how Visual Impairment adversely impacts the child's educational performance in his/her learning environment.

#### Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Visual Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher; and
- (3) a licensed teacher of students with Visual Impairments;
- (4) a licensed special education teacher;
- (5) an ophthalmologist or optometrist;
- (6) other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).

## Component 3 Narratives

### Component 3.1 Demographic Information

The IEP date on top of the page should reflect the month, day, and year for which the IEP meeting is held. An IEP is valid for only one year from the date the IEP team signs their name and notes their agreement. The second line should be checked to show the type of meeting(s) that have been held for this student to develop information for the IEP.

Demographic Information – this field must be completed

Ethnic Group - Ask parent, when appropriate, or student to identify the preferred code.

I - American Indian

H - Hispanic

B - Black

W - White

A - Asian

### Component 3.2 Student Strengths

Describe the child's current strengths, abilities, and how he/she learns best. This information should be written in positive terms. The practice of following a "stranger test" will assist another district/teacher in beginning instruction immediately with the details in the IEP. The stranger test refers to narratives and goals for a student that are described thoroughly in detail so that a person unfamiliar with the student could read the description, understand it, and begin implementation of intervention services immediately.

#### Narrative Examples: Student Strengths

*\*Please note these are examples of what statements might look like for various students*

#### Associated Deficits of Autism (For full IEP, refer to Appendix Example A)

Gina has many skills that benefit her ability to succeed in school. Her ability to understand directions presented verbally or visually is strong, and she is adept at communicating her needs to staff. She responds to visual supports and systems of reinforcement (including **self-monitoring**) with relative independence. She shows excellent ability in the area of math computation and fluency. Gina's **decoding** and spelling skills are age/grade appropriate. Gina shows motivation to earn good grades, show off her knowledge, and please her teachers.

#### Associated Deficits of Deafness (For full IEP, refer to Appendix Example B)

Donna is greatly motivated to learn new concepts in reading, math, and written expression. She also excels with visual concepts in these areas. Donna wants to be helpful when her peers or teachers are in need of help. She is independent in her self-care and safety skills.

#### Associated Deficits of Developmental Delay (For full IEP, refer to Appendix Example C)

Tony is able to follow classroom rules and routines. He works well within a group setting. He uses

simple adjectives in sentences he speaks with 80% **accuracy**. He has age-appropriate **fine motor** skills and can trace a line or cut on a line with scissors. Tony currently identifies 15 of 26 upper case letters and 12 of 26 lower case letters. He can identify the sound of 10 letters (t, s, m, n, r, p, d, h, b, z). He is able to read 4 of 10 sight words and write his name from a prompt.

**Associated Deficits of Emotional Disturbance (For full IEP, refer to Appendix Example D)**

Cam is motivated to learn and takes pride in his knowledge. He likes to read and often chooses reading for his leisure activity. His favorite subjects are English and history. He is currently able to complete grade level work.

**Associated Deficits of Intellectual Disability (For full IEP, refer to Appendix Example E)**

Delia is polite, respectful and gets along with her peers. She is willing to participate and take risks. She demonstrates motivation and follows directions.

**Associated Deficits of Intellectually Gifted (For full IEP, refer to Appendix Example F)**

Larry is highly creative and comes up with many alternative methods for addressing **critical thinking** tasks. He provides detail and elaboration in his writing and oral explanations. He is academically confident and eagerly participates in classroom discussion and group activities.

**Associated Deficits of Orthopedic Impairment (For full IEP, refer to Appendix Example G)**

Marna participates in class projects with enthusiasm. She arrives early to class, gathers personal materials needed for the lesson, and demonstrates readiness for learning. Marna recently led her class campaign gathering gently worn uniforms for the school clothes closet.

**Associated Deficits of Other - Health Impairments (For full IEP, refer to Appendix Example H)**

Piper is a strong reader and writer. She will read a variety of books and materials and enjoys reading, particularly fiction. She writes elaborate stories and is able to express her knowledge through written assignments.

**Associated Deficits of Specific Learning Disability in Reading (For full IEP, refer to Appendix Example I)**

Susan has strong listening comprehension skills. She enjoys listening to information when it is presented orally and recalls information very easily. She has a strong sight word vocabulary and tends to utilize this as her primary strategy when reading independently.

**Associated Deficits of Specific Learning Disability in Math (For full IEP, refer to Appendix Example J)**

Matt's oral reading and **reading comprehension** are areas of strength. He is on grade level and is able to read for pleasure and to learn new information. Matt is also writing at grade level.

**Associated Deficits of Specific Learning Disability in Writing (For full IEP, refer to Appendix Example K)**

Mathematics is David's strength. He excels within the math class and does particularly well in computation and algebra. David is at grade level in reading skills and is able to comprehend both fiction and nonfiction texts.

#### **Associated Deficits of Speech Impairments (For full IEP, refer to Appendix Example L)**

Jaxson is doing well academically, particularly in math. He loves creative **problem solving** and using pictures and objects to describe his thinking. In reading, he does well reading silently to himself and in **reading comprehension**.

#### **Associated Deficits of Language Impairments (For full IEP, refer to Appendix Example M)**

Lisa is a hard worker in class. Her math skills are a strength, as are her **social skills**. She enjoys working with peers and completes tasks on time.

#### **Associated Deficits of Traumatic Brain Injury (For full IEP, refer to Appendix Example N)**

Janin is noticing cues and prompts to assist her with staying on task during group and independent work times. She is making progress in reading, and her fluency is increasing with visual prompts. Janin voices her frustration level appropriately with less than 6 minutes of transition time. She is able to focus with prompts and supports in a small or a large group setting for up to 25 minutes.

#### **Associated Deficits of Visual Impairment (For full IEP, refer to Appendix Example O)**

Kim is a vivacious, bright student. She has a great personality and a good sense of humor. She enjoys people and likes to talk. Kim has made good progress in first grade despite her challenges due to a significant visual impairment.

### **Component 3.3 Parent Concerns**

Parent Input: Strengths and Concerns - Describe the parents' input including concerns they have for their child's current performance. Provide a narrative that is thorough in details.

If the parent did not attend the meeting, state that the parent did not attend. Do not leave this section blank. If the parent completed a questionnaire or discussed his/her concerns over the telephone prior to the meeting, note that in this section, along with a short explanation of what was discussed.

#### **Example Narratives: Parent Concerns**

#### **Associated Deficits of Autism (For full IEP, refer to Appendix Example A)**

Gina's family has a few main concerns. They worry that although she understands expectations, they often hear complaints that she is not following directions quickly or completely in class. Gina tends to do poorly on standard academic assessments, even in math, which is a relative strength. Her family worries that she will not score above basic on this year's standardized assessment. Although Gina gets along well with staff members, she often complains that she doesn't have friends and tends to isolate herself from peers at lunch and recess. She doesn't seem to know how to engage in **social interactions** with her

peers.

#### **Associated Deficits of Deafness (For full IEP, refer to Appendix Example B)**

Donna's parents are concerned about behavior problems Donna has with others. They have no academic concerns. Donna is adapting to school. When she is in a new place she tends to have behavior problems initially but then adapts to the situation. Her parents are proud of the academic progress Donna has made.

#### **Associated Deficits of Developmental Delay (For full IEP, refer to Appendix Example C)**

Tony's mother is most concerned that he does not have the reading skills that he needs to be successful in a general education kindergarten classroom setting.

#### **Associated Deficits of Emotional Disturbance (For full IEP, refer to Appendix Example D)**

Mrs. Test wants her son to work on making friends at school. She is worried about his lack of **social skills** and the fact that he isolates himself most of the time.

#### **Associated Deficits of Intellectual Disability (For full IEP, refer to Appendix Example E)**

Delia's parents would like Delia to continue improvement in **reading comprehension** and functional academic skills. They would also like Delia to continue exploration of different career options by participating in Work-Based Learning and visiting different post-secondary programs and job sites.

#### **Associated Deficits of Intellectually Gifted (For full IEP, refer to Appendix Example F)**

The parents are concerned that Larry generally completes his assignments but often loses them or fails to turn them in on time, resulting in lower grades. He does not keep his backpack or desk organized and struggles to find materials. His parents are also concerned that Larry is bored in reading class.

#### **Associated Deficits of Orthopedic Impairment For full IEP, refer to Appendix Example G)**

Marna's parents express their desire for Marna to participate fully in activities in her area of interest and grow into an independent adult with a professional career. Marna will move to middle school next year with new demands for mobility, **organization**, and increasing length of assignments.

#### **Associated Deficits of Other - Health Impairments (For full IEP, refer to Appendix Example H)**

Piper's parents are worried about her continuing success once she leaves the structure and routine of school. They still remind Piper of her schedule, homework, and help her organize her backpack and agenda each day. Also, Piper is still behind in math.

#### **Associated Deficits of Specific Learning Disability in Reading (For full IEP, refer to Appendix Example I)**

Mr. & Mrs. Test are very concerned about Susan's reading progress. They report that she is easily frustrated when she has to read independently and worry that she will only fall further behind.

**Associated Deficits of Specific Learning Disability in Math (For full IEP, refer to Appendix Example J)**

Matt's parents would like to see him make greater progress in math. They are afraid that he will get too far behind to ever catch up.

**Associated Deficits of Specific Learning Disability in Writing (For full IEP, refer to Appendix Example K)**

David's parents are very worried about his writing. Math is so easy for him, he is able to read the material and talk about it, but his written reports are poorly done, if at all.

**Associated Deficits of Speech Impairments (For full IEP, refer to Appendix Example L)**

Jaxson's parents are very worried about his speech. They are afraid that if it doesn't improve, he will not be able to spell and will be teased. They have noticed that he talks less around other kids, compared to his brother, and are worried that he will become shy and reserved.

**Associated Deficits of Language Impairments (For full IEP, refer to Appendix Example M)**

Sandy's parents want her academic skills to be on grade level. They are concerned that she is getting further behind and will not be able to catch up before high school.

**Associated Deficits of Traumatic Brain Injury (For full IEP, refer to Appendix Example N)**

Janin's parents are concerned about her memory, social outlook, and frustration level. They are pleased with her progress academically since her bike accident, as the ability to learn and retain information is returning; however, they are still worried about her retaining skills. They also have concerns for her safety in case of a **seizure**.

**Associated Deficits of Visual Impairment (For full IEP, refer to Appendix Example O)**

Kimberly's parents want her to learn Braille and mobility skills. They are concerned that she is falling behind and would like "year round" instruction for her.

**Component 3.4 Adverse Impact on Educational Performance**

Briefly describe how the child's disability affects his/her involvement and progress in the general curriculum and what, if any, previous adjustments, services, and accommodations the child has successfully utilized in order to participate in the general education curriculum. For preschool children describe how the child's disability affects his/her participation in age-appropriate activities.

Examples of past accommodations and/or supports and services that a student may have received include the following: peer tutoring, one-on-one instruction, tape recording of lessons or highlighting of text (overheads), extra time to complete tests or abbreviated assignments.

Considerations for educational impact are as follows:

- passes the stranger test,
- provide specific details, and
- adverse impact must be detailed in this section, and should include language to clearly identify how a student's involvement and progress in general education is impacted by the identified disability.

### **Example Narratives: Adverse Impact on Educational Performance**

#### **Associated Deficits of Autism (For full IEP, refer to Appendix Example A)**

Gina currently struggles with her **emotional regulation** when stressed or frustrated. Her escalation requires removal from the general education classroom until calm. Additionally, Gina is not currently independent in transitions between activities, following two or more step directions, completing a task to completion, or asking for assistance. She often does not understand the instruction without visual and tactile supports. This negatively impacts her ability to participate in the classroom for extended periods of time, particularly when stressful, or to understand the core instruction at grade level.

#### **Associated Deficits of Deafness (For full IEP, refer to Appendix Example B)**

Donna's significant hearing loss and subsequent deficits in the areas of speech and language negatively impact her progress in the general education curriculum. She has difficulty expressing her knowledge and understanding as well as articulation to make needs known.

#### **Associated Deficits of Developmental Delay (For full IEP, refer to Appendix Example C)**

Tony is significantly delayed in basic reading skills. Although he has made progress, he is significantly behind his peers. He is still working on letter identification and most common letter sounds, and this negatively impacts his access to the core instruction on **decoding**, using multiple cues to read and comprehend text, and **reading comprehension**.

#### **Associated Deficits of Emotional Disturbance (For full IEP, refer to Appendix Example D)**

Cam's disability negatively impacts his access to general curriculum as he will do whatever he has to in an effort to escape a social setting. In an effort to escape, he is not available for instruction within a classroom setting for large portions of the day. Once escalated, he is removed from the setting and then requires a slow re-entry, as he is embarrassed and easily escalates again in concern that his peers will comment on his escalated state.

#### **Associated Deficits of Intellectual Disability (For full IEP, refer to Appendix Example E)**

Delia's ability to master regular classroom academic objectives is markedly delayed. She requires small group intervention and repetition to learn skills. She tries to complete various assignments, but struggles doing basic tasks. She is significantly below grade level in her academics. This negatively impacts her performance and participation in the general education classroom.

#### **Associated Deficits of Intellectually Gifted (For full IEP, refer to Appendix Example F)**

Larry Sample demonstrates mastery of grade level academic curriculum and superior **reading comprehension** skills, but he becomes disengaged in the classroom when not presented with challenging material and opportunities for **enrichment**. This disengagement negatively impacts Larry's participation within the classroom instruction.

#### **Associated Deficits of Orthopedic Impairment For full IEP, refer to Appendix Example G)**

Marna presents with motoric challenges. These challenges include a delayed verbal response time easily misconstrued as inattentiveness; delayed motorical written response affecting handwriting speed, and potential access issues related to her wheelchair mobility. This adversely affects her participation within the general education classroom.

#### **Associated Deficits of Other - Health Impairments (For full IEP, refer to Appendix Example H)**

Piper struggles with **organizational** skills and math reasoning. In many ways these are related. Although Piper understands the calculation required to reason through complex math simulations, she loses track of the information and where she is in the process. Her data are written haphazardly throughout with some portions completed and some not. Piper does require a completed agenda for homework that she accesses online with her parents. For longer projects, her teachers and parents work with her to create a plan. She often comes to class with the wrong materials or incomplete materials. Additionally, she is not able to take notes that she can then read in order to learn new information. These are all factors that negatively impact her participation and performance within the general education classroom.

#### **Associated Deficits of Specific Learning Disability in Reading (For full IEP, refer to Appendix Example I)**

Susan's deficits in the areas of basic reading skills, specifically phonics and **decoding**, and fluency, adversely affect her progress in the general education curriculum. She is unable to independently read information in academic areas which interferes with comprehension.

#### **Associated Deficits of Specific Learning Disability in Math (For full IEP, refer to Appendix Example J)**

Matt is struggling in the area of math. He is able to compute numbers 1-5 using manipulatives. Larger numbers become a challenge for him, even though he can count using one-to-one correspondence up to 20. Additionally, he does not yet understand the concept of "0." He is just beginning to work on subtraction for numbers 1-5. This negatively impacts the participation within the general education math instruction, as he is significantly behind his peers and requires extensive accommodations.

#### **Associated Deficits of Specific Learning Disability in Writing (For full IEP, refer to Appendix Example K)**

David struggles to complete any writing assignment across all academic areas. Assignments that are completed are a compilation of random sentences, and some are off topic rather than a cohesive paragraph. This negatively impacts his performance and grades within the general education classroom.

#### **Associated Deficits of Speech Impairments (For full IEP, refer to Appendix Example L)**

Jaxson's speech makes it difficult to understand what he is trying to say. This negatively impacts answering questions and/or oral participation, read aloud or reading fluency tasks, and social activities.

Jaxson also makes some of the same speech substitutions in his phonetic spelling, so his writing is difficult to decipher at times.

### **Associated Deficits of Language Impairments (For full IEP, refer to Appendix Example M)**

Lisa's **expressive language** impairment prevents her from expressing herself effectively in conversations and in her written expression in the general education class in the following ways: completing tasks involving word structure, sentence structure/grammar, and phonological/**phonemic awareness**.

### **Associated Deficits of Traumatic Brain Injury (For full IEP, refer to Appendix Example N)**

Janin's disability negatively impacts her involvement and progress in the general education curriculum since she requires additional time on assignments, length reduction on assignments, additional supports during independent work, visual and verbal prompts, schedules modification and **self-monitoring** skills being infused throughout her classes. Janin is quick to fatigue after 25 minutes of direct instruction. She is fully included within the general education setting with supports and services to support her as well as address the current areas of deficit.

### **Associated Deficits of Visual Impairment (For full IEP, refer to Appendix Example O)**

Kimberly's blindness negatively impacts her access to the general education curriculum without the provision of direct instruction and professional collaboration from a specialist in Braille instruction, orientation and mobility skills, and access to assistive technology. In addition, at this time, the general education class is learning the alphabet as it relates to reading and writing. Kimberly needs to learn the Braille alphabet, rules for Braille, and how to operate a Braille writer.

## **Component 3.5 Medical Information and Concerns**

### **Medical Information**

In this section, the IEP team documents any medical conditions that have been reported and/or impact the student's education. All information included in a student's IEP, including noted medical conditions, are to be considered in the case of a **manifestation determination**. Based on this medical information, if the team suspects the presence of another primary or secondary disability, the IEP team should initiate an evaluation for the suspected disability.

The medical information field must have a statement. If the student does not have any medical concerns at the present time, then a statement explaining the current condition should be included.

*Example: At this time, the student does not have any medical concerns.*

## **Component 3.6 Consideration of Special Factors**

The IEP team must also consider the peripheral skills or needs that are related to the student's disability or their access to instruction. Some of these may be a direct relationship, such as a student with an orthopedic disability needing an augmentative alternative communication system (i.e. a touch screen computer). Others, not related to the disability, must be considered in the design of the instruction, such as a student whose first language was not English. The consideration of special factors is an

opportunity for the IEP team to ensure that they have considered the whole child prior to designing the services to meet the student's needs.

Special considerations for a student with a disability must be addressed on the student's IEP in order to provide the student with the appropriate support(s).

- Does the student have limited English Proficiency? If the answer is yes, select the primary mode of language for the student.
- Is the student blind or visually impaired?
- Does the student have communication needs?
  - Augmentative Alternative Communication devices low tech or high tech?
  - Articulation difficulties?
  - Receptive language difficulties?
  - Expressive language difficulties?
- Is the student deaf or hard of hearing?
- Is assistive technology necessary in order to implement the student's IEP?
- Does the student's behavior impede his/her learning or that of others?
- Does the student have a **Functional Behavior Assessment (FBA)** and a **Behavior Intervention Plan (BIP)**?
- Does the student have goals and objectives?
- Does the student have accommodations and/or **modifications**?

This area provides the educator completing the IEP narrative fields that should be detail specific, in order to appropriately provide instruction for the student based on his/ her individual need.

Component 4 Present Levels of Educational Performance (PLEP)

**Component 4.1 Associated Deficits of a Disability within Present Levels of Educational Performance (PLEP)**

The table below lists the disability areas as defined by the state of Tennessee with the associated deficits that may need to be addressed within a student’s IEP. This table is not meant to be exhaustive and does not reflect the needs of all students with an identified disability; rather is meant to be used as a resource by IEP teams as they develop an instructionally appropriate IEP:

<b>Disability</b>	<b>Definition</b>	<b>Associated Deficits</b>
Autism	Autism is a developmental disability, which significantly affects verbal and nonverbal communication and <b>social interaction</b> , generally evident before age three (3) that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an Emotional Disturbance, as defined in this section	Academics
		<b>Social-emotional</b>
		Language
		<b>Adaptive Behavior</b>
		Pre-Vocational
		Communication
		Fine/Gross Motor
Deaf-Blindness	Deaf-Blindness is concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing any one of the impairments	Academics
		Communication
		Pre-vocational
		Adaptive
Deafness	Deafness is a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance.	Academics
		Communication
		Pre-vocational
		Adaptive
Developmental Delay	Developmental Delay refers to children aged three (3) through nine (9) who are experiencing developmental	Academic Readiness/Achievement

Disability	Definition	Associated Deficits
	delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance.	Specific to area(s) of delay: Communication <b>Social-emotional</b> Adaptive Fine/Gross Motor
Emotional Disturbance	Emotional Disturbance is a disability exhibiting <b>one or more</b> of the following characteristics to a marked degree and over an extended period of time (during which time documentation of informal assessments and interventions are occurring)that adversely affects a child's educational performance: 1) inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors; 2) inability to build or maintain satisfactory interpersonal relationships with peers and school personnel; 3) inappropriate types of behavior or feelings when no major or unusual stressors are evident; 4) general pervasive mood of unhappiness or <b>depression</b> ; 5) tendency to develop physical symptoms or fears associated with personal or school problems.	<b>Social-emotional</b>  <b>Adaptive behavior</b>  Pre-vocational  Academics
Functional Delay*	Functional Delay is a continuing significant disability in <b>intellectual functioning</b> and achievement which adversely affects the student's ability to progress in the general school program, but <b>adaptive behavior</b> in the home or community is not significantly impaired and is at or near a level appropriate to the student's chronological age.	All areas of academics  Pre-vocational  Communication
Hearing Impairment	Hearing Impairment is impairment, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include Deafness.	Academics  Communication  Pre-vocational  <b>Adaptive behavior</b>
Intellectual Disability	Intellectual Disability is characterized by significantly impaired <b>intellectual functioning</b> , existing concurrently with deficits in <b>adaptive behavior</b> and manifested during the developmental period that adversely affects a child's	All areas of academics  <b>Adaptive behavior</b>  Pre-vocational

Disability	Definition	Associated Deficits
	educational performance	Communication
Intellectually Gifted*	Intellectually Gifted refers to a child whose intellectual abilities and potential for achievement are so outstanding the child’s educational performance is adversely affected. “Adverse effect” means the general curriculum alone is inadequate to appropriately meet the student’s educational needs.	Educational performance **
		Creativity/ characteristics of intellectual giftedness
Multiple Disabilities	Multiple Disabilities are concomitant impairments (such as Intellectual Disability-Deafness, Intellectual Disability-Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blindness.	See the other disability categories that make up his or her impairments
Orthopedic Impairment	Orthopedic Impairment is a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by congenital anomaly (e.g. club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. <b>cerebral palsy</b> , amputations, and fractures or burns that cause <b>contractures</b> ).	<b>Adaptive behavior</b>
		Mobility
		Fine/Gross Motor
Other Health Impaired	Other Health Impairment is having limited strength, vitality or alertness, including a <b>heightened alertness</b> to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and <b>Tourette’s Syndrome</b> that adversely affects a child’s educational performance.	Academics
		Pre-vocational
		<b>Social-emotional</b>
		<b>Adaptive behavior</b>
Specific Learning Disability	The term Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, and that adversely affects a child’s educational	Basic Reading
		Reading Fluency
		Reading Comprehension

Disability	Definition	Associated Deficits
	performance. Such term includes conditions such as perceptual disabilities (e.g., visual processing), brain injury that is not caused by an external physical force, minimal brain dysfunction, <b>dyslexia</b> , and developmental <b>aphasia</b> .	Math Calculation Math Problem Solving Written Expression
Speech/ Language Impaired	Speech or Language Impairment is a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance. Speech or Language Impairment includes demonstration of impairments in the areas of receptive and/or <b>expressive language</b> , articulation, <b>pragmatics</b> (social language), voice, or fluency.	Communication
Traumatic Brain Disorder	Traumatic Brain Injury is an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; <b>problem solving</b> ; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.	Academics Adaptive behavior Gross/Fine motor Communication Pre-vocational
Visual Impairment	Visual Impairment including blindness is impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.	Adaptive Pre-vocational Academics

**\*Disability categories not recognized by IDEA**

**\*\*Educational performance must be a minimum of one academic area performance at 95<sup>th</sup> percentile or higher, or two academics areas at 90<sup>th</sup> percentile or higher**

Students are evaluated for a disability based on assessment information that indicates an associated area of deficit. All data and evaluation information is used to determine which, if any, area(s) of deficit

are considered exceptional. Students that are identified as having exceptional area(s) will require an annual goal for that specific area.

#### **Component 4.2 Development of Present Levels of Educational Performance (PLEPs)**

Present Levels of Educational Performance (PLEPs) are the foundation of an IEP. PLEPs state how current functioning impacts the student on mastery of grade level standards. PLEPs provide the informational basis for generating goals, supports, accommodations, and services that are specifically designed to meet the student's individual needs.

##### **Present Levels of Educational Performance:**

- Describe the unique needs of the student
  - activities of daily living (e.g., personal care, preparing meals, household activities, managing resources)
  - **adaptive behavior** (e.g., the effectiveness with which the individual copes with the natural and social demands of his or her environment; how the student makes judgments and decisions)
  - medical and/or health information
  - social/emotional needs
- Identify the student's level of educational performance using current data
- Identify the student's area(s) of strength
- Identify area(s) of exceptionality (deficit)
- Stated in positive terms
- Describe current academic and functional performance
  - Initial Evaluation/Individual Evaluation
  - Recent student performance on state and district wide assessments
  - Universal Screening Data
  - Progress Monitoring Data (e.g. academics, behavior logs, checklists, progress toward previous IEP goals)
- Specifically describe the impact of the exceptional area on mastery of core content standards (i.e. If the student has a **Specific learning disability** in the area of math, the statement should reflect how the student's progress toward grade level standards in the relevant area(s) is impacted).
- All areas assessed must be reported on the PLEP
  - academic achievement, functional performance and learning characteristics
  - **social development**
  - physical development
  - management needs

Without proper PLEPs, the IEP team **cannot** develop appropriate goals and/or accommodations, or select an appropriate program for the student.

#### **Six Steps to Writing a Sound PLEP**

1. Bring current data to the IEP meeting

2. Be very specific and make sure it is an accurate reflection on how a student functions consistently, not on a particular day (show a pattern)
3. Review current test scores, progress monitoring, and evaluation results prior to the meeting
4. Ensure understanding of the student's specific needs and current functioning levels
5. Write in positive terms
6. Use the "stranger test" to assess PLEP.

**PLEP statements should answer these questions:**

- What are the student's unique needs that result from his or her exceptionality?
- What are the student's current abilities?
- What are the student's strengths in this area?
- How do these needs affect the student's participation and progress in the general curriculum or, for a preschool student, participation in early childhood appropriate activities?
- What are the parents' concerns for the education of their child?
- What instructional and/or behavioral supports or services have been effective or ineffective in addressing the deficit area in the past year?
- What accommodations and/or program **modifications** or supplementary aids and services have been effective or ineffective in addressing the area of deficit in the past year?
- What instructional supports and services will likely be supported and used by the student?
- In order to close the achievement gap, what prerequisite skills/ knowledge does the student need between his/her present levels of educational performance and the grade-level standards?
- What pre-requisite skills are needed to be at mastery to demonstrate proficiency on assessed state indicators?

**Component 4.3 Exceptionality and Impact on Grade Level Standards**

All areas assessed should be addressed and a determination made as to whether the student's level of mastery for that specific area is exceptional or not exceptional on the IEP.

For the IEP following the initial evaluation or reevaluation, the areas assessed should be recorded and a "yes" for exceptional or a "no" for age appropriate/not exceptional should be indicated on the IEP.

For the IEP following the annual review, the present levels of educational performance should reflect current progress monitoring data related to IEP goals. The progress monitoring information can be used to evaluate level of performance as well as rate of progress to determine if a student continues to be exceptional in the identified area. If no area of exceptionality exists, then a full evaluation should be completed in order to determine if a student continues to qualify for special education.

If an area is exceptional, a statement should be made regarding the impact on mastery of grade level standards. Linking the area of exceptionality to grade-level standards is necessary to help determine the impact.

*Example: Jill's deficit in the area of math calculation will significantly impact her ability to understand and apply skills in mathematics and science grade level content.*

## Component 4.4 Examples of Present Levels of Educational Performance (PLEPs)

### Associated Deficits of Autism (For full IEP, refer to Appendix Example A)

**Occupational Therapy Evaluation :** Gina presents with right hand dominance. She holds a writing tool using a lateral quadrupod grasp (index, middle finger, and thumb rest on the writing tool). Her thumb web space is partially collapsed and she does best when using a pencil grip that supports finger placement with a tactile cue for improved grasp. Gina is able to legibly form all upper case letters and has occasional difficulty forming some lower case letters (g/y). She has **motor planning** difficulties that impact writing, acquisition of novel **fine motor** tasks, and can cause frustration and occasional difficulty maintaining pace. Gina is sometimes a perfectionist with her writing and she may become frustrated when her intended output does not match how she visualizes the task to occur. Gina continues to work on placing letters between the writing lines and accurate spacing when composing sentences. Students in the 3rd grade typically copy handwriting at a rate of 7-10 words per minute. Gina's rate of 4 words per minute is significantly lower than what is expected. When typing, Gina demonstrated a fair knowledge of letter placement and showed good skills in editing mistakes. Her typing speed is somewhat faster at 5-6 words per minute (copying), but she is still not able to work at the same rate as her peers on any task requiring writing. *Exceptional: Yes*

**OT Evaluation: Sensory Processing Measure:** Gina's need for sensory movement interferes with her ability to follow directions and complete tasks independently throughout her school day in all settings. She has a **sensory diet** that is part of her daily routine and is incorporated into her visual schedule. She is a sensory seeker (**vestibular**, proprioceptive, tactile, auditory, visual). She uses a variety of sensory tools and strategies such as a weighted and pressure vest, fidgets, alternative seating, wiggle cushion, and engages in heavy work/sensory movement breaks throughout the day. *Exceptional: Yes*

**Pre-Vocational Checklist:** Gina sometimes does not follow directions given during large group instruction without additional prompting. She also has trouble seeing non-preferred tasks through to completion. The assessment data in the area of **receptive language** indicates that she does understand the directions; however, her behavior pattern is to not follow them. These behaviors make it difficult for her to participate independently in both structured (instructional) and unstructured (social and play) activities. *Exceptional: Yes*

**Vineland Adaptive Behavior Scale:** Gina's **adaptive behavior** scored in the significantly delayed range in the areas related to **problem solving**, seeking assistance, and **emotional regulation**. When Gina gets excited or upset she is often difficult to understand and frequently reacts by yelling, using inappropriate language, or destroying her work. During these times, she often requires additional staff assistance to calm down. Once escalated, she is removed from the setting of instruction. Each time she is removed, she misses instruction which is difficult for her to make up quickly. *Exceptional: Yes*

**TRIAD Social Skills Assessment-Social Conversation:** Gina has been observed struggling to initiate conversation for the purpose of play, seeking help, and social enjoyment with peers. This impacts her opportunities to participate with her peers in class. *Exceptional: Yes*

**TRIAD Social Skills Assessment-Emotional Expression:** Gina has been observed using inappropriate

language and destroying her materials instead of labeling the emotion she is feeling and requesting the necessary help, which has negatively impacted her mastery of grade-level standards. *Exceptional: Yes*

**Woodcock Johnson III Tests of Achievement (WJ-Ach III) Math:** Gina scored in the average range for math calculation and math reasoning subtests. Her calculation and math fluency skills are average for her age and grade level. She is quickly able to identify the correct operation for applied problems. Gina participates fully within general education math instruction. *Exceptional: No*

**Woodcock Johnson III Tests of Achievement (WJ-Ach III) Reading:** Gina's basic reading skills were in the average range, but her performance on the **reading comprehension** tasks of this assessment was in the limited range. While she excelled with **decoding** tasks, she had difficulty completing the story recall and passage comprehension subtests. This will make it difficult for Gina to access any information within the curriculum presented in a written format. Gina's need will be addressed in reading intervention within general education. *Exceptional: No*

**Woodcock Johnson III Tests of Achievement (WJ-Ach III) Writing:** Gina performed in the average range for basic writing skills, but her scores for written expression fell within the limited range. Gina excelled at the spelling subtest but struggled with the writing sample tasks, which negatively affect her ability to master standards in a variety of classes. Gina's need will be addressed in writing intervention within general education. *Exceptional: No*

**PPVT-4:** Gina scored a 77 on this assessment. This score is below average for her age. The average score for this assessment is 100. Gina exhibited difficulty with labeling and identifying pictures and objects, when named, from a set of 4 pictures. This makes it difficult for Gina to understand both oral and written instruction, as well as to share her learning and knowledge with others. *Exceptional: Yes*

#### **Clinical Evaluation of Language Fundamentals - 4th Edition (CELF-4)**

Core Language: 74

Concepts and Following Directions: 80

Recalling Sentences: 70

Formulated Sentences: 68

Receptive Word Classes: 83

Expressive Word Classes: 76

Expressive Vocabulary: 66

Understanding spoken paragraphs: 80

Gina's score of 74 in core language falls below the average range for a student her age. Areas of strength include: following directions, comprehension of oral materials, and receptive word classes (identifying 2 things that relate). Her areas of weakness include: expressive vocabulary, formulating sentences, and repeating sentences. Difficulties with expressive vocabulary and formulating sentences may hinder her progress when she is answering questions in class (using appropriate sentence structure/vocabulary) and applying new vocabulary during learning exercises/activities and on tests.

**Arizona Articulation Proficiency Scale:** Gina's standard score of 87 falls within the average range for a child her age; however, intelligibility is reduced during conversational speech, which justifies direct instruction in this area. Gina exhibits the phonological process of fronting, where she produces sounds that should be produced in the back of the mouth /g,k/ in the front of her mouth using /d,t/. This can

affect her in the classroom when communicating with peers and adults and in written activities in class where she may spell the word as she says it. *Exceptional: Yes*

### **Associated Deficits of Deafness (For full IEP, refer to Appendix Example B)**

**Audiological Evaluation:** Donna received a cochlear implant in RIGHT ear (10-19-2009) and cochlear implant in LEFT ear (12-8-2010). Donna responds to sound in the lower limits of normal in both ears with her cochlear implants on. She takes ownership of her implants. She is making a lot of progress when following directions containing two critical elements but still struggles when directions are provided within a noisy setting, such as when multiple students are talking or working in pairs within the classroom. *Exceptional: Yes*

**Speech/Language Observation Hearing:** Donna can discriminate words with manner contrasts with 85% **accuracy**, words with place contrasts with close to 90% **accuracy**, and voicing contrasts with 80% **accuracy**. This is an improvement from last year and will assist her in articulation and communication within social and academic settings. However, she can still find it difficult to discriminate between words at a pace that allows full mastery of grade-level standards. *Exceptional: Yes*

**Speech/Language Observation Language:** Donna knows many basic qualitative and quantitative concepts. On most days she is able to sequence pictures with close to 100% **accuracy**. She is able to answer comprehension questions about a story of interest read/signed to her with approximately 60% **accuracy**. Story recall is very difficult. She needs prompts to retell any details. This negatively affects her mastery of all standards that require remembering information from a text. Her use of oral language has decreased as her use of sign language has increased. With oral language she has errors with syntax and morphology (including the use of plurals, possessives, pronouns, and verb tenses). *Exceptional: Yes*

**Speech/Language Observation Speech:** Donna's use of oral speech has decreased. She uses speech along with sign, but her speech is often imprecise and not clear. When asked to voice, she is hesitant and sometimes responds that she doesn't know how. Her speech skills are preventing her from actively participating in all instructional settings. Donna is able to use /p, b, m, n, t, d, f/ with few errors. She has more errors with /k, g, s, v/ final consonant production, and /s/ clusters. *Exceptional: Yes*

**Brigance Diagnostic Comprehensive Inventory of Basic Skills–Revised (CIBS-R) Reading:** Donna scored a standard score of 81 in reading which is below average. She is struggling most with **decoding** and phonics. For reading she successfully decodes or when assistance is given in **decoding**, she is able to understand the passage at a level commensurate with peers. The area of deficit is in phonics and **decoding** which negatively impacts her each time instruction requires reading. *Exceptional: Yes*

**KeyMath-Revised:** Donna's math skills were determined to be in the average range with a score of 97. Within the general education classroom, she is on grade level within math and it is a relative strength for her. *Exceptional: No*

**Pre-Vocational Checklist:** Donna is able to run errands in the building on her own but has trouble following the rules of the classroom and initiating appropriate activities during less tightly structured time when given options. She has had difficulty keeping her hands to herself but has shown improvement in the last month. She needs to be moved to a location to work independently and safely during her behaviors, which negatively affects her ability to access and master grade-level standards.

*Exceptional: Yes*

#### **Associated Deficits of Developmental Delay (For full IEP, refer to Appendix Example C)**

**Pre-vocational Checklist:** Tony is usually ready for school and transitions well; however, he struggles to follow directions, complete work independently, and work with others. These make it difficult for him to successfully work in collaborative peer groups and cause him to often not complete his work within the core instruction. *Exceptional: Yes*

**Test of Early Reading Ability- Third Edition (TERA-3):** Tony scored a standard score of 74 on the TERA-3 which is significantly below average. He was able to identify common signs and labels, particularly those related to favorite foods. Identification of letters and their sounds is a struggle. Also, discriminating between letters was difficult for him when considering lower case letter. These are the core focus skills of his general education and it is difficult for him to master grade-level standards as he is still working on these foundational reading skills. *Exceptional: Yes*

**Test of Early Mathematics Ability- Third Edition (TEMA-3):** Tony scored a standard score of 64 in the area of math. At this time, he was able to identify only three numbers. He can only count up to 2 objects consistently and was not able to compare items. This makes it difficult for him to master grade-level standards as these are foundational math skills. His strength is completing activities that require matching. *Exceptional: Yes*

#### **Associated Deficits of Emotional Disturbance (For full IEP, refer to Appendix Example D)**

**Behavior Tracking Form:** Tracking of Cam's behavior using his daily behavior track sheets developed in conjunction with his BIP indicate that working with peers or in larger group settings remains an area of deficit for him. He becomes aggressive both verbally and physically to peers and the teacher when frustrated. Also, once he reaches this level of escalation, he is reticent in returning to the setting and appears to be embarrassed so reentry needs to be a thoughtful, well planned process. These behaviors cause him to miss core instruction or receive his core instruction in another setting often and are negatively impacting his progress toward mastery of standards. *Exceptional: Yes*

**Student Transition Questionnaire:** Cam showed an interest in business administration or social services. However, he was reluctant in participating in this survey so career exploration should continue. Without accurate and full participation, he will not have a transition plan that provides the support and services he will need to be successful post-secondary. *Exceptional: Yes*

#### **Associated Deficits of Intellectual Disability (For full IEP, refer to Appendix Example E)**

**Transition Checklist:** Delia's strengths are a willingness to take directions and getting along with others. Her weaknesses are being aware of **health and safety** issues and working independently. Delia has expressed an interest in working with animals. *Exceptional: Yes*

#### **Woodcock-Johnson III Normative Update Tests of Achievement (WJ-III NU Ach) Subtest Passage**

**Comprehension:** Although her **decoding** and fluency skills have improved one half year, the results of Delia's Passage Comprehension test confirm that she is significantly below grade level in the area of **reading comprehension**. Her Standard Score (SS) is 62 and her GE (grade equivalent) is 4.2. She requires

accommodations and additional instructional supports to be successful in the general education classroom throughout the day, as reading and learning from reading are a large part of core instruction at the high school level. *Exceptional: Yes*

**Woodcock-Johnson III Normative Update Tests of Achievement (WJ-III NU Ach) Subtest Math**

**Calculation:** Delia is working significantly below grade level in the area of math calculation. Her standard score has increased from 65 to 70 and her GE (grade equivalent) increased from 4.5 to 5. She is able to compute basic facts but is not yet able to compute multi-step calculations or calculate fractions and decimals (other than money) successfully. This negatively impacts her mastery of grade-level standards, as she is working on foundational math skills. *Exceptional: Yes*

**Woodcock-Johnson III Normative Update Tests of Achievement (WJ-III NU Ach) Subtest Math**

**Reasoning:** Delia is significantly below grade level in this area. Her SS score is 60 with a GE (grade equivalent) of 4. Delia is not able to reason through what information is needed, what is not, and how to use the information given to calculate an answer. She still requires visual and verbal prompts in the area of math reasoning. This negatively impacts her mastery of grade-level standards, as she is working on foundational math skills. *Exceptional: Yes*

**Woodcock-Johnson III Normative Update Tests of Achievement (WJ-III NU Ach) Subtest Word**

**Identification:** Delia's score in the area of word identification indicates improvement. Her standard score increased from 60 to 65 and her Grade equivalent scores increased from 4 to 4.6. Delia is able to read many words by sight or with minimal **decoding**. She struggles with longer, unfamiliar words out of context. However, she is still significantly behind her grade level peers to a degree that negatively impacts her mastery of grade-level standards in all content instruction, as reading is required in all core areas. *Exceptional: Yes*

**Adaptive Behavior Inventory (ABI) Subtest Adaptive Skills:** Two of Delia's teachers evaluated her adaptive behaviors compared to another student of the same age. Delia's oral communication skills, self-care, social, leisure and school/**home living** skills are all close to that expected of her same age peers. She is able to independently find her classes. She knows the day of the week and can write her name and address. She can use a calculator for basic **problem solving** and can make small purchases independently. She will follow safety rules if she understands them. She can name five occupations, but cannot fill out an application independently. Her work skills need improvement as she gets easily distracted, but never argues when she is corrected. She does not attempt difficult tasks without prompting. Her struggles with reading and writing keep her from writing letters, completing an application or short response task, reading the newspaper, or using resources like dictionaries, and accessing the core instruction. *Exceptional: Yes*

**Associated Deficits of Intellectually Gifted (For full IEP, refer to Appendix Example F)**

**Kaufman Assessment Battery for Children, 2nd Edition (KABC-II):** Larry was administered the KABC-II and obtained an FCI score of 132. This is in the above average range. His strengths were in the areas of Verbal Knowledge and Riddles. *Exceptional: Cognitive ability considered*

**TCAP Achievement Test:** Larry participated in the TCAP with grade level peers without accommodations or a different setting. He scored: reading 95%ile, math 90%ile, science 74%ile, and social studies 66%ile. Larry earned advanced scores in all areas tested. Given his eligibility of giftedness, his skills negatively

impact him within the general education standards framework, as it cannot meet his needs for higher level thinking and knowledge. *Exceptional: Yes*

**Tennessee Creative Thinking Rating Scale (TnCreat):** Larry scored 46 points on the Creative Thinking Checklist (TnCreat), which is a teacher observation of creativity as seen in the classroom. The classroom teacher noted that Larry easily adapts to new situations and quickly sees innovative relationships among seemingly unrelated objects, ideas, or facts. Given his eligibility of giftedness, his skills negatively impact him within the general education standards framework as it cannot meet his needs for higher level thinking and knowledge. *Exceptional: Yes*

**Tennessee Teacher Observation Checklist Plus (TnTOC+):** Larry scored 15 points on the Teacher Observation Checklist (TnTOC). The classroom teacher indicated that Larry is curious and often asks thoughtful, searching questions, displays a strong sense of justice and fairness, and shows an advanced rate of learning in the regular classroom. Given his eligibility of giftedness, his skills negatively impact him within the general education standards framework, as it cannot meet his needs for higher level thinking and knowledge. *Exceptional: Yes*

**Tennessee Parent Information Form (TnPIF):** The parent rating and concerns show that Larry is highly creative but struggles with turning in completed assignments. He enjoys math and science and loves to play with Legos and Magformers. *Exceptional: Yes*

#### **Associated Deficits of Orthopedic Impairment For full IEP, refer to Appendix Example G)**

**Beery VMI 6<sup>th</sup> Edition Motor Coordination:** Marna's handwritten short responses are legible, but her efforts are labored due to **fine motor** coordination difficulties and delays in information processing. Handwriting: copying 6 - 7 words per minute (4th grade norm = 12-14); composing 3-4 words per minute (4th grade norm = 4-5). With decreased handwriting efficiency Marna often expresses frustration, through crying, when she has not expressed her own ideas fully. This school year, Marna moved to assistive technology to produce 70 % of her written work. She uses a touch screen tablet with word prediction typing 10 words per minute (norm grade 4 = 14 WPM) with few errors. As she has gained confidence and skill with **accuracy** on the Qerty keyboard on the touch screen technology, Marna's writings have matured with increased vocabulary, sentence structure, and length of paragraphs. However, her motor skills still negatively impact her mastery of grade-level standards on all tasks that require written expression. *Exceptional: Yes*

**Beery VMI 6<sup>th</sup> Edition Visual Motor Integration:** Marna received a standard score of 93, which is average for her a student her age. She did not demonstrate a deficit in visual perception. She understood how to successfully cross a **midline** and demonstrated awareness of body space location as well as location relative to objects. *Exceptional: No*

**School Functional Assessment (Criterion Referenced Kk-6th Grade):** Participation Scales: Marna's subcategory scores are as follows: Participation in the Regular Education Classroom- 5/6; Recess- 5/6; Transportation- 5/6; Toileting- 2/6; Transitions- 6/6; Mealtime- 4/6. Marna self-propels her manual wheelchair through the learning environment where the surface is paved or smooth. In the classroom, she maneuvers her wheelchair to her wheelchair accessible desk table situated among the rows of desks. Her desk is positioned near the front and on the outer aisle. Marna manages her materials with peer support to retrieve items from her backpack on her wheelchair or from the classroom bookshelf. In

the cafeteria, Marna has a buddy system whereby she selects from the menu, carrying the closed container items for herself and a friend while the friend carries the open plate items. Marna sits with peers, at the end of the cafeteria table. Marna rides the bus with a lift. She participates in PE from her wheelchair. Last semester, she passed and dribbled the ball, performed upper body and trunk exercises with the class, participated in relay activities, and completed the rhythmic dance unit. The class evacuation routes include easy access for the wheelchair in this one level school. Marna can bump up and down curbs independently. She accesses her cubby with occasional peer assistance. Marna is beginning to take ownership of her catheterization routine by reminding her teacher that it is time to go to the nurse. The nurse reminds Marna as necessary. She does have difficulty accessing the instruction when the room becomes cluttered; she is in a tight space requiring a 3-4 point turn, or in carrying materials or lunch from one space to another independently. *Exceptional: Yes*

### **Associated Deficits of Other - Health Impairments (For full IEP, refer to Appendix Example H)**

**BASC-2 Behavioral & Emotional Screening (BASC-2 BESS):** Piper scored a standard score of 76 with an outlier of 53 on study skills. Her other area of concern was inattention. The outlier impacted the other scores which were in the mid to high 80s, so although her overall score was 76, study skills and inattention are the two areas that need to be addressed. These two areas negatively impact her in all content areas in actively participating and learning for extended periods of time and in her homework and independent learning. Her strength is **social skills** with a standard score of 93. These scores are a reflection of what was observed within the classroom setting. *Exceptional: Yes*

**Stanford Achievement Test Series, Tenth Edition (Stanford 10):** Piper scored a standard score of 96 for general math. The area of math reasoning was her weakness with a standard score of 89, but when given the prompt to slow down, she performed better. The errors she made were related to her finding the information within her work, not whether or not she could compute it correctly. This impacts her in daily instruction, homework, assessments, and math application in her Algebra coursework. *Exceptional: No*

### **Associated Deficits of Specific Learning Disability in Reading (For full IEP, refer to Appendix Example I)**

**Pre-Vocational Checklist:** Several of Susan's teachers completed the pre-vocational checklist on Susan. There were no significant areas of deficit. She comes to class prepared with materials, participates appropriately and gets along well with her peers. *Exceptional: No*

**Test of Silent Word Reading Fluency (TOSWRF):** In looking at Susan's protocol, it appears that she worked very slowly. She managed to divide 45 words on the form, but made 10 errors. Her descriptive rating indicated that she fell within the below average range placing her at the 13th percentile. Based on expected third grade norms, Susan is significantly behind for her current grade level. This negatively impacts her mastery of grade-level standards throughout all content areas as third grade is the year instruction switches from learning to read to reading to learn. *Exceptional: Yes*

**Curriculum-Based Measure:** Given a 1 minute 3rd grade fluency test, Susan accurately sounded 42 letters. This represents the 45th percentile according to winter norms. **Word Identification Fluency-** Susan identified 6 words from the CBM third grade word list in one minute. This represents the 10th percentile according to winter norms. **Reading Fluency-** Given a 1 minute grade level passage, Susan read 25 words correctly with 11 errors. This is significantly below the 10th percentile according to winter

norms. Susan is significantly behind grade level average compared to her third grade peers in word identification fluency and reading fluency and her mastery of grade-level standards will be negatively impacted in content instruction in all subject areas. *Exceptional: Yes*

**Brigance Diagnostic Comprehensive Inventory of Basic Skills–Revised (CIBS-R) Word recognition grade placement:** When presented with a list of 10 words commonly introduced in basal reading texts, Susan read and pronounced 10 words out of 10 words in the first grade level, 6 out of 10 on the second grade, and only 2 of 10 on the 3rd grade passage. **Reading Comprehension-** Susan read a group of passages quietly on her own and scored 100% **accuracy** on comprehension at the late 1st grade level. Errors were random. Susan is currently in the 3rd grade. Her assessment results indicate she is significantly behind grade level in comparison to the average of her peers and her low reading skills will negatively impact her mastery of grade-level standards in all content areas that require reading. *Exceptional: Yes*

**Woodcock Johnson III Tests of Achievement (WJ-Ach III):** When compared to others at her grade level, Susan scored well below her peers. Her standard score in letter-word identification is 84 which is at the 16th percentile. Due to weak phonetic abilities, Susan's **reading comprehension** scores were also significantly impaired. Her standard score was 85 which was at the 15th percentile, and she had a reading fluency standard score of 81 at the 15th percentile as well. She has not mastered any of the phonemic rules needed to help her decode words, and reads in a slow, laborious manner stumbling over her words. This has a significant negative effect on her independent access to and master of grade-level standards. *Exceptional: Yes*

#### **Associated Deficits of Specific Learning Disability in Math (For full IEP, refer to Appendix Example J)**

**KeyMath-Revised (KeyMath):** Matt was assessed following continuing concerns in math even with Tier III, small group intervention support. He scored a standard score of 80, which is below average. He is struggling with concepts of addition and making and dividing groups. He is able to rote count and count objects using one-to-one. He is significantly below his peers and it negatively impacts his mastery of grade-level standards. *Exceptional: Yes*

**KeyMath-Revised (KeyMath):** Matt was assessed following continuing concerns in math even with Tier III, small group intervention support. Matt scored a standard score of 86 on the **problem solving** portion of the assessment. He is able to read through the information and determine what the problem is, but he struggles to work through how to solve the problem. *Exceptional: Yes*

**Curriculum-Based Measure—Math Computation:** Matt is currently working on math calculation within small group direct instruction as well as within the general education. He is working on adding numbers 1-9 and subtraction for numbers 1-5. He is making some progress but continues to be significantly behind a grade level which negatively impacts his mastery of grade-level math standards. *Exceptional: Yes*

**Curriculum-Based Measure--Concepts and Applications:** Matt is currently working on math **problem-solving** skills within small group, as well as within the general education classroom. He is making good progress in discerning the information and process of thinking through how to find an answer. He is able to figure out what the question is, what information he is given and what he needs but it still working on how calculate the needed information. This negatively impacts his progress grade-level math standards. *Exceptional: Yes*

### **Associated Deficits of Specific Learning Disability in Writing (For full IEP, refer to Appendix Example K)**

#### **Woodcock-Johnson III Normative Update Tests of Achievement (WJ-III NU Ach) Written Expression**

**Composite:** David scored a 60 on the written expression composite. He was able to recognize and apply rules of mechanics but was not able to develop a plan, stay on one topic, or vary his sentence structure. This impacts his ability to master grade-level standards as a great portion of the instruction in all content areas requires written communication. He is not adequately demonstrating his knowledge and understanding in his writing at this time. *Exceptional: Yes*

#### **Woodcock-Johnson III Normative Update Tests of Achievement (WJ-III NU Ach) Brief Reading:**

David was able to complete the reading assessment at a level commensurate with his age peers. He scored a 97 standard score which is within the average range. His data from the classroom confirms that this is accurate as he is able to access print and understands it as it relates to both fiction and non-fiction. *Exceptional: No*

#### **Woodcock-Johnson III Normative Update Tests of Achievement (WJ-III NU Ach) Brief Math**

This is David's areas of strength within the core curriculum. He scored a standard score of 100. He computes math calculations at a level expected within his grade level and is able to apply these skills to applied math problems. *Exceptional: No*

### **Associated Deficits of Speech Impairments (For full IEP, refer to Appendix Example L)**

**Goldman - Fristoe Test of Articulation - Second Edition (GFTA-2):** Jaxson was tested to determine the articulation concerns that he still needs to work on for this year. He is still working on the following sounds in all positions: /k, g, f, v, l, r, s/ and /m/ in the final position. These sound errors are negatively impacting Jaxson's writing when he uses phonetic spelling strategies. *Exceptional: Yes*

**Weiss Comprehensive Articulation Test (WCAT):** Jaxson was tested a year ago in articulation after observations within the classroom. He was aware of having trouble making the words "sound right" and needed reassurance that the test was only to help the teachers know how to help him say the words better, so he didn't need to worry. At that time, he struggled with consonant sounds in the final position, as well as /k, g, l, m, n, s, t, v, f, p, w, r/ in all positions. He was not able to mimic oral movements without a mirror but was willing to try in the small, one-on-one setting. He had just begun to risk phonetic spelling in his writing but still preferred to use sight words or words he had mastered. He has improved in articulation from last year, and the GFTA-2 will be given to determine his new level of need. Continued speech errors will negatively impact his writing and his oral participation within the classroom. *Exceptional: Yes*

### **Associated Deficits of Language Impairments (For full IEP, refer to Appendix Example M)**

**CELF-4 Receptive Language:** Lisa received a standard score of 80 in **receptive language** skills. This score falls below the average range for a child her age, yet does not meet criteria for a language impairment in **receptive language** (that would be 77 or below). Lisa's highest scores were on the subtests related to receptive vocabulary and receptive word classes. In class, her strengths in receptive vocabulary can be used to scaffold her use of expressive vocabulary. *Exceptional: No*

**CELF-4 Expressive Vocabulary:** Lisa received a standard score of 70 on the **expressive language** portion

of the CELF-4. This score falls more than one and a half standard deviations below the average range for a student her age. Lisa's strengths included: repeating sentences and expressive vocabulary. Lisa had the most difficulty with formulating sentences when given a single word. She used short, incomplete utterances (syntax) with incorrect grammar (morphology). These areas of difficulty may hinder her ability to express herself in the classroom during the following times: answering comprehension questions (verbally or written), completing grammar-based assignments, and communicating effectively at age level with teachers and peers. Exceptional: Yes

#### **Associated Deficits of Traumatic Brain Injury (For full IEP, refer to Appendix Example N)**

**Comprehensive Test of Phonological Processing (CTOPP) Phonological Awareness:** Janin is able to read sight words and sound out unfamiliar words. Consonant blends are difficult. Janin is able to segment words in sentences, distinguish syllables in words, and blend, segment, sequence, and manipulate each sound within spoken words. Janin's Phonological Awareness Composite score of 42 is considered higher than 32% of other children her age. This score falls in the low range and is indicative of a processing deficit in this area. Due to Janin's current skill deficit in reading, her ability to master grade-level standards in all content areas is adversely affected because all content areas require reading.

*Exceptional: Yes*

**Comprehensive Test of Phonological Processing (CTOPP) Nonword Repetition:** Janin stumbled on the skills presented in this assessment. She needed additional time to remember to connect phonetic sounds and remember site words. This was one of the most difficult tasks for her. The tasks are foundational to reading. Given Janin's phonological processing deficit, reading will be difficult which, in turn, negatively impacts her mastery of grade-level standards in all content instruction. *Exceptional: Yes*

**Comprehensive Test of Phonological Processing (CTOPP) Rapid Letter Naming:** Janin's reading fluency is affected by recognition of letters, cues needed, and a slower processing speed. Janin's Rapid Naming Composite Score of 48 is considered the same as or slightly higher than 26% of children her age. This score falls in the below normal range and is indicative of a processing deficit in this area. The tasks are foundational to reading. Given Janin's phonological processing deficit, reading will be difficult which, in turn, negatively impacts her mastery of grade-level standards in all content instruction. *Exceptional: Yes*

**Wide Range Achievement Test-Fourth Edition (WRAT-4) Word Reading:** Janin was assessed with the WRAT in the area of Word Reading in which she was able to recognize and was fluent to the grade equivalency of 3.3. Sight **word recognition** is a difficult skill for her and impacts her reading fluency. She struggles within the general education content instruction as each subject requires reading skills for researching, learning new information, and homework. *Exceptional: Yes*

**Wide Range Achievement Test-Fourth Edition (WRAT-4) Sentence Comprehension:** Janin is at the 3.4 grade level equivalency for sentence comprehension. She is currently in the fifth grade, placing her one and a half years behind her peers. This affects her independent reading in the classroom. *Exceptional: Yes*

**Wide Range Achievement Test-Fourth Edition (WRAT-4) Math Computation:** Janin struggled with remembering rules within math computation and needed additional time to identify and count numbers. Janin struggles with multi-step written math problems. Grade equivalency was 3.2, and she is currently in fifth grade. She is significantly behind compared to her peers. These skill deficits negatively

impact her mastery of grade-level math standards. *Exceptional: Yes*

**Adaptive Behavior Assessment System, 2nd ABAS:** Janin's **adaptive behavior** score is 74. She receives prompts to stay on task since she is easily distracted. Visual cues assist her in remembering the steps in computation of math problems. Additional time needed allowing her to recall words and process information. Janin was able to stay on task for 12 minutes with a study carrel during independent work time and during large group sessions, and for a period of 23 minutes with 6 verbal prompts given as support and 2 nonverbal. This is adversely impacting her mastery of grade-level standards as core instruction occurs in longer blocks of time. Her **self-help** skills are age appropriate, including her ability to feed, dress and clean herself as reported by parents. *Exceptional: Yes*

**Pre-vocational/Vocational:** Janin uses an organizer, timer, visual and verbal prompts to assist with focus, and an assignment book and study carrel to limit distractions. She has improved in her focus since the bike accident. However, she is still not able to focus for the length of time expected of her same-age peers. This is adversely impacting her mastery of grade-level standards, as she is not attending to all of the instruction. Remembering to use her cues to assist her with staying on task and schedule remains a challenge for Janin. *Exceptional: Yes*

#### **Associated Deficits of Visual Impairment (For full IEP, refer to Appendix Example O)**

**Ophthalmology Examination:** Dr. Henry Davis's eye report, dated 3/23/12 restricted Kim from physical activity through 4/23/12 due to recovery from a second surgery for a corneal implant and retinal detachment repair. Treatment includes follow up by a local ophthalmologist. *Exceptional: Yes*

**Functional Vision Assessment (FVA):** Kim's eligibility documents include a summary of her eye reports and observation of her visual behaviors, since she has experienced a reduction in her vision. She has no vision in her right eye and has some vision in the extreme left field of her left eye. She is able to indicate when a person or object is positioned to her left. She can no longer see color or any details at any distance (near or distant). *Exceptional: Yes*

**Orientation & Mobility Evaluation (TSB Outreach Program):** Kim can demonstrate diagonal technique with her cane. She knows the correct procedure to open a door and recognize drop offs/obstacles with her cane. She is trailing using her hand correctly and demonstrates the squaring off technique in context. Kim takes her cane home but does not use it daily in a functional setting after she leaves school. She needs additional instruction on descending/ascending steps and in upper and lower protection. *Exceptional: Yes*

**Orientation & Mobility Evaluation (TSB Outreach Program):** Kimberly is immature in her **body awareness** and gross motor movement. She knows the names and function of all body parts but still needs modeling to move her body in the requested manner. She participates in PE class with adult assistance and monitoring. She can run up to 8 minutes with a human guide, jump rope slowly, catch a dropped ball and dribble a ball. She has a modified skip that is more of a gallop and skip hybrid. She is participating in movements that require balance and strength including yoga and gymnastics. Kimberly prefers to make movement, unstructured, or loosely structured class times a social event. *Exceptional: Yes*

**Pre-Vocational Behavior Checklist:** Kimberly performs 40% of the job skills satisfactorily, 75% of

attendance/punctuality satisfactorily, and 88% of interpersonal skills satisfactorily. She uses simple tools typically used by students with blindness appropriately. She stays on task with minimal prompting. Kim does take advantage of center time and prefers to use it as a social event. She can recite the date and time to the half hour. She has great **social skills**, but needs some instruction in maintaining personal space when interacting with others, especially with "new people." Kim needs to learn to keep her mouth and face clean during meals. She needs to wash her hands thoroughly and learn how to comb/groom her hair. These are skills that will assist her in building positive social relationships with her peers. *Exceptional: Yes*

**Assessment of Braille Literacy Skills (ABLS) Subtest: Emergent Literacy's Discrimination Skills and Unique Features of Braille Readiness:** Applied Skills-85%, Tracking Lines- 86%; Emergent Literacy Indicators: Reading 83%; Writing 100%; Kimberly is well on track to becoming a Braille reader and writer. **Subtest: Academic Literacy Reading Unique Features of Braille Reading:** Orientation to Braille Book- 68%; Placement of Braille Book -66%; Hand Movements- 33%; Tracking Patterns- 25%; Pictures- 33%. Kimberly is emerging in her reading skills related to Braille and the independence of tracking and book orientation. **Subtest: Grade Two Braille Oral Reading:** Kim can read 80/189 contractions and short form words (42%). **Subtest: Literary Braille Code Grade One Braille:** 100% for letters and numbers, 50% composition and signs. She has the basic identification skills required to become a reader. **Subtest: Academic Literacy Indicators Phase One and Two:** Kim reads 20 words on average. These skills are approximately one year behind her peers in the area of reading and writing is more impacted. This negatively impacts her mastery of grade-level skills as she is still at an emergent reader level. She is making progress in her reading and writing of Braille and it is an appropriate form of media for her. *Exceptional: Yes*

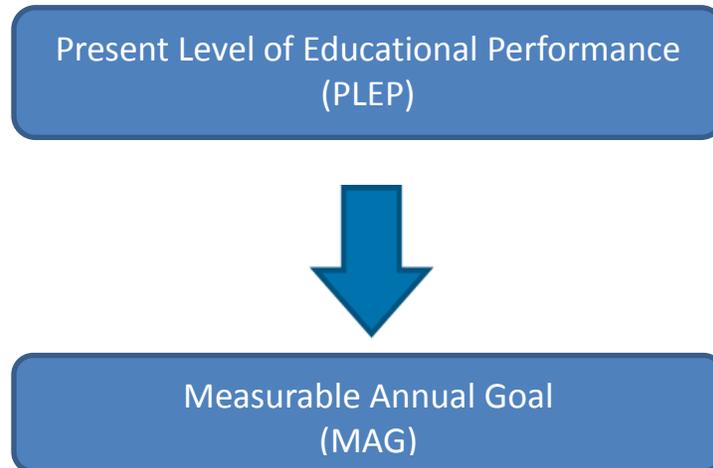
**Oregon Project:** Kim scored 97% on the 5-6 year old cognitive level testing. She can write letters from dictation, copy short words, give consonant sounds of selected letter, etc. She does not know her complete address and both parents' phone numbers. In regard to compensatory skills, Kim scored an 80%. She can track 3 lines of double spaced braille but not smoothly and she scrubs with her left index finger. This negatively impacts her in reading, but also in content areas that require reading as a part of the learning. Although in first grade most of the instruction in content is hands-on, the reading expectation will continue to increase with each year of school. In **fine motor** skills subtest, Kim is not making as much growth and remains at 64%. She can pinch things but is not refined in adjusting pressure on use of her fingers. *Exceptional: Yes*

**Assistive Technology Assessment:** Kim demonstrates emerging proficiency in the use of gesture based navigation skills to access a tablet computer. She has access to digital book reading applications on tablet computers and demonstrates emerging proficiency with the commands of swipe, single-tap select, and double-tap open for desired applications or books. Due to her blindness, Kim requires access to screen-reading options. She requires additional instruction and practice in gesture based navigation skills. *Exceptional: Yes*

## Component 5: Measurable Annual Goals

### Component 5.1 Development of Measurable Annual Goals Linked to Present Levels of Educational Performance (PLEP)

Measurable Annual Goals will address a student's specific area of need and will link to Present Levels of Educational Performance. Aligned interventions will build/enhance foundation or prerequisite skills and strategies needed to access the general education curriculum.



#### Measurable Annual Goals are as follows:

- the essence of the standard matched to individual needs and levels,
- the pathway to address skills acquisition, not the curriculum standard, that will enable the student to be involved and make progress in the general curriculum,
- based on the individual needs of a student that result from the associated deficits of the identified disability,
- directly linked to the exceptional area(s) of the PLEP,
- very specific, and including criteria for mastery,
- statements that use language parents and educators can understand - a detailed description of the skill, behavior, or knowledge the student will demonstrate and the extent to which it will be demonstrated,
- descriptions of what the student can reasonably be expected to accomplish in each area during a school year as a result of the provision of special education intervention and related services,
- guides for instruction and intervention,
- guides for monitoring progress on measurable goals that will determine if the interventions and services are effective,
- reflective of the bridge between where the student is currently performing and the skill acquisition gained through intervention that will close the gap,
- reflective of criteria for mastery, and of the measure used to determine progress toward goals.

Goals should not be a restatement of the general education curriculum (i.e. the same curriculum as for students without disabilities), or a list of everything the student is expected to learn in every curricular content area during the course of the school year or other areas not affected by the student’s disability.

When developing measurable goals, the IEP Team should select goals that answer these questions:

- What skills does the student need to master the content of the curriculum and close the gap identified in the deficit area?
- What prerequisite skills or knowledge does the student need in order to close the gap between his/her present levels of academic achievement and the grade-level standards?
- What skills are required to demonstrate proficiency on assessed state standards?
- What are the prerequisite skills required for mastery?

Measurable Annual Goals at a Glance					
Condition	Name	Clearly Defined Behavior	Performance Criteria		
Describe the situation (materials, settings, accommodations) in /with which the student will perform the behavior.	Student's Name	Describe behavior (what will she/he actually DO) in measurable, observable terms using stems from standards	The level (how well?) the student must demonstrate for mastery:	Number of times needed to demonstrate mastery (how consistently?)	Evaluation Schedule (how often?) and method, (how measured?)
Given...,	he she	will do this,	this well,	this many days/times,	as measured this often, using this.

Example Template:

Given \_\_\_\_\_ (condition/materials/setting/accommodation), \_\_\_\_\_ (student name) will \_\_\_\_\_ (do what / observable skill/behavior in functional terms), \_\_\_\_\_ (to what extent/how well to determine mastery), \_\_\_\_\_ (# of times/frequency/how consistently), by \_\_\_\_\_ (how often ) evaluated/determined by \_\_\_\_\_ (measure).

**\*Examples will be provided at the end of the component**

Measurable Annual Goals focus on the knowledge, skills, behaviors and strategies to address the student’s needs. (See Associated Deficits Chart in Component 4.1)

A student’s individual needs relate to skill domains such as, but not limited to, reading, writing, mathematics, listening comprehension, **oral expression, organization**, physical development, motor skill, **social skills**, visual perception, auditory perception, inattention, and behavior. The goals in a student’s IEP relate to the student’s individual need for specially designed instruction to address the student’s disability needs and those needs that interfere with the student’s ability to participate and progress in the general curriculum.

Goals <u>are</u>	Goals <u>are not</u>
essence of the standard	restatement of the standard
specific, skills	general concepts and ideas
individualized to the student’s needs	grade level
related to an individual student’s deficits	Focused on the disability label
directly related to that individual student’s PLEP	general grade level tutoring

**Consider these questions:**

- What skills does the student require to master the content of the curriculum?  
*rather than,*
- What curriculum content does the student need to master?

For example, a student may be performing very poorly on district writing assessments that require written expression. The IEP goal for this student should focus on developing written expression skills (e.g., using outlines or other strategies to organize sentences in paragraphs) rather than the curriculum goal that the student will write an essay about the development of modern technology.

**Component 5.2 Short-term Objectives for Students Who Are Assessed on an Alternate State Assessment**

IDEA 2004 reauthorization eliminated the requirement for benchmarks or short term objectives in IEPs other than the ones for students who take an alternate assessment. As of March 31, 2014, Tennessee no longer requires benchmarks or short-term objectives in IEPs, except for the students who take the alternate assessment.

For students who are assessed on an alternate state assessment, benchmarks or short term objectives are still required. The appropriately written measurable annual goals will define the skills the student will learn to access core instruction. For students on an alternate assessment, skills must include benchmarks or short-term objectives. Benchmarks address discrete skills and the interim steps and child will take to reach their goal. They may also serve as a measurement gauge to monitor a child’s progress toward the goal. The benchmarks or short term objectives must also be and follow the same format and guidelines as the goals including the condition, student behavior, criterion for mastery, and a measurement tool and schedule.

Short-term Objectives are	Short-term Objectives are not
skills that need to be directly taught	accommodations that are provided within the classroom
student behaviors that demonstrate understanding and application of skills	interventions or programs of curriculum
separate skills required to meet the goal	*just stair step approximations toward the goal
skills and behaviors that a student must master to achieve independence	isolated skills to access small group instruction

\*In some cases such as behavior or preschool, stair step approximations toward a goal are appropriate.

### Component 5.3 Examples of Measurable Annual Goals by Associated Deficit Areas:

#### Associated Deficits of Autism (For full IEP, refer to Appendix Example A)

**Fine Motor:** Provided with a word processor, Gina will type assignments requiring 2 or more sentences at a rate of 8 words per minute, using phonemic spelling and spacing by December 2014.

**Fine Motor:** Given a spacer and wide ruled paper, Gina will demonstrate legible handwriting for classroom assignments requiring 1-2 sentences with 90% of words correctly oriented on the lines and correct spacing during class time over 4 consecutive data days by December 2014.

**Adaptive Behavior:** Given supports such as modeled self-coping strategies, Gina will be able to select and independently use an appropriate coping strategy for 80% of the situations in which she shows signs of agitation or stress over a 3-week observation period.

**Social/Emotional Behavior:** Given a rubric describing and modeling appropriate conversations, Gina will initiate, maintain, and terminate conversations with peers for the purpose of play, seeking help, and social enjoyment with an average of 80% **accuracy** over 3 consecutive weeks across 2 or more settings as measured by a 5 point rubric.

**Social/Emotional Behavior:** Provided with an appropriate **self-monitoring** system, strategies and guidelines, Gina will use school-appropriate language to express her emotions and feelings, will express how she intends to cope with her emotions, and will correctly label the emotions of others with an average of 80% **accuracy** as specified in the mastery criteria of each objective.

**Pre-vocational:** Given one large group directive from a teacher or staff member, Gina will independently begin and complete an assigned task for 80% of applicable situations during a 3-week observation period as evaluated with a 5-point rubric.

**Speech:** Provided with sound articulation supports such as the use of tongue depressors and self-correcting strategies, Gina will produce /k,g/ in conversational speech with at least 80% **accuracy** over 3 consecutive sessions.

**Language:** Given detailed vocabulary with multiple definition representations such as student friendly definitions, illustrations, counter examples, and examples taught in language arts, Gina will expressively label at least 80% of target vocabulary every week through each 9 week cycle.

**Language:** Given detailed vocabulary taught in language arts with appropriate scaffolds such as graphic organizers, key ring supports, word walls, and multiple exposures to using vocabulary in content, Gina will receptively identify target vocabulary from a field of up to 7 vocabulary words with at least 80% **accuracy** every week over each 9 week cycle.

#### **Associated Deficits of Deafness (For full IEP, refer to Appendix Example B)**

**Speech:** Given unprompted conversation, Donna will produce /k, g, s blends/ in 3 word utterances with 90% **accuracy** in 3 of 5 consecutive observations of 5 minutes within one month.

**Speech:** Given a model and small group direct instruction setting, Donna will produce the final consonant sounds for 90% of words in 3 of 5 weekly probes.

**Language:** Given content language, Donna will demonstrate increased **expressive language** by defining the word including two characteristics for 90% of the words in 3 of 5 weekly probes.

**Language:** Given a picture description task, Donna will use 5 words, including at least one non-noun word to tell about a picture with no prompts, cues, or modeling with 80% **accuracy** in 3 of 5 consecutive weekly probes.

**Language:** Given conversation or instruction, picture cues, and models, Donna will produce a one sentence response with no syntax or morphological errors for 80% of responses within a 5 minute observation for 3 of 5 consecutive days.

**Social/Emotional Behavior:** Given a task or experience that is frustrating, confusing, or non-preferred, Donna will use her coping strategies with only one verbal prompt, to emotionally regulate and maintain safe hands, feet and quiet voice measured by her behavior log as participating in 90% of the instruction for 8 of 10 consecutive school days.

**Adaptive Behavior:** Given directions from an adult, Donna will comply with the directions with only one verbal prompt as measured by her behavior log as following directions for 90% of the day for 8 of 10 consecutive school days.

**Academics-Reading:** Given 2-4 letter words with only one vowel and no digraphs, Donna will decode the word using the phonetic strategies to break apart the word into sounds and then blend the sounds together so she can read 50 words per minute or 3 consecutive weekly probes.

### **Associated Deficits of Developmental Delay (For full IEP, refer to Appendix Example C)**

**Academics—Reading:** Given the 52 letters of the alphabet (26 upper case, 26 lower case), Tony will identify them with 85% **accuracy** of 4 consecutive weekly probes.

**Academics—Reading:** Given the 52 letters of the alphabet (26 upper case, 26 lower case), Tony will be able to say the most common sound made by that letter for 70% of the letters when the letter is correctly identified for him by the teacher or a peer, on 4 consecutive weekly probes.

**Academics—Math:** Given numbers 0-10, Tony will correctly identify the numbers with 80% **accuracy** on 4 consecutive school days.

**Academics—Math:** Given objects with a quantity of 10 or less, Tony will correctly count then using one-to-one correspondence with 90% **accuracy** on 4 of 5 consecutive school days.

**Adaptive Behavior:** Given a visual schedule and a timer, Tony will complete 4 of 5 assignments or tasks within the allotted time on 4 of 5 consecutive school days.

**Adaptive Behavior:** Given one-step directions, Tony will follow the direction within 2 minutes 90% of the opportunities as measured by a 15 minute behavior observation sample for 4 consecutive samples within 3 weeks.

### **Associated Deficits of Emotional Disturbance (For full IEP, refer to Appendix Example D)**

**Transition:** When frustrated, embarrassed, or increasing in **anxiety**, Cam will use his coping skills to regulate and maintain his behavior as measured by participation on his behavior log at a rate of 90% per week for 3 consecutive weeks.

**Social/Emotional Behavior:** When in the classroom, Cam will actively participate for 90% of the time as measured by a time-on-task sample as well as his behavior log for 90% of the time per week for 3 consecutive weeks.

**Social/Emotional Behavior:** When given small group work opportunities within the general education classroom, Cam will work with the group as measured by his behavior log for 70% of the opportunities per week or 3 consecutive weeks.

### **Associated Deficits of Intellectual Disability (For full IEP, refer to Appendix Example E)**

**Transition:** Given exploration of career options activates for at least 5 different careers, Delia will develop skills necessary to hold a part-time job at a level of "proficient" as measured on the work experience rubric by teacher observation and data collection on 80% of the work experience settings.

**Academics—Reading Decoding/Phonics:** Given a passage or story at a 6th grade reading level, Delia will read the passage at a rate of 75 words per minute with 95% **accuracy** on 4 consecutive weekly reading probes.

**Academics—Reading Comprehension:** Given a passage or story at a 6th grade level, Delia will answer comprehension questions, both implicit and explicit, with 80% **accuracy** on 3 consecutive reading probes.

**Academics—Math Calculation:** When given a mixed computation activity or assignment, Delia will use the correct operation to compute the answers with 80% **accuracy** on 4 of 5 consecutive activities or assignments.

**Academics—Math Problem Solving:** Given a math word problem or application scenario, Delia will determine what information she is given, what she needs to calculate, and what she is trying to solve as well as a plan for solving the problem for 80% of the scenarios on 4 of 5 consecutive opportunities.

**Adaptive Behavior:** Delia will demonstrate the ability to fill out an application, complete a short answer assignment and start and complete a challenging task with 90% **accuracy** as measured by teacher observation and data collection over 9 out of 10 consecutive school days.

#### **Associated Deficits of Intellectually Gifted (For full IEP, refer to Appendix Example F)**

**Academics—Reading:** Given a fiction and a non-fiction text about a centralized theme related to science and/or social studies, Larry will analyze the two texts for similarities and differences at an "advanced" level on a comprehension analysis rubric for 3 consecutive centralized themes.

**Academics—Math:** Given a mathematical rule (i.e. associative property), Larry will create and demonstrate a proof of the rule using pictures, graphics, items, or math computation for 5 math rules within the year.

#### **Associated Deficits of Orthopedic Impairment For full IEP, refer to Appendix Example G)**

**Fine Motor:** Utilizing adapted keyboarding technology and assignments that require a written response, Marna will type her responses using correct spelling or spell correction software at a rate of 15 words per minute on assignments requiring 2 or more sentences for 5 consecutive written assignments.

**Gross Motor:** Marna will navigate the school environment including, backing up, turning, maintaining control on downward slopes or surface changes, and while carrying objects within her lap to a degree that she is able to stay with her class for transitions and movement within the classroom for participation in learning opportunities at the same rate as her peers 90% of the time as measured by a peer comparison time sample measure completed two random times a week for 3 consecutive weeks.

**Medical/Physical Needs:** Given a digital clock and schedule, Marna will excuse herself from class to use the restroom with no prompting or reminder 9 of 10 consecutive school days.

**Adaptive Behavior:** Marna will manage books, materials, and personal belongings with independence including her lunch tray 80% of the day for 4 of 5 consecutive days over 2 weeks.

### **Associated Deficits of Other - Health Impairments (For full IEP, refer to Appendix Example H)**

**Academics (as impacted by the health issue):** Given a math assignment or assessment, Piper will organize her work using a model problem and graph paper to complete 80% of the problems correctly on 4 of 5 weekly probes.

**Transition:** Given instructional lectures and activities, Piper will remain on task 75% of the time as measured by a time on task probe randomly occurring each week for 4 consecutive weeks.

### **Associated Deficits of Specific Learning Disability in Reading (For full IEP, refer to Appendix Example I)**

**Academics:** Given a second grade reading level passage, Susan will read aloud fluently at a rate of 90 words per minute with appropriate intonation and expression and 5 errors or less (excluding self-corrections) in 4 of 5 weekly trials as measured by teacher running record.

**Academics:** Given 15 multisyllabic words, Susan will correctly read the words in a manner that sounds like normal speech scoring 13 out of 15 words read correctly as measured by weekly teacher-charted records for 3 consecutive weeks.

### **Associated Deficits of Specific Learning Disability in Math (For full IEP, refer to Appendix Example J)**

**Academics:** Given addition computation of single digits, 0-9, Matt will add the numbers with 95% **accuracy** using manipulatives, a number line, or other strategy for 3 consecutive weekly assessments.

**Academics:** Given subtraction computation of single digits, 0-9, Matt will subtract the numbers with 95% **accuracy** using manipulatives, a number line, or other strategy for 3 consecutive weekly assessments.

**Academics:** Given a math scenario or word problem, Matt will solve the problem for an answer using manipulatives, number line, or other strategy with 90% **accuracy** on 3 consecutive weekly probes.

### **Associated Deficits of Specific Learning Disability in Writing (For full IEP, refer to Appendix Example K)**

**Academics:** Given a graphic organizer, David will plan a writing piece that includes 5 details about a topic or prompt for 5 consecutive opportunities.

**Academics:** Given a complete graphic organizer or writing plan, David will write a minimum of a 5 sentence paragraph including an opening, details or supporting sentences, and a conclusion sentence for 5 consecutive writing assignments.

### **Associated Deficits of Speech Impairments (For full IEP, refer to Appendix Example L)**

**Speech:** Given words containing /k, g, f, v, l, r, s/ in any position, Jaxson will correctly pronounce the words in isolation for 90% of words on a weekly probe for 3 consecutive weeks.

**Speech:** Given words that end in /m/, Jaxson will correctly pronounce the words in the context of a sentence with 90% **accuracy** on a weekly articulation assessment for 3 consecutive weeks.

### **Associated Deficits of Language Impairments (For full IEP, refer to Appendix Example M)**

**Language:** During classroom oral language activities, such as story re-telling and group discussions, Lisa will use correct noun - verb agreement with no more than 1 prompt, in at least 80% of all opportunities of a two week period.

**Language:** During conversational speech, Lisa will spontaneously produce regular and irregular past tense verbs with at least 80% **accuracy** in 8/10 trials in the classroom setting as measured by a weekly language sample over 3 weeks.

### **Associated Deficits of Traumatic Brain Injury (For full IEP, refer to Appendix Example N)**

**Academics:** Given visual and verbal supports to decrease distractions in small & large group as well as individual work settings and grade level text, Janin will improve her reading fluency to 120 words per minute with 95% **accuracy** in word identification as measured by weekly reading probes for 3 consecutive weeks.

**Academics:** Given visual prompts for multi-step math computation problems using any combination of the four arithmetic operations (+, -, \*, /) Janin will solve problems involving whole numbers, fractions, and decimals with 80% **accuracy** on shortened assignments when assessed bi-weekly for 4 consecutive weeks.

**Pre-vocational:** Provided with a **self-monitoring** system, Janin will increase focus and attention to task to a rate of 80% within a 40 minute work session with a 5 minute time or task measurement being taken 3x in any academic session weekly for 3 consecutive weeks.

### **Associated Deficits of Visual Impairment (For full IEP, refer to Appendix Example O)**

**Vision:** Kimberly will independently complete school routines including putting all her personal materials in a cubby, turning in completed materials, travelling throughout the school, getting lunch and tray through the lunch line, and getting materials ready to go home with no more than one prompt per routine for 8 of 10 consecutive school days.

**Vision:** Kimberly will travel within the school and school yard independently, with no prompting or redirection, throughout the day using mobility devices and using upper and lower body protective techniques for 10 consecutive school days.

**Academics:** Given a manual braille writer, Kimberly will load paper, use the backspace, and roller to write simple words using phonemic spelling independently on 5 consecutive writing assignments.

**Academics:** Given beginning, emerging reader level stories with at least three lines of braille per page, Kimberly will read the sentences with 90% **accuracy** and correct tracking for 3 consecutive weekly probes.

Component 6 Special Education Interventions

**Component 6.1 Student Need (Deficit Area) Determines Intervention**

When considering intervention, first the IEP team must look at area(s) of exceptionality according to the PLEP. If a PLEP is marked exceptional, the student will have a measurable annual goal linked to that PLEP. The annual goal (MAG) determines the intervention required for the student.



Specific areas of deficit identified in the PLEP require a measurable annual goal. Measurable Annual Goals are written for an area(s) in which a student requires intervention. Intervention in special education must be the most intensive intervention on a continuum of services from general education to special education.

Reteaching/Remediation or Intervention?

Reteaching/ Remediation	Intervention
<p>Tier I-State Standards</p> <p>Goal is to reteach standards students are struggling with rather than specific skill deficits. These are your students who are very close to reaching the next achievement level based on the curriculum standard measure.</p>	<p>Special Education Intervention</p> <p>Goal is to provide research-based interventions aligned to specific skill deficit(s) as identified by multiple sources of data including universal screener and progress monitoring.</p>

## Component 6.2 Academic Descriptors of the Most Intensive Interventions

Area of Disability	Definition	Associated Deficits	Appropriate Intervention will include
<b>Basic Reading</b>	Basic reading skills include the ability to identify and manipulate individual sounds in language; to identify printed letters and their associated sounds; to decode written language.	Difficulty identifying letters and their corresponding sounds; recognizing words that rhyme, alliteration, manipulating <b>phonemes</b> ; phonics/ <b>decoding</b> , sight <b>word recognition</b> , encoding	Systematic, direct, and explicit phonological awareness and phonics instruction. Intervention should focus on the systematic development of letter-sound correspondence, word analysis skills, and sight <b>word recognition</b>
<b>Reading Fluency</b>	Reading fluency refers to the ability to read words accurately, quickly, and effortlessly. Moreover, fluency skills include the ability to read with appropriate expression and intonation ( <b>prosody</b> ).	Poor <b>automaticity</b> of sight <b>word recognition</b> , rate and <b>accuracy</b> of oral reading.	Guided oral reading to include repeated readings on instructional level: echo read, shadow reading, paired reading; <b>explicit instruction</b> in chunking or phrasing.
<b>Reading Comprehension</b>	The ability to understand and make meaning of text.	Difficulty acquiring oral language and vocabulary, poor <b>working memory</b> ; difficulty inferring, monitoring comprehension, drawing conclusions.	Explicit specific skills instruction: e.g. vocabulary, fact finding, making inferences; Explicit strategy instruction: e.g. activating prior knowledge, comprehension monitoring, and understanding how to read for different purposes.
<b>Math Calculation</b>	The knowledge and retrieval of facts and the application of procedural knowledge in calculation	Deficits in number sense and operations, one-to-one correspondence; learning and remembering basic facts	<b>Explicit instruction</b> that teaches in sequential stages: concrete-representational-abstract; strategies

			for learning basic facts (i.e. mnemonics, fact families, etc.)
<b>Math Problem Solving</b>	Involves using mathematical computation skills, language, reasoning, reading, and visual-spatial skills in solving problems; applying mathematical knowledge at the conceptual level	Difficulty identifying important information; filtering out unimportant information, and determining necessary steps in <b>problem solving</b> ;  deficits in math vocabulary and metacognition (i.e. the inability to monitor one's own learning)	<b>Explicit instruction</b> that teaches in sequential stages: concrete-representational-abstract; cognitive strategies, use of manipulatives, <b>explicit instruction</b> in math vocabulary
<b>Written Expression</b>	Involves basic writing skills (transcription) and generational skills (composition).	<b>Transcription:</b> difficulty producing letters, words, spelling. <b>Composition:</b> difficulty with word and text fluency, sentence construction, genre-specific  discourse structures, planning processes, and reviewing and revising processes	<b>Transcription:</b> explicit, systematic instruction in letter formation and in associating the shape with the name of the letter  <b>Composition:</b> Explicit instruction in: mechanics (capitalization and punctuation); word (grammar, including more mature synonyms, antonyms for verbs, adjectives, and adverbs);  sentence construction; paragraph construction;  multi-paragraph essays.

**Questions to consider for the most intensive special education intervention:**

- Are the interventions related to the student's areas of deficit?
  - For example: reading fluency, math calculation, written expression
- Do the interventions relate to the annual goal?
- What must the student know and be able to do?

- What accommodations/supports are needed to achieve the goal?
- What interventions are needed?
- What will determine mastery?
- How will progress toward goal be monitored?
- What data must be collected and how often?
- Does the student have access to high quality core instruction
- Has core instruction been scaffolded to meet their needs?

The measurable annual goal drives the intervention. The intervention provided in the continuum of services must be the most intense intervention. The effectiveness of the intervention will be continuously monitored to determine if the intervention needs to be changed. The goal of the intervention is to work toward the annual goal so the student meets the goal and no longer requires an IEP or begins working on higher order skills that will lead to greater access of core instruction.

### Examples of Intervention Aligned to Goals

Given a fourth grade curriculum based measure, Sherri will compute 2-3 digit multiplication problems with **80% accuracy** on 3 consecutive trials using a 1 minute **math calculation curriculum based measure** that will be completed 1 x per week.

- The intervention for this student will be math calculation. The intervention will include: **explicit instruction** that teaches in sequential stages, concrete- representational- abstract, and strategies for learning basic facts (i.e. mnemonics, fact families, etc.).

Given a third grade curriculum based measure, Jennifer will read 94 words per minute with **95% accuracy** for 3 consecutive trials on a 1 minute **reading probe** that will be completed 1 x per week.

- The intervention for this student will be reading fluency. The intervention will include: guided oral reading to include repeated readings on instructional level, echo reading, shadow reading, paired reading, and **explicit instruction** in chunking or phrasing.

### Special Education Intervention Courses

There are current intervention course codes that can be used for intervention. Contact the Division of Special Populations to determine the course codes that can be used to fulfill intervention requirements. Refer to the course code document issued annually by TDOE.

### Component 6.3 Interventions and Fidelity Monitoring

**Fidelity** is the **accuracy** or extent to which special education intervention materials and other curricula are used as intended by the author/publisher. **Fidelity monitoring** is the **systematic** monitoring by a responsible instructional leader (e.g. principal, instructional coach) to determine the extent to which the delivery of an intervention adheres to the protocols or program models as originally developed. In special education intervention, **fidelity monitoring** will focus on the intervention specific to each student and will use reliable and valid measures.

**LEAs** must have a process for monitoring **fidelity**. This process must include a description of who is

responsible for **fidelity monitoring** and how often **fidelity** in special education intervention will be monitored. Student attendance and documented reasons for absence should be taken during interventions.

The **fidelity** of implementation per academic intervention will be assessed throughout the process; the minimum requirement is the same amount as indicated for non-disabled peers.

Tier III required academic fidelity checks according to the RTI<sup>2</sup> Framework:

- 3 checks in Tier II where 2 must be a direct observation
- 5 checks in Tier III where 3 must be direct observations and two must be a review of implementation data (i.e., student attendance, lesson plans, **and progress monitoring** results).

Ongoing **fidelity** documentation of intervention should include:

- interventions used
- evidence of implementation at 80 percent or greater
- student attendance
- **progress monitoring** results
- any other anecdotal information that might account for the student's progress or a lack thereof.

The direct observations should be unannounced. **Fidelity monitoring of special education intervention** must be focused on individual students to ensure that each student is receiving interventions as prescribed. Interventions must be implemented with **integrity**. If the intervention is not implemented with **integrity** of at least 80 percent or greater, the **interventionist** should be supported with training until **integrity** reaches 80 percent.

Examples of personnel who can do **fidelity monitoring**:

- principals, administrators or other appointed designees
- special education director
- fidelity monitors, or fidelity teams
- **school psychologists**, special education teachers or guidance counselors

### **Discontinuing Special Education Services and Reducing the Intensity of Services**

As a student continues to gain skills and learn compensatory strategies it may be appropriate to decrease the intensity of services or discontinue special education. Some of these circumstances may include:

- Student is no longer eligible in one or more related services or deficit areas
- Student is no longer eligible under special education eligibility requirements
- Graduation from high school with a general education diploma
- The student is beyond the age of 22 years
- Parents revoke consent for services or the parents remove the child from the school to homeschool or go to private school
- The student drops out

- Students needs can be met through general education intervention; there is no significant educational impact

### **Student Is No Longer Eligible**

Progress monitoring data from special education and general education may reach a level in which the skills assessed are at the same level in one or more areas with peers on grade level. *For example, a student who has been receiving special education services in the area of reading fluency is now reading the same material as their peers within the same range as the general education classroom.* In short, the student learned the skill that was directly taught within the intensive special education intervention and is now able to access core instruction without the most intensive intervention. The services for this student should be terminated as the intervention was successful and the student no longer requires the services/intervention provided to be successful. In this case, the student can successfully be exited.

A most effective practice would be to continue to monitor progress with a less intense intervention for a period of time or continue to monitor progress after exited from an IEP to determine if the student requires a lower level intervention to be successful. A transition from a highly intensive intervention to no intervention may require some time and a support plan for success.

It is common for a student to have more than one skill deficit or area of deficit. In this case, using the same example, the student would no longer have the services related to reading fluency but would continue the special education intervention in his/her other area(s) of deficit. *Following our example, the student will no longer need reading intervention or accommodations in ELA but will continue to receive intensive intervention in math computation in a small group setting.* The service delivery would reflect this reduction in services.

Even if a student is not exactly at grade level, if they are at a level that Tier II and Tier III is a more appropriate intervention, reducing special education services may be the appropriate team decision and the LRE for that student at that time.

A reevaluation should be completed prior to exiting a student from special education services, in entirety or intensity.

### **Graduation from High School with a General Education Diploma**

A student with a disability has an equal opportunity to earn a general education diploma. Any student who meets the requirements for a general education diploma will be awarded one. A reevaluation is not required if the student is graduating with a standard diploma. At the time the diploma is awarded, the student is no longer eligible for special education services unless the LEA chooses to provide services.

A reevaluation is not required in order to terminate special education if the student receives a general education diploma.

In the case that a student receives an alternate certificate, even one that may be called a “diploma,” the student may continue to receive special education services until they are twenty-two (22) years of age. Any child with a disability who attains twenty-two (22) years of age subsequent to the commencement

of a school year continues to be a child with a disability for the remainder of that school year

### **Services through Age 22**

A student is eligible for special education services including FAPE until they receive a general education diploma or turn twenty-two (22) years of age. Best practice would suggest the LEA inform the student, and parents with guardianship, of the date of termination one year prior.

A reevaluation is not required to terminate special education when a student reaches twenty-two (22) years of age.

### **Parents Revoke Consent for Services**

A parent, at any time, and without providing justification, may revoke consent for special education services. The parents must put this request in writing. At that time, the LEA may choose to meet with the parent in an effort to come to an agreement in which the student continues to receive services. However, if the parent does not rescind the request, the parents are provided a prior written notice that the IEP will be terminated and services are terminated immediately. The LEA may not seek due process or delay this process in an effort to convince a parent to continue special education for their student.

If a parent removes a student and places them in a non-public school, services are considered revoked at that time. If the student returns to the public school setting, the services can continue if the IEP is still within the one year time frame; otherwise, the school will follow the initial eligibility requirements.

Services are ended the day the parent submits written request to revoke services, including any special education assessment or progress monitoring.

### **Student Drop Out**

If a student drops out of school, he/she is still eligible to receive services through special education. The parents and student should be informed that special education is available to the student until the student earns a general education diploma or turns twenty-two (22) years of age.

No reevaluation is required at the time the student drops out, however, if the student chooses to later return to school, the team may choose to evaluate, given consent, to determine the current areas for deficit for the student.

### **Component 6.4 Special Education Interventions by Associated Deficit Area**

*\*Please note these are examples and not an exhaustive list*

**Associated Deficit area(s) considered in Autism evaluations:** Communication; **fine motor**; behavior; sensory; **adaptive behavior**; **social skills**; academic; and pre-vocational.

#### **Special Education Interventions:**

**Language:** language program in conjunction with therapy to increase ability to follow complex directions with up to 3 steps through use of pictures, signs, and/or verbalizations. These include: requesting

repetitions/help when needed and participating in groups effectively.

**Speech:** articulation program to increase production of target sounds /k,g/ and improve overall intelligibility when speaking with teachers/peers.

**Fine Motor:** multi-sensory handwriting program in conjunction with occupational therapy to improve visual motor integration, visual perception, hand strength and in-hand manipulation skills.

### **Intervention for associated deficits related to Emotional Disturbance**

#### **Special Education Interventions:**

**Behavior:** Social stories to increase a **replacement behavior** for a reduction in a targeted behavior. Student will report to the special education teacher upon arrival. The teacher will read social story with the student in the a.m. before school begins and before each class period. Social story example: I will raise my hand instead of yelling when I need help.

**Anxiety:** Special education teacher will teach the student **self-monitoring** techniques including breathing, counting and stop and think. For example: Teaching the student about how their engine runs and demonstrate with the visuals how they are feeling in conjunction with **self-monitoring**.

*\*See the implementation guide*

### **Interventions by associated area(s) of deficit for Giftedness**

#### **Cross-disciplinary Interventions**

**Acceleration** is an intervention that moves students through an educational program at rates faster, or at younger ages, than typical. It means matching the level, complexity, and pace of the curriculum to the readiness and motivation of the student. Examples of acceleration include early entrance to school, grade-skipping, moving ahead in one subject area, or **Advanced Placement (AP)**. Acceleration is educationally effective, inexpensive, and can help level the playing field between students from rich schools and poor schools.

**Models for Acceleration:** Early admission to pre-kindergarten; early admission to kindergarten; subject-area acceleration; telescoping; tiered instruction; **parallel curriculum model**; whole grade acceleration (**advanced placement**); early high school; advanced placement college courses; college in high school; early college; **independent study**; honors classes

**Curriculum Compacting:** Pre-and post-testing to accelerate through grade level curriculum;

assign most difficult first to ascertain student mastery; assign every other problem/question, last five problems, hardest problems; pace flexibly; assure that units/activities/problems extend beyond the normal curriculum

*\*See Implementation Guide for Suggested Template of Compacting the Curriculum*

## Interventions for Associated Deficits of Orthopedic Impairment

- PT and OT support for staff and student

Examples of support may include but are not limited to auditory sensitivity; balance; ball skills; **body awareness**; copying from the blackboard; attention and focus; hand strength with writing; handwriting reversals; letter alignment (orientation of letters to given lines); letter formation; pencil grasp; poor spacing; producing organized written work; scissor skills; **self-help** skills/fasteners; sensory-oral/chewing; stair climbing; tactile sensitivity; **task initiation** and completion; and tracking.

Interventions are tailored to the student's specific participation and access needs and may include needs such as collaborative planning and implementation of strategies to anticipate and remove barriers that prevent full participation of the student.

## Interventions for students with associated deficits of mathematics

- Systematic development of foundational math calculation skills (i.e. single column addition/subtraction, quantities (one more, one less), and regrouping).
- Systematic guided support of math problem solving (i.e. how to extract functions and data, multi-step processing, and organization of data)

## Interventions for students with associated deficits of written expression

- Modeling the writing of a paragraph
- Paragraph frames used to directly teach the structure and organization for writing
- Sentence development (complete vs. fragment; varied syntax; transitional words; phrases; combining sentences; passive vs. active voice; etc.).

## Interventions for students with associated deficits of Speech Impairments

**Speech:** articulation program in conjunction with therapy, specific to the child's **phoneme** substitution to improve articulatory placement of tongue, lips, and teeth, and production of target phoneme in levels from auditory awareness of phoneme, discrimination of target phonemes, and correct production in the following: isolation of phoneme, all positions of syllables, words, phrases, sentences, reading, and conversation.

## Interventions for students with associated deficits of Language Impairments

**Receptive Language:** receptive language program in conjunction with therapy to improve the following: understanding linguistic concepts (spatial, quantitative, qualitative, conditional, sequential, etc.), following multi-step directions, and increasing receptive vocabulary, understanding word classes, syntax, and morphology.

**Expressive Language:** expressive language program in conjunction with therapy to improve the

following; appropriate syntax and/or morphology, appropriate mean length of utterance, linguistic concepts (spatial, quantitative, qualitative, conditional, sequential, etc.), using language for the following functions: requesting, rejecting, commenting, persuading, etc.

### **Interventions for associated deficits of Traumatic Brain Injuries**

- Behavior prevention support plan
- Prevention-based intervention
- Consequence-based intervention
- Targeted routines

### **Intervention support for Transition**

**Modified curriculum** – for students who cannot benefit from placement in high school level curriculum

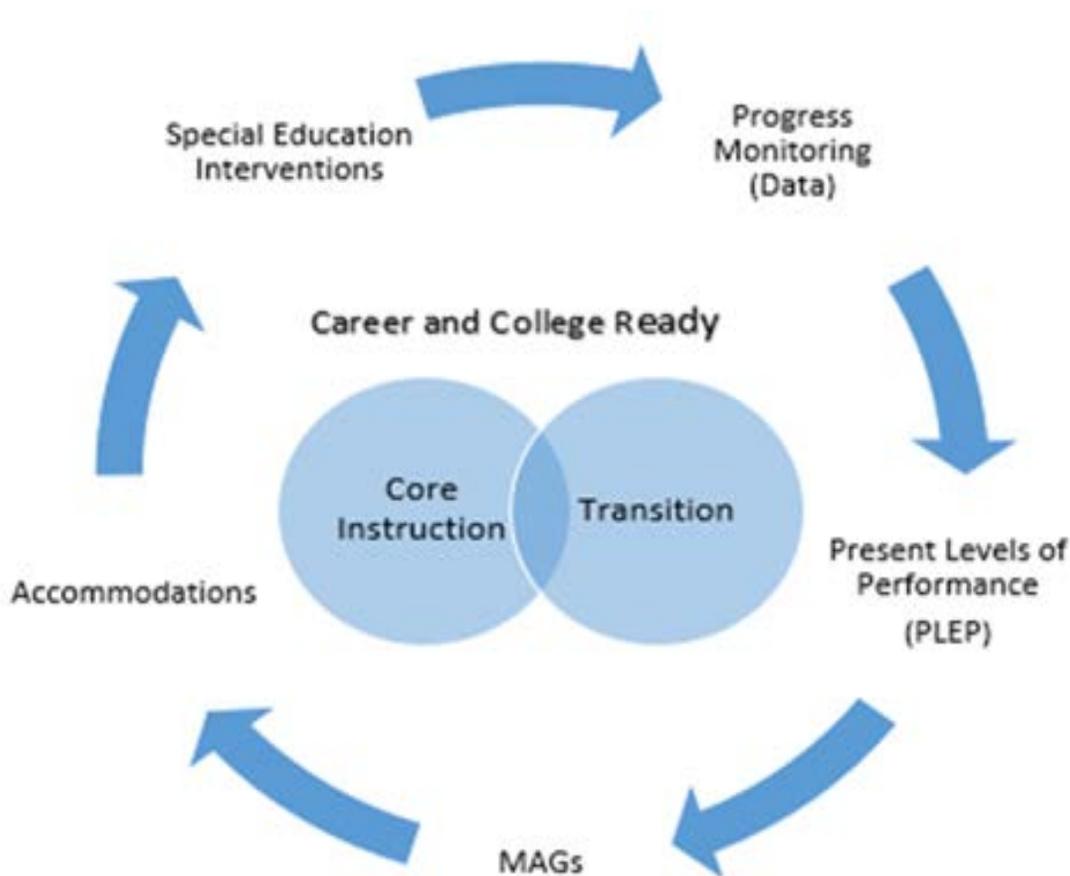
- Algebra A & B, Biology A & B

## Component 7 Progress Monitoring for Students by Associated Deficit Area(s)

### Component 7.1 Progress Monitoring and Data to Support Measurable Annual Goals

Ongoing assessment of student learning provides continuous feedback on the effectiveness of instruction and intervention. Data indicate areas where a change in instruction and intervention may be required. Ongoing assessment is essential to the determination of effectiveness of instruction and intervention.

Ongoing assessment is a method for tracking and comparing an individual's or a group's performance and progress through collecting data. Ongoing assessment creates data points. These data points can be used to make decisions regarding instruction and intervention. Once several data points are collected, a pattern of response can be investigated.



Assessment is a major component of data-based decision making, when developing measurable annual goals on a student's IEP. The IEP must indicate the evaluative criteria, evaluation procedures and schedules to be used to measure progress toward meeting the annual goal.

Instructionally relevant data can include but not be limited to:

- structured observations of targeted behavior in class
- student **self-monitoring** checklist
- written tests
- behavior charting
- work samples
- summative assessments
- formative assessments
- Curriculum Based Measures (CBMs)
- academic achievement
- functional performance
- learning characteristics
- **social development**
- physical development
- management needs.

### **Measuring and Reporting Progress (Progress Monitoring)**

**Progress monitoring** is used to assess a student's academic performance, to quantify a student rate of improvement or responsiveness to instruction, and to evaluate the effectiveness of instruction. Progress monitoring can be implemented with individual students or an entire class (RTI<sup>2</sup> Manual, 2013).

To implement progress monitoring, the student's current levels of performance are determined and goals are identified for learning that will take place over time. The student's academic performance is measured on a regular basis as it would be for a non-disabled peer. Progress toward meeting the student's goals is measured by comparing expected and actual rates of learning. Thus, the student's progression of achievement is monitored and instructional techniques are adjusted to meet the individual student's learning needs.

- accelerated rate of learning because students are receiving more appropriate instruction;
- more informed instructional/reevaluation decisions;
- documentation of student progress for accountability purposes;
- more efficient communication with families and other professionals about students' progress; and
- higher expectations for students by teachers.

Overall, the use of progress monitoring, resulting in more efficient and appropriately targeted instructional techniques and goals, will move all students to faster attainment of important state standards of achievement.

In progress monitoring, short assessments are used to evaluate a student's progress in specific areas. Progress monitoring can take place weekly or bi-weekly. Curriculum Based Measures (CBMs) or Curriculum Based Assessments (CBAs) are forms of progress monitoring for academic areas.

Data from these assessments can be used to 1) estimate the rates of improvement, which allows for comparison to peers; 2) identify students who are not demonstrating or making adequate progress so

that instructional changes can be made; and 3) compare the efficacy of different forms of instruction. In other words, to identify which instructional approach or intervention leads to the greatest growth among students.

#### **Progress monitoring data can help answer these questions:**

- Are students making progress at an acceptable rate? It is not enough to make progress. The progress must be meaningful and sufficient to close the gap between the student's progress and that of his/her peers.
- Are students making progress toward annual goals?
- Does the instruction need to be adjusted or changed? Using pre-established data decision rules, progress monitoring determines if the instruction is working for the student and evaluates the effectiveness of changes.

The assessment tools selected for progress monitoring should be specific to the skill(s) being measured. CBMs are a frequently used tool for progress monitoring academic interventions. For example, in reading, an appropriate progress monitoring tool would target the specific essential element(s) of reading with which an individual student is having difficulty, such as **phonemic awareness**, phonics, fluency, vocabulary and/or comprehension. The same process would be followed for any deficit area of need.

#### **Data & Progress Monitoring Procedures**

When special education intervention is being provided, the effectiveness of the intervention should be progress monitored to ensure that it is helping the student reach a goal. This is accomplished by administering skill-specific probes at least every other week. **Probes** should include parallel forms of equivalent difficulty as the same measures used in **universal screening**. **Progress monitoring** will be completed in the area of deficit using an instrument that is sensitive to change.

**Progress monitoring** must be conducted with measures that are at the student's skill/instructional level. The skill/instructional level at which a student will be progress monitored is determined through a **survey-level assessment**. A **survey-level assessment** is a process of determining the most basic skill area deficit and which skill/instructional level a student has mastered. It is effective in determining appropriate, realistic goals for a student, and it helps identify the specific deficit in order to determine accurate **rate of improvement** and growth. A **survey-level assessment** is necessary for all students with associated deficits of a learning disability.

**Academic Progress Monitoring** may include:

- **Curriculum Based Measurement (CBM) probes**,
- assessments from **intervention materials/kits** (requirements: national percentiles, allow for repeated measures, sensitive to change, and specific to an area of deficit including basic reading skills), reading fluency, **reading comprehension**, mathematics calculation, mathematics **problem solving** and written expression). In addition, it must plot or give information so that rate of improvement (ROI) can be transferred to graph form, or
- computer-based assessments (Requirements: national percentiles, allow for repeated measures, sensitive to change, and specific to an area of deficit including basic reading skill(s), reading fluency,

**reading comprehension**, mathematics calculation, mathematics **problem solving** and written expression). In addition, it must plot or give information so that **rate of improvements (ROI)** can be transferred to graph form.

**Progress monitoring** for students receiving special education intervention will take place at a **frequency** of at least every other week or as often as non-disabled peers in the district or school. **Highly-trained personnel** should administer the **progress monitoring probes**. General and special education teachers together should continuously analyze the **progress monitoring** data.

Intervention groups should be small. Research supports small groups for interventions. The following are suggested ratios of **highly-trained** personnel to students during Tier III interventions:

<b>Grade</b>	<b>Ratio</b>
K-5	1:3
6-8	1:6
9-12	1:12

The interventions need to be delivered by **highly-trained personnel**. **Highly-trained personnel** are people who are adequately trained to deliver the selected intervention as intended with **fidelity** to design. When possible, special education interventions should be taught by qualified, certified teachers. Research supports the most trained personnel working with the most at-risk students.

A student who is receiving special education services should not be excluded from tiered interventions if his/her data indicates a need. For example, a student with **Other Health Impairment (OHI)** may receive special education services for his/her disability; however, he/she may also receive tiered interventions in reading, math or written expression. In this case, both special education services and tiered interventions would be provided.

### **Progress Monitoring in Area of Deficit**

Students who qualify for special education intervention will be assigned intervention and services by their **Individualized Education Program (IEP) team**. Special education services will be the most intensive level of intervention. The student will remain in the core instruction (Tier I) and will have access to intervention within the general education curriculum to the greatest extent possible. The same **problem solving** approach used in the general education RTI<sup>2</sup> process will be used in special education (RTI<sup>2</sup> 2013). Furthermore, interventions will be tailored to the student in the area of identified area of deficit, and progress toward their IEP goals will be monitored weekly/every other week or as often as their non-disabled peers. When students fail to respond to intervention as a result of the provision of special education, the students intervention should be changed.

When making decisions regarding special education interventions, the team will consider all current

data and progress monitoring. Data will be used to determine movement within and out of the most intensive interventions. Students will have had researched-based, peer-reviewed interventions within the specific area of deficit. They will have been progress monitored as often as their non-disabled peers to determine if interventions are working. Students that are making sufficient progress will remain at the level of support required to be successful. If it is determined that the student is making insufficient progress, then a different intervention may be considered based on lack of response.

## **Component 7.2 Examples of Progress Monitoring by Associated Deficit Areas**

### **Students with Associated Deficits of Autism**

**Language:** data sheets, observation in SPED setting and regular education classroom, teacher input/collaboration, number of successful group interactions in various settings of the school (extracurricular activities, lunch, recess, PE, etc.)

**Speech:** data sheets, observation in SPED setting and regular education classroom, teacher input/collaboration, number of successful group interactions in various settings of the school (Intervention Central, 2014) (extracurricular activities, lunch, recess, PE, etc.)

**Fine Motor:** data sheets, work samples, therapy notes

**Students with Associated Deficits due to Hearing Impairment or Deafness:** Are not progress monitored for hearing or deafness per se. However, progress is monitored in area(s) of deficit impacted by the disability.

### **Progress Monitoring**

- Individual student progress is monitored frequently using informal and formal measures that align with the content curriculum. Data is used to modify instruction and, when necessary, programming and services.
- Progress monitoring is a process of collecting ongoing data to monitor skills that are important for students to be successful in school. The results of the data are used to adjust instruction to increase performance. These performance benchmarks must be an integral part of instruction and need to be conducted frequently to monitor progress in core academic subjects including language, reading, and math.
- Depending on the child's performance levels, measurements may be done weekly, bi-weekly, monthly, or as needed by the child/youth. Curriculum-based measurements (CBM) can take as little as one minute and are often part of the content curriculum (i.e., reading or math program).
- Common CBM measures include Dynamic Indicators of Basic Early Literacy Skills (DIBELS) (<http://dibels.org/dibels.html>)

### **Students with Associated Deficits of Developmental Delay**

- progress monitor using R-CBM.
- language
- adaptive social-emotional

- fine/gross motor

### **Students with Associated Deficits of Emotional Disturbance**

#### **Progress Monitoring**

**Assessment tools:** ABC Data Sheet (2012); Data collection forms and examples; duration data sheet; frequency data sheet ; frequency grid sheet; intensity data sheet; intensity duration data; latency data sheet; point sheets (Elementary and Secondary); time sample; and graphing template.

### **Students with Associated Deficit Area(s) of an Intellectual Disability**

- Academic area(s) of concern: progress monitor using R-CBM
- Adaptive area(s) of concern: monitor progress toward adaptive goals. Depending on area being addressed monitor the area of need.

### **Students with Associated Deficits of Giftedness**

- Academics
- Universal screening data, data sheets, rubrics, summative and benchmark assessments

### **Student with Associated Deficits of Orthopedic Impairment**

- Progress Monitoring
- Functional checklist
- Equipment use checklist
- Data sheets on IEP goals
- Therapy notes

### **Students with Associated Deficits of Other Health Impairment**

- Progress monitor using tools such as off task/on task observations, daily behavior charts, self-monitoring charts, and prevocational checklists assessing organization.
- Academics
- Behavior
- Medical
- Social

### **Students with Associated Deficits of a Specific Learning Disability in Reading**

Progress monitoring tools for reading can include but are not limited to: error analysis, peer performance measures, expected rate of progress, summative, benchmark, formative, and diagnostic assessments; weekly probes for fluency, letter sound fluency, word fluency, oral reading, and comprehension. These reading foundations can all be monitored according to the deficit area. There are many progress monitoring programs, for example, AIMS web, CBM-R, and EasyCBM that can track student progress based on the reading instruction program being used to address the specific deficit

area.

### **Students with Associated Deficit of a Specific Learning Disability in Mathematics**

- National Center on Response to Intervention: this website provides a variety of sources that can be utilized for progress monitoring as well as ratings in several different areas for each source.  
<http://www.rti4success.org/progressMonitoringTools>
- EasyCBM provides measurement tools for multiple grade levels in multiple areas.  
([www.easycbm.com](http://www.easycbm.com))
- Math Numbers and Operations would be appropriate for measuring calculation
- Numbers, Operations and Algebra would be appropriate for measuring problem solving

### **Students with Associated Deficit of a Specific Learning Disability in Written Expression Progress Monitor**

- writing probes
- quick writes
- checklists
- <http://www.interventioncentral.org/>

### **Student with Associated Deficit in Speech**

**Speech articulation:** data sheets, teacher input, observation during therapy and in other settings in the school

### **Student with Associated Deficit in Language**

**Receptive Language:** data sheets, homework, teacher input, observation, DIBELS and 95 Percent (PASI or PSI) for Phonemic Awareness and Phonics. For comprehension: EASYcbm or DAZE, benchmark testing, formative assessments, and summative assessments.

**Expressive Language:** data sheets, homework, teacher input, observation, DIBELS and 95 Percent (PASI or PSI) for Phonemic Awareness and Phonics. For comprehension: EASYcbm or DAZE, benchmark testing, formative assessments, and summative assessments.

### **Student with Associated Deficit in Traumatic Brain Injury**

- classroom assessments
- observations
- work samples

**Student with Associated Deficit in Visual Impairment:** progress monitor is not conducted for **visual impairments** per se. Progress monitoring is completed in the area(s) impacted by the **visual impairment**.

### **Progress Monitoring**

- (TAPS) Teaching Age-Appropriate Purposeful Skills: An Orientation and Mobility Curriculum for Students with **Visual Impairments**

- (EVALS) Evaluating Visually Impaired Students: Evaluation of students with **visual impairments** is a complex, multi-faceted process of gathering information using appropriate tools & techniques. Informal evaluation should be considered an essential supplement to the use of formal measures and published instruments. In order to determine curricular focus and plan effective instructional programming for students, the staff must know a student's levels of functioning in all areas of academic and unique need. By conducting appropriate evaluations, students' specific needs related to accessing the general curriculum, as well as the areas identified in the Expanded Core Curriculum (ECC) can be identified.
- (OR Project) The Oregon Project for Preschool Children who are Blind or Visually Impaired: The OR Project is a comprehensive assessment and curriculum designed for use with children birth to six who are blind or visually impaired. It can be used by parents, teachers, **vision specialists**, or counselors in the home or in the classroom setting.

### **Other Areas of Progress Monitoring**

#### **Assistive Technology:**

Assistive Technology is not an area of deficit nor is it appropriate to write an annual goal for assistive technology. Instead, Assistive Technology must be considered a tool or a series of tools used to provide access to learning and communication. Progress monitoring around goals will help determine if the assistive technology is effective for the student. However, training and implementation around assistive technology needs to be considered particularly in the first year of implementation. It should not be assumed that all members of the team know how to use the assistive technology or communication devices.

Below are examples of implementation plans that should be combined with progress monitoring of learning and communication area(s).

- Device Implementation Plan
- AAC Use Plan
- Data sheets on IEP Goals

Below are examples of implementation plans that should be combined with progress monitoring of learning and communication area(s).

#### **Associated Deficits of Motor Skills or Sensory Integration (Occupational Therapy & Physical Therapy):**

##### **OT as a related service:**

Occupational therapy is a “service provided by a qualified occupational therapist” and includes the following:

- improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
- improving ability to perform tasks for independent functioning if functions are impaired or lost; and
- preventing, through early intervention, initial or further impairments or loss of function. (34 CFR § 300.34)

Current essential practices of working effectively, legally, and ethically in public schools – Occupational

and Physical Therapy essential practice's in schools include:

- assisting the student in benefiting from the educational program
- providing services in the **least restrictive environment**
- working on behalf of the student (with the teacher and others who are involved with the child)
- working within a continuum of settings
- working from a strengths-based, rather than a deficit, perspective
- working with the student rather than doing "to" the student
- ensuring all efforts are directed toward enabling the student to participate in the educational and social aspects of being a student in a school

Occupational Therapy and Physical Therapy are related services under special education. Students who have met Tennessee guidelines for eligibility for special education may be considered for evaluation by the occupational therapist or physical therapist. A therapist may be asked to assist in the initial eligibility for special education and related services, especially during the transition from Part C to Part B of IDEA as the child approaches the third birthday, or when a student presents with notable physical challenges.

*See the Implementation Guide for examples of progress monitoring around AT, PT and OT*

## Component 8 Core Instruction for Students with a Disability

### Component 8.1 Core Instruction in the Least Restrictive Environment (LRE)

All students are general education students first. All students are provided, and have access to, core instruction. General education curriculum is defined as the full range of courses, activities, lessons, and materials routinely used by the general population of a school. Access to the core curriculum is the active engagement in learning the content and skills that are being taught to all students. To participate with success in the general curriculum, a student with a disability may need additional supports and services, such as: instructional supports for learning (UDL-engagement by presenting information in multiple ways and allowing for diverse avenues of action and expression), instructional accommodations, scaffolding, and assistive technology and services. Students with disabilities may also require specially designed instruction to support access to the core instruction. Specially designed instruction does not mean working at a lower level nor does it weaken the curriculum or change the standard. Specially designed instruction is specific to skill deficits identified in the assessment process. It is not particular to specific subjects or content. In most instances, specially designed instruction is an additional technique, practice, activity, and assessment that can be used for all students.

***For example:** During ELA core instruction the general education teacher follows a direct instruction model of, “I do, we do, and you do”. The teacher models lesson content explicitly (“I do”), uses effective teaching strategies during guided practice (“we do”), and during independent practice or small group (“you do”), the teacher provides scaffolded reading content for the student. This means the student will be at instructional level (if independent seat work) or frustrational level (small group) but the teacher is still assessing the same standard for entire group.*

#### Least Restrictive Environment (LRE)

*All students are included in the general education environment because ALL students are general education students first. General education teachers are experts in core instruction and are essential members of a student’s IEP and instructional team. Individualized scaffolding, accommodations, and supports increase access for students to participate in the general education classroom to the greatest extent possible.*

The least restrictive environment for students is the setting in which special education services and supports will be provided to the student. Full participation within a general education classroom is the least restrictive option a team should begin with, considering accommodations and supports to meet the student’s needs. If the evidence and data supports the need to select a more restrictive setting for that student (for example, a student receives **social skills** and **emotional regulation** intervention for an hour a day within a special education setting) efforts should be made to consider skills necessary for the student to move toward a less restrictive setting following the IEP. The goal is for all students (K-12) to spend 80 percent or more of their day actively participating in general education to the extent possible. *It is necessary for the LEA to make data-based decisions when determining a student’s LRE and should not assume a student requires a more restrictive environment, such as another setting or classroom assistance, without the data to support that decision.*

*Neither IDEA nor the U.S. Department of Education define inclusion, and instead refer to the requirement of school districts to place students in the least restrictive environment. This means that districts must*

*educate students with disabilities in the regular classroom with appropriate aids and supports, referred to as “supplementary aids and services” to the extent appropriate. Not all students require a special educator within the general education setting during core instruction. Many students can access core instruction without a special education teacher or a paraprofessional. Less restrictive options should be considered when determining a student’s needs in core instruction and intervention related to a student’s area of deficit.*

*The Department of education does not define Inclusion; therefore, the Tennessee Department of Education is not defining “inclusion”; instead the department will focus on the continuum of services from general education to special education and the support required for a student to access the core instruction and intervention through their least restrictive environment.*

*The IEP tool used in Tennessee at this time has the option of “Inclusion” on the service page. The service page defines “inclusion” as an option chosen only when a special educator provides a service to a student within the general education setting.*

“Least dangerous assumption” states that in the absence of absolute evidence, it is essential to make the assumption that, if proven to be false, would be least dangerous to the individual. Therefore, the IEP teams should operate from the criterion of least dangerous assumption, by considering the least restrictive setting, general education, first, for all students, regardless of disability, before considering more restrictive settings. Evidence and data collected should be discussed at each IEP meeting before making the determination that a student requires a more restrictive setting (Rossetti & Tashie, 2013).

Many students require the use of accommodations and support to access core instruction delivered by the general education teacher, and this would be considered their least restrictive environment if they are making adequate progress. Other students may require the use of a more restrictive setting, which includes the use of additional adult support, so they can access the core instruction with the general education teacher. For some students, even with accommodations and support within the general education classroom, they do not make adequate growth. These students will require a setting outside of the general education classroom, but still within the school. It is often a classroom with a smaller teacher-to-student ratio and a focus of skill deficits as they relate to the standards. A small number of students may still require a more restrictive environment outside the public school including hospitals, Department of Children Services (DCS), private school, home school, homebound, or a special day school. The determination of the least restrictive environment is made by the IEP team following the discussion of the individual student’s present level of performance and subsequent annual goals. LRE should be revisited and determined at each IEP meeting.

A least restrictive environment decision is about where a student will receive core instruction, not what the student is being taught. All students, regardless of disability, should be provided core instruction in reading, writing, (English/language arts) and math. All students are assessed annually by summative assessments, beginning in third grade, on their progress toward the state standards. Even those who are within the lowest 1% will be assessed on progress toward standards using a state alternate assessment.

All students in high school have the option of participating in Career Technical Education (CTE). It is a core instruction option for those students who choose to participate. CTE is a program of study that is a clearly defined, progressive sequence of courses grouped by knowledge and skills, including a rigorous

set of standards, in the career field. CTE courses are aligned with postsecondary and industry opportunities. Programs of study are grouped into nationally-recognized Career Clusters and typically contain 3-5 courses. For students with an IEP who choose to attend CTE courses, it is a general education LRE option. The students may require accommodations, **modifications**, or direct support within the CTE setting from a special education teacher. The IEP team should address these needs in the IEP services and accommodations. The IEP team must consider how the student will access core instruction when designing interventions; accommodations, supports, scaffolding, and additional adult support that can be important aspects of ensuring access but are not necessarily enough on their own as some students may require further interventions.

### **Continuum of Services**

A continuum of services is defined in this manual by interventions at all levels from general education to special education with special education interventions being the most intensive intervention. There are a range of interventions, specialized instruction, and related services that are determined by individual needs and are not defined by specific locations or program names. A multidisciplinary team, which includes a general education teacher and a special education teacher, must participate in the planning and implementation of interventions and services required to meet student individual needs. The desired outcome of the IEP is for students to progress to a level of independence and full participation in general education core instruction without the need of special education interventions and services. Instructionally appropriate IEP goals will direct the student's success toward independence. After determining the student's needs and areas of deficit, the team must determine where and how the intervention will be implemented.

### **Access to Core Instruction for Students for Whom LRE Is Determined to Be Outside General Education**

All students receive core instruction. Intervention is in addition to, not a replacement of, core instruction. At each IEP, when a decision is made that a student's LRE is outside the general education for a portion of the day, the team must consider:

- How much of the core instruction (English language arts and math) is the student receiving in general education?
- How much of the core instruction will the student miss when leaving the general education setting?

Once the team has determined the core instruction that the student will be missing, the special education teacher must take responsibility for providing that instruction, as well as the needed intervention. Schools need to ensure that students with a disability receive at least as much core instruction as their non-disabled peers, if not more.

Accommodations and/or modifications needed to access the core instruction can guide the team in determining the state mandated assessment the student should be taking. An alternate assessment is available for those students who meet the participation guidelines.

*\*See Implementation Guide for current guidelines*

## **Access to Core Instruction in Career and Technical (CTE) Classrooms for students with a disability**

### **Overview**

The Department of Education began a full revision of Career and Technical Education (CTE) course standards and sequences of courses in 2012. Implementation of these new and more rigorous CTE standards began in the 2014-15 school year. As administrators, teachers, parents, and other stakeholders have reviewed the new and revised course standards, they have called attention to a potential challenge for students with special needs (especially those with reading disabilities, who represent a majority of the students served in Tennessee) being able to fully access the new content.

The department believes that every student, regardless of background or IEP status, should have access to high quality instruction in an elective focus area of his or her choice to prepare for postsecondary and career success upon graduation from high school. CTE is a wonderful way to expose students to a variety of career options, let them pursue a passion or interest, and allow them to experience academic content in a contextualized way. Appropriate placement for the student in CTE and work-based learning (WBL) courses is very important to ensure both success and satisfaction of the student.

### **Recommendations**

There are several practices that the department recommends to ensure that all students, including those with special needs, have access to the core content of CTE courses and appropriate work-based learning experiences. When writing an instructionally appropriate IEP for a student who may be engaging in CTE courses in middle school or high school, or may be considering a WBL placement in high school, consider the following:

- Develop and review annually a process for course selection that allows Special Education teachers, counselors, and CTE instructors to consider students' interests as well as their specific needs and evaluate appropriate course choice to ensure a good match.
  - For example, some CTE courses require specific motor skills in order to safely operate necessary equipment or machinery. Students with a specific Orthopedic Impairment may not be a good fit for a particular course depending on the requirements for course mastery.
  - Alternatively, most CTE courses could be a good match for a student with a Specific Learning Disability, such as a reading deficit, given appropriate accommodations put in place by the instructor. An IEP alone should not exclude a student from enrolling in a CTE course.
  - Counselors should be involved to ensure appropriate placement of students with special needs as they progress through the course levels of a program of study. Counselors are encouraged to ensure students with special needs are able to complete higher level courses to fulfill their elective focus per their interests and not base registration decisions solely on IEP status.
  
- Ensure Special Education instructors have reviewed the new and revised CTE course standards and have a strong understanding of content mastery and potential challenges for students with special needs. They should be able to highlight those challenges in IEP Team meetings.

- Involve the CTE instructor in IEP development meetings in order to ensure the best decisions are made for a specific student around daily instructional accommodations and modifications.
  - Engage the CTE instructor earlier in the IEP development process. This will ensure they are able to collaborate with Special Education educators to determine the best fit for accommodations to allow students with special needs to access core CTE instructional content.
  - Update the standard process for IEP meetings to include CTE instructors, especially when students are high school age and have a likelihood of enrolling in CTE courses as their elective focus.
  - Some of the accommodations determined for CTE courses may be similar to those used in Science and Social Studies courses. Having CTE instructors at the table will enhance discussions about options for accommodations. This is important because many CTE courses may be significantly different in their content (for example, more laboratory activities, career readiness skills, and technical texts) than other high school courses.
- Create a communication channel and process to allow the Special Education educators and CTE instructors to collaborate throughout the year to decide how to employ accommodations in daily instruction appropriately to assist each student.
  - It is important that CTE instructors have a strong understanding of the information included in a specific student's IEP, including training on how to effectively employ selected accommodations and modifications daily.
  - As standards increase in complexity throughout the progression of a course, Special Education staff members should be available to assist CTE instructors on adapting their daily instruction to incorporate accommodations to ensure students continue to access core content throughout the course.
  - Both Special Education educators and CTE instructors should be involved in any decisions to modify course standards for students with special needs. CTE instructors may choose to not report technical skills on any standards not covered adequately in class. However, in most cases, students with special needs should be able to access the full suite of course standards with appropriate accommodations. Modifying course standards should not be seen as the sole method for allowing students with special needs to access CTE course content. If the decision is made to exclude specific standards for a student with special needs, this must be specifically addressed in the IEP, listing the standards for which the student will not be held accountable. This does not mean the CTE instructor does not teach this standard to the student. It simply means they will not report performance data.

### **Effectively Employing Accommodations**

The department believes students with disabilities should enroll and excel in revised CTE courses while receiving the differentiation and accommodations determined by their IEP team. It is imperative not to deny students access, nor allow students to become discouraged by these courses, based on additional reading and writing expectations in the revised standards, safety requirements for laboratory activities, or other CTE-specific course attributes.

The accommodations determined for a specific student in their IEP are typically not content-area specific and govern the CTE instructor's instruction of that student. Student accommodations will be

employed as determined by their IEP, so that they may have access to the core instruction in a CTE classroom.

*For example, if a student has a disability, such as limited reading skills, and the student's IEP recommends the use of read aloud, the CTE teacher will be required, as in any other content area, to use that accommodation (along with other appropriate differentiation) to support that student. For testing purposes, read aloud is available and appropriate for students who need that support.*

It is important to inform both CTE instructors and Special Education educators that the new and revised CTE standards do not limit the ability of the CTE instructor to employ the accommodations listed in a student's IEP. Expectations for literacy instruction in technical subjects is the same as that for science/social studies courses and similar differentiation techniques should be used to support students. If an IEP team, including a CTE instructor, feels that modifications should be made to accommodations already put in place for science and social studies courses and end of course exams, they are encouraged to make any adjustments necessary given the specific technical content of the CTE course. These adjustments should be made in conjunction with both the Special Education educator and the CTE instructor.

### **Safety Examinations**

Several CTE courses require students to complete a safety examination with 100 percent proficiency in order to participate in the course. This is most relevant in hands-on, laboratory-based courses that are focused on development of technical skills related to particular machinery, equipment, procedures, and Occupational Safety & Health Administration (OSHA)-related health and safety practices.

It is important for these courses, just as it is with all CTE courses, that students are not denied access, nor discouraged from enrolling in these courses, based on a specific disability alone. Safety examinations must not be used as a barrier for entry for students with special needs; however, it is important to consider the best fit of the student and the course.

If a student with special needs is interested in a CTE course with a safety examination requirement, consider the following:

- As with all courses, CTE instructors and Special Education educators should both be involved in assisting students with appropriate course selection (see above) based on course standards, students' interests and abilities.
- CTE instructors should be aware of, and trained in the use of, the accommodations for a specific student outlined in their IEP. Accommodations can and should be employed during the safety content instruction and examination of students.
  - CTE instructors should differentiate appropriately for students with special needs when presenting safety instruction and new material.
  - CTE instructors should employ appropriate accommodations listed in a student's IEP when testing students on safety material.
  - CTE instructors should understand all appropriate ways students with special needs can demonstrate knowledge of safety material other than a written examination. This demonstration should be in accordance with accommodations and differentiation

outlined in the IEP and should be reflective of all of the content covered on a written exam. If a CTE instructor is unfamiliar with alternate testing methods, they should coordinate with the Special Education educator of record to determine the best approach.

- CTE instructors should not modify content of safety examinations or change expectations of proficiency for students with special needs. It is imperative that all students engaged in a CTE course are properly instructed with the knowledge and skills needed to be able to safely and effectively operate equipment, control machinery, and practice procedures without putting themselves, and others, at risk.

Examples of appropriate and non-appropriate modifications and accommodations are below (this list is meant to be representative, not exhaustive).

<b>Appropriate</b>	<b>Not Appropriate</b>
Read-aloud of test questions	Removal of test questions
Physical demonstration of skills	Lowering cut score for proficiency
Additional time given for examination	Modification of test question language that may confuse or change meaning

### **Component 8.2 Accommodations and Modifications**

An accommodation is a change that helps “level the playing field for a student”. It helps a student overcome or work around a disability. Accommodations change how the student is taught or expected to learn.

Accommodations provide equitable access during instruction and assessments, and neither change the construct being assessed nor compromise the integrity or validity of the assessment or content. Accommodations are intended to reduce or even eliminate the effects of a student’s disability; however, accommodations do not reduce learning expectations. Accommodation use must be based on need in order not to reduce learning expectations.

<b>Accommodation</b>	<b>Modification</b>
<ul style="list-style-type: none"> <li>• graphic organizer</li> <li>• text to speech with the book</li> <li>• template for long division</li> <li>• raised line paper</li> <li>• calculator</li> <li>• class lecture notes ahead of time</li> <li>• completed agenda with homework expectations</li> <li>• sensory break “pass”</li> <li>• picture schedule</li> <li>• word processor for writing assignments</li> <li>• shortened assignments</li> <li>• assignment broken into smaller tasks</li> <li>• oral assessment for understandings</li> </ul>	<ul style="list-style-type: none"> <li>• partially completed graphic organizer with fewer links and less complexity</li> <li>• low level, high interest reading with text to speech</li> <li>• simple division facts with pictures, graphics, manipulatives, or number line</li> <li>• dotted words and letters to trace</li> <li>• modified rubric for presentation to include fewer elements and more explicit understandings</li> <li>• essential elements from instruction taught with hands-on materials</li> <li>• assessed on only a portion of the test or concept</li> </ul>

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A modification is a change in what is being taught to or expected from the student. Modifications change what the student is taught or expected to learn. The least dangerous assumption would be that students are able to participate within the core curriculum without modifications unless student performance data indicates otherwise.

### **Core Instruction Skill Worksheets**

Skill worksheets have been developed to assist the general education and special education teacher in understanding how to scaffold/ differentiate core instruction for students with disabilities.

*\* See Implementation Guide for Skill Worksheets*

### **Component 8.3 Least Restrictive Environment (LRE) Protocol**

#### **Least Restrictive Environment Protocol**

The following document is designed to help the team writing a student's IEP make a valid decision regarding placement in the least restrictive environment. The LRE questions follow the determination of a student's goals and/or objectives and are intended to clarify implementation of federal policy on this matter. Please remember all decisions regarding placement of students with disabilities must comply with that policy.

#### **What is Least Restrictive Environment (LRE)?**

LRE is based on the presumption that the general education setting is the first choice for educating all individuals.

LRE refers to a related set of requirements aimed at providing individuals with disabilities:

- the greatest interaction with children, youth and adults w/o disabilities
- the appropriate education
- the special assistance needed for success in the general education setting
- LRE **is not** contingent on funding issues

#### **LRE Consideration for Students:**

LRE considerations an IEP team must address for school age students include:

- characteristics and needs of the student
- goals, objectives, and services required to address the student needs
- supplementary aids and supports needed by the student
- general education setting, as well as what occurs in the setting
- general education curriculum

- instruction
- review of the appropriate and educational benefit of each service and setting being considered for the individual
- academic opportunities and settings that nondisabled individuals experience
- non-academic and extracurricular activities in which nondisabled individuals participate

### **Supplementary Aids and Services**

Supplementary aids and services are aids, services, and supports that enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

These aids, services and supports can be provided in the following settings:

- general education
- education related (field trip, work experiences sites),
- extracurricular (athletics, clubs, school plays, etc.),
- non-academic (school dances, school sponsored activities).

### **Placements Other than the General Education Environment**

A student should not be removed from the general education setting solely on the basis or assumption that the child might make greater academic progress in the special education setting.

The IEP team may determine that a child cannot be educated satisfactorily in the general education setting, even when the **supplementary aids and services** are provided.

A student should not be removed from education in the general education environment solely because of needed modifications in the general education curriculum. Removal from the general education environment would only occur because the specific needs of the student cannot be met.

Placements are not made based on a student's disability eligibility area or a medical diagnosis, but rather on the student's present level of performance relative to grade level standards.

Placements should be made as close as possible to the child's home and in the school that he or she would attend if nondisabled. IEP teams need to carefully consider the impact of separating the child from neighborhood friends and acquaintances.

### **Continuum of Placements**

LEAs must ensure that a continuum of placements is available to meet the special education and related services needs of eligible individuals. The continuum of placements includes the provision of special education services in:

- general education classes
- special classes
- special or separate schools

- service provider location (Pre-K only)
- home
- hospitals
- residential facilities

### **Least Restrictive Environment Questions**

The team establishing the student's placement must answer the following questions:

1. What accommodations, modifications and adaptations does the individual require to be successful in the general education setting?
2. Why is it not possible for these accommodations, modifications and adaptations to be provided within the general education setting?
3. What supports are needed to assist the teacher and other personnel in providing these accommodations, modifications and adaptations?
4. How will receipt of special education services and activities in the general education setting benefit this individual?
5. How will the provision of special education services and activities in the general education setting impact other students?

### **Modifications, Accommodations, Adaptations, Services and Supports: Examples**

Modifications, accommodations, adaptations, services and supports comprise a very broad set of supports for students with disabilities that enable them to be successful in the general education setting. The following is not exhaustive, but it is intended to illustrate that the IEP team should have an extensive discussion about helping the student be successful in the general education setting and attempt to accomplish that before making a decision that a different placement is more appropriate.

#### **Physical Environment**

- preferential seating
- classroom door closed during class time
- study carrel, quiet location, work system area, or other non-punitive private workspace
- rearrangement of the classroom (e.g. rows and aisles instead of clusters of desks)
- regular assistance in keeping workspace uncluttered
- permission to move from place to place in the room (e.g. assignment of two desks placed on opposite sides of the classroom)

#### **Materials and Instruction**

- materials in an alternative format such as large print or books on tape, online
- materials with appropriate highlighting
- materials addressing the same concepts or skills but at a different level
- books on tape, cd, play-a-way (spelling), online
- detailed study guides
- agenda or assignment notebook
- extra time to complete assignments
- reduction in the length of assignments
- division of lengthy assignments into segments
- checklists for completing assignments

- rubrics against which assignments will be evaluated
- instructional strategies and techniques that match the student's learning style
- alternative assignments
- alternative methods of responding (e.g., oral instead of written, bullet points instead of paragraphs, completing a graphic organizer instead of paragraphs, pictures instead of words)
- elimination of timing on timed tests
- open-book tests
- test items being read aloud
- second set of textbooks or supplementary materials for use at home
- manipulatives
- exclusion of poor spelling or handwriting from grading criteria
- alternative grading criteria (e.g., extended grading scales; inclusion of process and efforts as well as product in grade calculation, grading based on improvement)
- instruction related to learning strategies
- instruction related to study skills

### **Behavior and Social Interactions**

- extra time to travel between classes
- travel between classes before or after other students
- behavior contract or behavior support plan
- advance warning of transitions and changes in schedules
- choice for students (e.g., among assignments or activities, among nights to do homework)
- clarification of classroom schedule or routines and clear adherence to them
- cognitive behavior management training
- breaks from instruction that include opportunities to move or rest
- preferred reinforcers with various schedules of reinforcement
- visual daily schedule or daily planner/organizer

### **People**

- note taker (student or paraprofessional)
- professional development to teacher working with the student on characteristics of the student and effective instructional techniques and strategies
- peer buddy
- reciprocal peer tutoring
- cooperative learning
- co-teaching with special educator as needed
- classroom assistant
- counseling
- nonverbal signals to guide behavior
- verbal signals to guide behavior
- daily check-in with a support adult (e.g., teacher, counselor)
- access to a behavior consultant, autism expert, or other specialist to assist the teacher in addressing student needs
- interpreter

### **Assistive Technology**

- modified computer equipment (e.g., **alternative keyboard**, different type of mouse, different size screen, different size or color of font)
- adapted writing instruments (e.g., pencil grips, larger or smaller pencils or pens)
- software that provides practice on basic skills
- voice recognition software
- calculator
- tape recorder (e.g., assignments and testing)
- no/low/medium/high tech to support student learning (e.g., paper with raised lines/larger or smaller lines, slant board word processing instead of handwriting)
- **augmentative communication devices** and communication systems (e.g., picture symbols, communication boards, tablet, iPad)

### **Points to Consider**

- LRE must be considered at least annually, and any placement outside general education should be carefully assessed for costs (loss of educational benefit) versus benefits.
- LRE applies to early childhood programs, as well as programs for school-age children.
- Students do not have to make extraordinary progress in general education in order to be successful there. They only must make satisfactory progress.
- Although cost sometimes is a consideration in placement, it cannot be used as an excuse if a full array of **supplementary aids and services** has not been attempted.
- The fact that a student cannot make the same progress in the general curriculum as other students is not, in and of itself, a valid basis for selecting another placement.
- A student's ability to learn via print is not, in and of itself, a valid basis for selecting another placement.
- If a student is not placed in the general education setting, the LEA still has a responsibility to ensure that the student has as much contact with students without disabilities as is appropriate based on student needs.
- A student may not be "demoted" to a lower grade to accommodate needs
- Placement decisions may never be made solely on the basis of the disability specified in the eligibility ruling or the severity of that disability.
- Placement decisions may not be made based on the willingness or comfort level of general education or special education staff related to working with a particular student or in a particular setting.
- Placement decisions may not be made on the basis of the availability of space.
- Placement decisions may not be made on the basis of teacher or administrative convenience or convention.
- When moving a student from a more restrictive placement to LRE, specific attention must be placed on accommodations/modifications and the BIP to promote a smooth transition back to LRE. (Friend, 2013).

*See the Implementation Guide for the word document*

## **Component 8.4 Examples of the Least Restrictive Environment (LRE) Statements by Associated Deficit Areas**

### **Associated Deficits of Autism (For full IEP, refer to Appendix Example A)**

Gina's needs in the area of adaptive learning, language, speech, etc. can best be met in daily small group or one-on-one instruction outside of the general education classroom, as the classroom setting can be overwhelming to her, and she still requires direct intervention to successfully master the skills that are identified within her annual goals related to her current areas of deficit.

#### **Associated Deficits of Deafness (For full IEP, refer to Appendix Example B)**

Donna will be included within the general education classroom for academics, core instruction, and to work on her **adaptive behavior**, with support provided for the special education teacher on how to work on those skills in an authentic setting. However, for speech and language concerns, Donna requires direct intervention which is best provided in a quiet setting and with a small group so she is better able to hear and distinguish the sounds and words.

#### **Associated Deficits of Developmental Delay (For full IEP, refer to Appendix Example C)**

Tony is participating in the core instruction with his peers but also requires intervention in the areas of math and reading. This intervention will be in addition to the instruction in reading and math that he receives within the general education classroom.

#### **Associated Deficits of Emotional Disturbance (For full IEP, refer to Appendix Example D)**

Cam will attend all core instruction as well as electives. Special education support will be provided within the general education classroom to prompt and guide Cam to use his coping strategies. If he is emotionally escalated, he will have the option to leave the setting to calm down or will be removed according to his **behavior intervention plan**, at which time, special education support will be provided until he is able to successfully return to the classroom.

#### **Associated Deficits of Intellectual Disability (For full IEP, refer to Appendix Example E)**

Due to Delia's need for a smaller classroom setting and individualized instruction and intervention in reading, writing, and math, Delia will receive academic instruction in a small group, special education settings for English/Language Arts and Math. She will participate in the general education Biology class with support from special education to modify the work and assist in accessing the information. Also she will participate in Work-Based Learning.

#### **Associated Deficits of Intellectually Gifted (For full IEP, refer to Appendix Example F)**

Larry will participate in general education throughout the entire school day. Special education services will be provided within the general education core instruction to enrich his learning and understandings.

#### **Associated Deficits of Orthopedic Impairment For full IEP, refer to Appendix Example G)**

Marna will participate in the core instruction and general education classroom for all instruction. She will receive direct intervention in her areas of need related to her motor and health issues at appropriate times as dictated by the skill (lunch time) and medical scheduling (catheter).

#### **Associated Deficits of Other - Health Impairments (For full IEP, refer to Appendix Example H)**

Piper will participate within the general education setting for all instruction and special education will provide support within English and Geometry on organization and completion of task.

**Associated Deficits of Specific Learning Disability in Reading (For full IEP, refer to Appendix Example I)**

Susan will be in resource instruction for 45 minutes per day to remediate deficits in basic reading skills, but will also receive reading instruction within the general education setting. She will participate with her peers all day except for her intervention time of one hour per day.

**Associated Deficits of Specific Learning Disability in Math (For full IEP, refer to Appendix Example J)**

Matt will participate in core instruction in English/language arts and math and will also receive small group intervention in math outside his general education classroom for 45 minutes daily

**Associated Deficits of Specific Learning Disability in Writing (For full IEP, refer to Appendix Example K)**

David is participating fully with his peers in the regular education classroom with a special education teacher working with a small group within the general education setting at least 3 times per week for 30 minutes a session which two additional sessions within one of his content courses other than English to make sure that his writing skills are being generalized and applied to various formats of writing.

**Associated Deficits of Speech Impairments (For full IEP, refer to Appendix Example L)**

The LRE for Jaxson is the general education classroom. We, therefore, planned a "speedy speech" type of articulation intervention with pull out being for only 15 minutes four days a week. This should be possible even in the 90 minute block schedule for most third grade students. We also planned a weekly 30 minute intervention in the general education classroom. This could be done during the 90 minute language arts block. The SLP will be one of the centers that all of the children rotate to during this time.

**Associated Deficits of Language Impairments (For full IEP, refer to Appendix Example M)**

Lisa's needs in the area of Language can best be met by including her in the general education setting at all times, with the support of the SLP to teach the needed skills within the classroom setting.

**Associated Deficits of Traumatic Brain Injury (For full IEP, refer to Appendix Example N)**

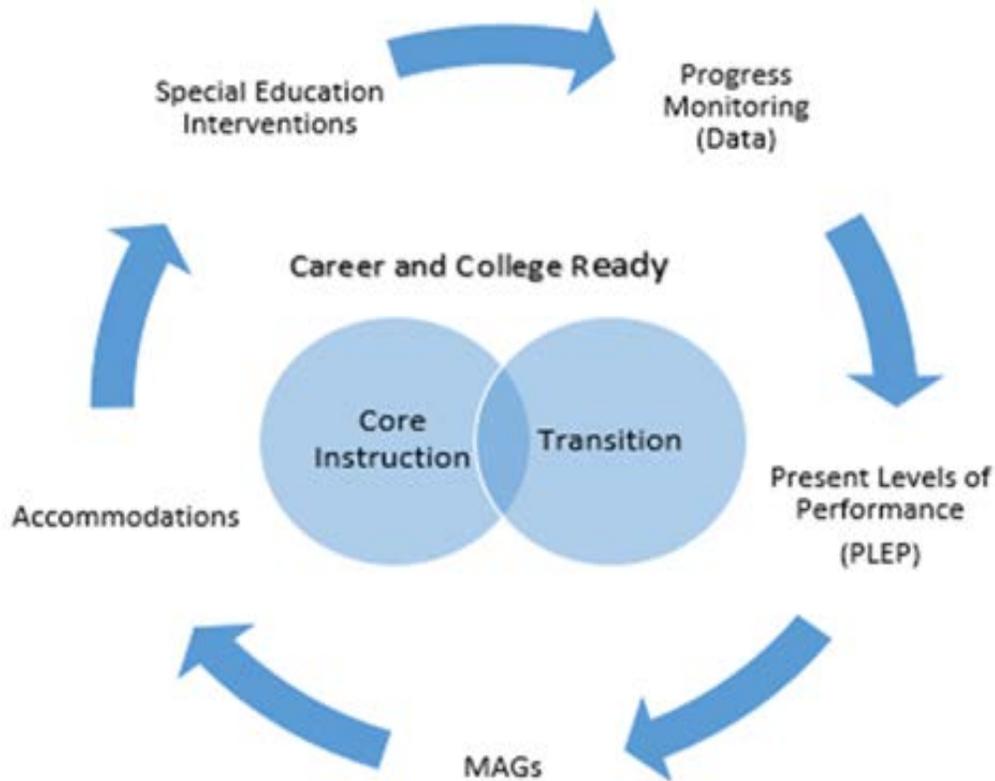
Janin will participate with her general education peers for core instruction in ELA and math and an additional 60 minutes daily of small group direct intervention.

**Associated Deficits of Visual Impairment (For full IEP, refer to Appendix Example O)**

Kimberly will participate in the core instruction with support from the vision itinerant as well as receive daily one-on-one instruction on braille, accessing visual media and technology, and orientation and mobility.

## Component 9 Transition Services

### Component 9.1 Post-Secondary Transition Planning



Transition begins in kindergarten. The educational school setting prepares students for career and college readiness as soon as they enter the school system. The goal of educators is to instruct students so they can be active, participating, tax-paying members of society; in other words, career and college ready. The Individuals with Disabilities Education Improvement Act (IDEA) defines transition planning as listed below:

- a **coordinated set of activities** designed within a results-oriented process that improves the academic and functional skills of the student in order to facilitate the student's movement from school to post-school activities such as postsecondary education, vocational education, **integrated employment** (including supported employment), continuing and adult education, adult services, independent living or community participation,
- based on the individual student's needs, taking into account his or her strengths, preferences and interests, and
- includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives and, when appropriate, the acquisition of daily living skills and a functional vocational evaluation. 34 C.F.R. §300.43.

Although IDEA states that **transition services** should be included in the IEP beginning with the first IEP in effect after the child is 16, the Tennessee regulations mandate that transition planning be a part of the IEP beginning with the IEP during which the student will turn 14 years of age. The IEP Team may determine it is appropriate for the transition planning process to begin even earlier.

### **Strong Predictors of Post-Secondary Success**

1. Access to the general education curriculum
2. High expectations for students
3. Friendships and supportive peer relationships
4. Youth leadership in educational and transition planning
5. **Self-determination** skills and opportunities
6. Early career development and paid and/or unpaid work experiences
7. Extracurricular and volunteer involvement
8. Collaboration and systems linkages
9. Parent and family involvement
10. Caring teachers and mentors
11. Natural supports and partners in the community

### **Student Invitation to IEP Team Meeting**

A student must be invited to his/her IEP team meetings beginning with the IEP during which the student will turn 14 years of age. A student invitation should be created separate from the parent invitation. The student should be notified as soon as the meeting date is set; he/she should be afforded the same time consideration as a parent. A copy of the student's invitation should be placed in his/her permanent file for documentation.

To adequately prepare the student to participate in the IEP team meeting:

- inform parents of this requirement prior to the meeting and articulate the integral role it plays in preparing the student and family for a successful transition
- promote student engagement - explain the purpose of the IEP team meeting to the student
- utilize **self-advocacy** and **self-determination** assessments/materials to secure student input (minimally the student's strengths, preferences, and interests)
- role-play IEP team meeting events so that students can become at ease being present in the meeting. Select tasks for student to complete at the meeting so that they feel comfortable. Hearing from a student directly carries much more weight than a faculty member reading assessment results.
- allow the student to communicate through a variety of means – visual, textual or auditory
- secure information from students who choose not to participate at the meeting; however, teams should make every effort to encourage and support the student attending.

Parents and educators can familiarize the student with vocabulary and concepts that he/she will encounter. With the parent's and the student's permission, pictorial/video examples of student work can be introduced and will likely generate conversation and participation. While this step is not a requirement, it lays the foundation for including the very person who is most affected by an IEP team decision: the student.

## Age of Majority

When a student reaches the age of 18 (age of majority), the rights of the parents transfer to the student with a disability. Notification of the age of majority rule must be explained to parents and documented in the IEP.

Young adults and their parents may have different ideas about the best steps to take to reach their goals. The school district should work with both parties to help resolve this conflict. Where there are concerns about the student's ability to participate in the process of educational decision-making, school district personnel should continue to work closely with the parents to ensure that appropriate decisions are made and that the student has maximum opportunity to participate and lead their IEP team.

If the student has been determined incompetent by the court, then rights would be retained by the individual appointed by the court as the student's conservator.

## Outside Agency Participation

The IEP team must create connections for the student and their family with outside agencies that can provide service for the young person after they leave school. School staff needs to be knowledgeable about the services and policies of community agencies in order to invite the appropriate people.

### Outside agency representatives invited to the IEP meeting may include:

- Tennessee Division of Rehabilitative Services
- Career Center – Workforce Investment and Opportunities Act (WIOA)
- independent living center staff
- disability support staff from a postsecondary educational or technical school
- person knowledgeable about assistive technology
- person knowledgeable about financial benefits such as **Supplemental Security Income (SSI)** and Medicaid or Medical Assistance (MA)
- personal care or health care providers, including mental health care providers
- probation officer or teacher from a juvenile justice center
- leisure and recreation service providers
- transportation agency staff
- Child Advocacy Centers (CASA)
- The financial responsibility for meeting a student's transition goals are not meant to apply solely to the education system, but also to the agencies that the IEP team involves in meeting the transition objectives set out in the IEP.

Each agency or service provider generally has a different set of criteria for eligibility and may have a waiting list for services. Part of transition planning can address the logistical issues and identify who families can call on for support and coordination. Best practice would be to identify a case manager for the family and other team members, in regard to the **transition services**, and to begin inviting outside agencies early in the transition process.

Agencies can only be invited with the consent of the parent or student who has reached the age of majority. Consent must be obtained each time an LEA wishes to invite an outside agency representative

to a meeting that will address post-secondary **transition services**. The parent or adult student must understand that the granting of consent is voluntary and maybe be revoked at any time.

## **Component 9.2 Assessment Data**

### **Transition Assessment**

The purpose of transition assessment is to identify student strengths, abilities, deficits, interests, and preferences. These assessments are a portion of the present levels of performance (PLEP) and inform transition planning including measurable annual goals. Transition assessment is an individualized, ongoing process that includes meaningful participation by the student and family. Age-appropriate transition assessments must include information about the academic achievement and functional performance of the student. Previous pre-vocational assessment data can also be reviewed as a part of this assessment process to inform current assessment.

Transition assessment instruments and methods must be selected to help the student determine career interests, strengths and aptitude for tasks related to student preferred employment, education, training and independent living. Assessment must be individualized and can be both formal and informal.

Assessments should be based on the skills the students will need to be successful in all life roles, and the supports they will need before, during and after the transition to adult life, and include these areas:

- **Functional Academics:** reading, math, grammar, spelling, communication skills, etc.
- **Learning Styles:** best methods of instruction, decision-making skills, etc.
- **Vocational Aptitudes:** mechanical/clerical/organizational/spatial skills and the ability to work with large tools and small tools
- **Manual Dexterity:** gross/**fine motor** skills, manual/finger dexterity, eye-hand coordination, etc.
- **Vocational Interests:** likes and dislikes for jobs, work site preferences, working conditions, etc.
- **Daily Living Skills:** budgeting, money management, transportation, shopping, etc.

*\*See Implementation Guide for examples of Assessments*

Formal transition assessment instruments must be valid and reliable. The transition assessment instruments chosen must be based upon the characteristics of the target population and the types of questions to be answered. Assessment questions, in turn, must be based on the needs, preferences, and interests of the students.

A list of pertinent questions that should be answered before choosing a transition assessment instrument is as follows:

- Will the results be helpful to the teachers, student, parents and others in developing instruction programs?
- Are the tests reliable and valid?
- Do the tests compare the student's performance to an appropriate norm group or criteria?
- Do the testing procedures require the student to perform in ways that accentuate their abilities as well as their needs?
- Are the tests written and administered in a language understandable by the student?
- Does the student have enough experience to relate to the situations presented in the test?

## Informal Transition Assessments

Informal assessment tools are used to verify and supplement formal assessment data. As with formal transition assessment instruments, various types of formal and informal assessments are available to guide transition planning. The type of informal assessment instrument chosen will depend on the type of information that is being sought. Because informal assessments are more subjective, they may be given more than once and by more than one person to strengthen their validity (see implementation guide-transition)

For example:

- interviews
- questionnaires
- observations
- interest inventories
- situational assessments
- curriculum based assessments

## On-going Assessment

Student preferred activities and interests typically change as a student matures. Desired post-school goals may change as the student and parent are informed of results of transition assessments, academic achievement and functional performance. Additionally, student desired post-school goals may change as he/she develops career awareness and more varied life experiences. **Work Based Learning** experiences, including community based instruction, paid and unpaid employment, may further change or alter post school goals.

## Students with Severe Disabilities

All students with an IEP receive transition services, including students with significant disabilities. Both formal and informal assessments need to be administered in order to develop a comprehensive transition plan. Direct instruction needs to be provided to develop the skills to function as independently as possible in regard to employment, daily living, and community participation. For example, a student aspires to work within veterinary care and reside in a supported living home. The transition assessments should focus on identifying what skills are currently mastered and what skills are needed to be successful in these future environments.

In order for students to adequately communicate their needs, preferences and interests, input from the individuals they interact with most (parents, brothers/sisters, teachers etc.) needs to be considered.

## Component 9.3 Measurable Post-Secondary Goals (MPSGs)

### Measurable Post-Secondary Goals

The transition plan, beginning with the IEP during which the student will turn 14, must include **Measurable Post-Secondary Goals** in the two required areas of Education/Training and Employment.

These are goals the student is expected to meet within 5 years of graduation or exit from the high school. Some students may have **MPSGs** in the optional areas of Independent Living Skills and/or Community Involvement depending on their needs and the preference of the IEP team. Transition services are designed to support the student in achieving these goals.

#### **Characteristics of Measurable Post-Secondary Goals (MPSGs):**

- Can the goal be measured or observed?
- Reflects the preferences, interests, strengths, and needs of the student
- Based on the results of the present levels of education performance (PLEP)
- Identifies an outcome, not a process
- Includes “will” statements; not “want” statements
- Achievement will not be attained until after the completion of secondary school
- Updated annually

#### **Measurable Annual Goals (MAGs)**

After a student turns 14, there must be at least one annual goal that addresses transition and is directly related to one of the student’s **MPSGs**. The student should continue to have additional measurable annual goals related to the identified area(s) of deficit.

#### **Course of Study**

For students with an IEP, the Focused Plan of Study will become the **Course of Study** on the IEP. It is a multi-year description of coursework to achieve the student’s desired MPSGs, from the student’s current year to the anticipated exit year. At a minimum, the **course of study** should identify the courses that the student will take whether special education or general education, that relates directly to helping the student meet their long-term goals. This description gives the student the opportunity to see the relationship between high school courses and achieving their MPSGs.

As students approach the end of middle school, preparations begin for movement to high school. Each student, including students with disabilities with the assistance of their family and school personnel, will develop a focused plan of study.

Section 3 of the Tennessee State Board of Education, High School Policy, 2.103 addresses the Focused Plan of Study:

*Prior to the 9th grade, all students will develop an initial four-year plan of focused and purposeful high school study. The plan will be reviewed annually and will connect the student's academic and career goals to school.*

#### **Policy Implications:**

- A. When the student is in the eighth grade, the student, parent/guardian(s), and faculty advisor or counselor will jointly prepare an initial four-year plan of focused, purposeful high school study. By the end of tenth grade, the student, parent/guardian(s) and school will focus the plan to ensure the completion of the program of study and a smooth transition to postsecondary study and work.

- B. An integral aspect of the planning process is the assumption that the student will be involved in some form of postsecondary education/training. The plan should contain information about career options and long-term goals supported by the plan through the courses to be taken in the eleventh and twelfth grades as well as courses to be taken at the postsecondary level.
- C. The plan of study will be reviewed annually by the student and faculty advisor or counselor, and revised based on changes in the student's interests and career goals. Results of various types of assessments will also be used in adjusting the plan of study.
- D. High school and middle grades faculty will collaborate in planning curriculum and the transition between middle grades and high school (TSBE, 2013).

### **Most Effective Practice**

Years of research detail the correlation between expectations and achievement. Research strongly suggests that increased expectations result in more positive behaviors and improved academic achievement. Establishing and supporting appropriately rigorous expectations for students with disabilities influences decisions about a students' **course of study** and will have a profound impact on their post-secondary aspirations. The **course of study** should include a complete outline of the four years of high school and be updated annually.

### **Transition Services**

**Transition services** are a **coordinated set of activities**, designed within an outcome-oriented process that promotes movement from school to achievement of **MPSGs**.  
The areas that need to be addressed are as follows:

#### **Instruction**

Instruction refers to formal instruction that takes place in the school, home, or community, including community-based instruction, academic and career/technical education courses, self-determination and self-advocacy training, and extracurricular activities.

### **Career and Technical Education (CTE) Courses for Students with Disabilities**

Career and Technical Education (CTE) is a program of study that is a clearly defined, progressive sequence of courses grouped by knowledge and skills in the career field and aligned with postsecondary and industry opportunities. Programs of study are grouped into nationally-recognized Career Clusters, and typically contain 3-5 courses.

CTE courses are electives and available to all students at the high school level; some of these courses may be included in a student's focused area of study. The purpose is to provide students with instruction so they may enter the workforce immediately following high school or pursue further training at a technical or community college. Students may also earn a four-year degree from a college or university related to training received in a technical program. Students will earn three or more CTE credits in a single program area to complete a concentration. Students with disabilities have these same opportunities but may require accommodations and/or special education services within the CTE setting or coursework.

## Work Based Learning (WBL)

**Work based learning** activities may be available in the student's LEA. This gives the student an opportunity to apply theories and skills learned in the classroom to a potential employment placement. Work-Based Learning (WBL) opportunities are for all students and can be found in a variety of courses, including academic, career and technical education, and special education. In order to offer WBL opportunities, local boards of education must adopt policy establishing a system that provides structured WBL experiences for students. The WBL experiences selected by local boards to be implemented in their school system should be matched with the needs and opportunities present in the community, region, or state. Students with disabilities would have the same opportunity to participate but may require accommodations and/or special education services within the **work based learning** setting.

### Examples of Work Based Learning:

- Cooperative Education
- Health Science Clinical
- Internships
- Job Shadowing
- Mentoring
- School-Based Enterprise
- Service Learning Class: Success Skills through Service Learning  
(Requires a Separate Training from Work Based Learning)
- Service Learning Method
- Transition Activities (Non-Paid)
- Transition Activities (Paid)

The WBL method of instruction is an arrangement involving the student, the student's parents, the school, and businesses and industries of the community. Each of these will benefit from the existence and operation of an effective WBL program. Complete descriptions of the WBL Policies and Procedures can be found at [http://www.tn.gov/education/cte/work\\_based\\_learning.shtml](http://www.tn.gov/education/cte/work_based_learning.shtml)

### Coordinated Set of Activities

The team will want to discuss and address annually the types of instructional activities, environments and services the student will need in each area to meet the post school outcomes. The statements of needed **transition services** and activities may be expressed in broad terms. The services that are the responsibility of special education will be outlined in annual goals and benchmarks or short-term objectives. A **coordinated set of activities** will include other persons and agencies and not just special education. Within the school, include guidance, vocational and general education program personnel, related service providers, extracurricular activities, etc. Outside the school, include other agencies that are likely to provide or pay for the services. Include the parent and the student as active participants in this process. While the school cannot force parents to accept responsibility for providing a service, many parents want to be an active team member. Needed **transition services** will vary based on the individual characteristics and needs of each student, however, there are some critical issues surrounding transition

for exiting high school students. Transportation, medical care and insurance, conservatorship/estate planning, interpersonal and social adjustment require consideration when addressing the primary transition service areas.

### **Transition Service Examples**

#### **Instruction**

- Personal finance
- Budgeting
- Food preparation
- CTE courses
- **WBL**
- **Self-determination or self-advocacy** courses

### **Related Services**

- Developmental, corrective, or other supportive service as required to assist a child with a disability to benefit from special education
- Assistive technology
- Occupational therapy assessment in the workplace
- Physical therapy assessment in the workplace (for ergonomic work station, safe mobility, access to facility, and emergency egress planning)

### **Community Experience**

- Participate in local recreation events
- Join the YMCA
- Shop for food or clothing at local retailers
- Observe a courtroom
- Visit the library
- Open a bank account at the local bank
- Obtain a driver's license or state ID

### **Employment**

- Attend a career fair
- Meet with a military recruiter
- Practice filling out job applications and interviews
- File application for admittance to Vocational Rehabilitation and meet with counselor
- Memorize Social Security #

### **Post-School Adult Living**

- Explore conservatorship procedures
- Develop a budget and practice various methods of bill payment
- Collect information about housing options

- Meet with **Social Security Income (SSI)** benefits planner
- Visit adult service providers

### **Daily Living Skills**

- Prepare simple meals
- Keep body in optimal state of cleanliness
- Learn to use an alarm clock
- Learn to wear clothing appropriate for the season and for the occasion
- Communicate needs in an acceptable manner
- Laundry
- Ride a bus; follow a bus schedule

All of these transition activities can be used to assess a student on the Skills, Knowledge, and Experience Mastery Assessment (SKEMA) in order to determine eligibility for an Occupational Diploma for those students who will not achieve a General Education Diploma by the end of the 4<sup>th</sup> year of high school.

### **Component 9.4 Examples of Measurable Post-Secondary Goals (MPSGs) and Measurable Annual Goals (MAGs)**

#### **Measurable Post-Secondary Goal (For full IEP, see Appendix Example D)**

**Measurable Post-Secondary Goals** for the area of Employment: Cam will work within business administration or sales and then have his own business.

**Measurable Annual Goal:** When frustrated, embarrassed, or increasing in **anxiety**, Cam will use his coping skills to regulate and maintain his behavior as measured by participation on his behavior log at a rate of 90% per week for 3 consecutive weeks.

#### **Measurable Post-Secondary Goal (For full IEP, see Appendix Example E)**

**Measurable Post-Secondary Goals** for the area of Employment: Delia will work part-time at an animal grooming and boarding business.

**Measurable Annual Goal:** Given simulation or work-based activities for at least 5 different careers, Delia will develop skills necessary to hold a part-time job at a level of "proficient" as measured on the work experience rubric by teacher observation and data collection in 80% of the work experience settings.

#### **Measurable Post-Secondary Goal (For full IEP, see Appendix Example H)**

**Measurable Post-Secondary Goals** for the area of Post-Secondary Education/Training: Piper will attend the community college to save money and continue to work on keeping track of assignments and schedules before attending a four-year state college.

**Measurable Annual Goal:** Given instructional lectures and activities, Piper will remain on task 75% of the time as measured by a time on task probe randomly occurring each week for 4 consecutive weeks.

Component 10 Accommodations

## Component 10.1 Accommodations for Core Instruction, Intervention, and Assessment

With the focus of legislation aimed at accountability and the inclusion of all students comes the drive to ensure equal access to grade-level content standards. Providing effective accommodations during instruction and assessments is critical to achieving this important goal.

It is important to ensure that performance in the classroom and on assessment is influenced as little as possible by a student's disability.

Accommodations are intended to reduce or even eliminate the effects of a student's disability; however, accommodations do not reduce learning expectations. The accommodations provided to a student on accountability assessments must be *generally consistent* with those provided for classroom instruction and classroom assessments. Although accommodations do not change the construct intended to be measured by the assessment or the meaning of the resulting scores, they do provide equity and serve to level the playing field for students with disabilities.

It is critical to note that although some accommodations may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment. There may be consequences (e.g., not counting a student's test score) for the use of some accommodations during state assessments. It is very important for educators to become familiar with policies regarding accommodations during assessments.

### Accommodations should adhere to the following principles:

- enable students to participate more fully in instruction and assessments and better demonstrate their knowledge and skills
- based upon individual student need and not upon the category of disability, level of instruction, or program setting
- aligned with and part of daily instruction
- provided on a regular basis during instruction
- foster and facilitate independence for students, not dependence.

### Accommodations may not:

- remove instructional content or standards
- be an alternate, unrelated curriculum
- eliminate participation or opportunities within general education
- be introduced only for high stakes testing

### Description of Accommodations Categories

An accommodation is defined as a change in the routine conditions under which students access and participate in instruction and assessment. Accommodations are grouped into the following four categories:

- **Changes in presentation:** for example, using a large-print or Braille, pre-taught vocabulary, use of media and/or technology
- **Changes in how the student responds:** for example, dictating to a scribe, word processing for

writing, oral testing on formative tests

- **Changes in setting:** for example, working at a table instead of desk, in a group of 2 rather than 4, lights dimmed in the classroom, testing in a small group or a separate setting
- **Changes in timing or scheduling:** for example, completing small portions of an assignment at a time, extra time to complete a large project, choice of activity or work from two, administering the test in short intervals or at a specific time of day

### **Select Accommodations for Instruction and Assessment Based on Individual Student Need**

Accommodations will be considered and discussed individually for each content area, course, and summative assessment. Accommodations based on individual student need will be discussed as a part of the annual IEP meeting. Accommodations must be based on a student's specific skill deficit area which will allow them to access core instruction and assessment. Accommodations should not be broadly or randomly assigned across all content areas or assessment. For example, a student with an area of deficit in math does not need accommodations in English/language arts, social studies, science, music, etc.

#### **IEP Teams must consider the following questions:**

- Are the recommended accommodations necessary for access to the core instruction or assessment process?
- Is there previous experience with and usefulness of the recommended accommodations?
- Will the recommended accommodations affect the integrity of the core instruction or assessment?

#### **In selecting appropriate accommodations for large scale assessments, consider the following:**

- IEP teams must consider and discuss accommodations individually for each state assessment mandated for the student's grade level and should not broadly assign accommodations across all assessments.
- Students should receive the accommodation they need in order to participate in the assessment but should not be given more accommodations than are necessary to participate meaningfully.
- Accommodations are not to be used to compensate for a student's lack of knowledge and skills.
- Students need opportunities to learn what accommodations are most helpful for them in day-to-day classroom instruction and assessment, as well as on large scale assessments.
- The more input students have in selecting their accommodation, the more likely they are to use the accommodation.
- The use of any accommodation must be considered in light of the student's disability and must be necessary for the student to access the test due to his or her disability.
- Schools must not provide accommodations solely as a way to help ensure proficiency on the assessment. The team must be sure that the accommodation(s) recommended for each student are providing access, not advantage.

Each member of the IEP Team must be informed of responsibilities related to implementing the student's IEP. Those responsibilities include selecting, administering and evaluating accommodations during instruction and assessment. The team must select accommodations on the basis of the individual student need(s), and educators must use those accommodations consistently for instruction and assessment.

## Selecting Accommodations

### *Focus on student characteristics*

When selecting each accommodation, educators should consider the following questions:

1. What is the student's learning strengths and a specific deficit area(s)?
2. How do the student's specific areas of deficit affect the achievement of grade-level content standards?
3. What specialized instruction and intervention (e.g., learning strategies, organizational skills, reading skills) does the student need to achieve grade-level content standards?
4. What accommodations will increase the student's access to core instruction by addressing the student's specific learning needs and reducing the effect of the student's disability? These may be new accommodations or accommodations the student is currently using.
5. What accommodations are regularly used by the student during core instruction?
6. How does the use or elimination of accommodations affect the student's performance?
7. What is the student's perception of how well an accommodation worked?
8. What are the perceptions of parents, teachers, and specialists about how the accommodations worked?
9. What difficulties did the student experience previously when using accommodations?
10. Should the student continue to use an accommodation, are changes needed, or should the use of the accommodation be discontinued?
11. Are there effective combinations of accommodations?
12. In some cases, the accommodations used in instruction may not be allowed on a test because they would invalidate the results of the test (i.e., when the performance no longer reflects what the test was designed to measure). In these instances, teachers should be sure to allow the student ample opportunities to perform on classroom tasks and assessments without the use of the accommodation. If the accommodation is considered a necessary step in scaffolding grade-level content instruction, having some practice without the accommodation during classroom work would be an expected practice to gauge student progress independent of the accommodation, and this would also provide student opportunities to practice not using an accommodation.

*If the instructional accommodation is more permanent in nature and is not permitted on a state assessment, decision-makers should consider whether the accommodation alters what the test measures. If, after considering these steps, the appropriateness of using an accommodation is not clear, contact district or state personnel about its use or apply for a Unique Adaptive Accommodation.*

### **Unique Accommodations**

Based on the final NCLB Regulations for students receiving special education services, requests regarding accommodations not listed in Allowable or Special Accommodations will be reviewed on a case-by-case basis using the Unique Adaptive Accommodations Request Form (UAARF). All Unique Adaptive Accommodations Request Forms should be received by the Department of Education no later than one month prior to the assessment(s) to which they apply.

In rare cases additional accommodations may be needed for students who are not receiving services under Special Education or Section 504 (e.g., a short-term medical problem). For these students Unique

Adaptive Accommodations Request Forms should be submitted to the Department of Education for review and approval as soon as need is indicated.

The following guidelines should be used when determining if a Unique Adaptive Accommodations Request Form should be considered:

- The unique accommodation must be currently documented in the student's IEP.
- The unique accommodation does not have to be documented on the current Allowable/Special Accommodations Section, but a copy of the approved Unique Adaptive Accommodations Request Form should be attached to the IEP.
- The accommodation must be used for the purpose of student access to the general education curriculum.
- The accommodation shall be age appropriate, related to the student's disability, and must meet the individual instructional needs of the student.
- The accommodation must be part of the student's regular instructional program, used consistently throughout the school year for all related classroom assignments and tests. The accommodation may not be introduced for the first time on an assessment.
- The student must be proficient in the use of the accommodation.
- Any accommodations that change the standards measured by altering the number of items on the test or answer choices will not be considered.

### ***Focus on Data Analysis***

The questions below should guide data analysis at the school, district, and student level.

1. Are there procedures in place to ensure test administration procedures are not compromised with the provision of accommodations?
2. Are students receiving accommodations as documented in their IEP?
3. Are there procedures in place to ensure that test administrators adhere to directions for the implementation of accommodations?
4. What types of accommodations are provided and are some needed more than others?
5. How well do students who receive accommodations perform on state and district assessments?
6. If students are not meeting the expected level of performance, is it due to the students not having had access to the necessary instruction?
7. If students are not meeting the expected level of performance, is it due to the students not receiving the accommodations or using the accommodations that were not effective?

Of the accommodations that match the student's needs, consider:

- whether the accommodation is respectful of a student's age and grade (e.g., older students may prefer to receive a verbatim reading accommodation via technology as opposed to a human reader);
- the student's willingness to learn to use the accommodation;
- providing **explicit instruction** in how to use the accommodation in classroom and testing settings; and
- conditions for use of the accommodation on state assessments.

Finally, collecting and analyzing data on the use and effectiveness of accommodations is necessary to ensure the meaningful participation of students with disabilities in instruction. Data on the use and impact of accommodations may:

- reveal questionable patterns of accommodations use
- support the continued use of some accommodations
- initiate the rethinking of other accommodations
- indicate the need for additional training and support to teachers and para-educators

### **Types of Data Collection**

The collection of data that could be used to guide effective accommodations includes:

- observations conducted during instruction in various content areas
- interviews with teachers and students
- formative and summative test results

*\*See Implementation for Determining Appropriate Accommodations*

### **Component 10.2 Determining Participation in State Assessments**

The Individuals with Disabilities Education Act (IDEA) and Title I of the Elementary and Secondary Education Act (ESEA) each require all students with disabilities to be included in State assessment systems. The prohibition against exclusion from participation or denial of benefits to, or discrimination against, individuals with disabilities contained in section 504 of the Rehabilitation Act and Title II of the Americans with Disabilities Act applies to state assessment and accountability systems. In addition to state assessments, IDEA requires that all students with disabilities participate in district-wide assessment programs and that alternate assessments be provided for students with disabilities who cannot participate in grade-level assessments, even with accommodations.

Students with disabilities enrolled in Tennessee public schools may participate in the assessment system in one of the following ways:

1. General grade-level assessment, with or without accommodations
2. Alternate assessment based on alternate academic achievement standards

IEP teams must first consider student participation in the general grade level assessment, with or without accommodations, before considering student participation in an alternate assessment. Students with disabilities who are not able to show what they know and can do on the general grade-level assessment, even with appropriate accommodations, must be assessed with an alternate assessment.

*In order to assist the IEP team with the determination of how students with disabilities participate in statewide assessments for accountability, the following five-question decision framework has been provided.*

**Question 1:** In what way does the student access the general education curriculum?

Some students with disabilities access the general education curriculum in the same way as students who are not disabled; that is, students with disabilities are included in general education classes and/or are expected to master the general education curriculum to the same breadth, depth, and complexity as their nondisabled peers, although they may need some accommodations to do so (which should not change the construct being measured). An IEP team should recommend that students who are focusing on grade-level achievement standards as part of their ongoing instructional programs take the general assessment with or without accommodations. If a student has been taking the general assessment (either with or without accommodations) but has not achieved proficiency, IEP teams should consider the type and quality of instruction the student has been receiving before recommending an alternate assessment method that is judged against alternate achievement standards.

Before recommending an assessment other than the general statewide test, without or with accommodations, the IEP team should consider these three questions:

1. Has the student received instruction in the grade-level academic content?
2. Was this instruction evidence-based?
3. Was instruction delivered by a highly qualified teacher?

If the answer to any of the three questions is “No,” then the IEP team should recommend that a student’s instructional program be altered before considering an assessment method based on alternate achievement standards.

**Question 2:** What has been the student’s response to academic interventions?

Many students with disabilities respond to appropriate, intensive interventions aimed at improving performance on academic, behavioral, or **social skills**. Student progress can be reliably documented, measured, and reported using various curriculum-based measures that are predictive of performance on state assessments. With teachers monitoring student progress, instructional adjustments can be made along the way (during the year) so the student has a maximal opportunity to catch up. Ideally, with instruction continually informed by student progress, a student can keep pace with the grade-level curriculum and perform proficiently on the statewide assessments in a timely fashion. For a student whose academic program focuses on his/her learning essential and highly prioritized academic content, alternate assessments judged against alternate achievement standards may be appropriate.

**Question 3:** How does the student interact with text?

For many students with disabilities, their interaction with text is the focus of their instruction: they learn to read and complete math problems in a traditional manner, using the symbol systems of the alphabet and numbers and operations. For this group of students, the focus is likely to be on accommodations and adjustments in the statewide testing program that provide better access to that text. A student who can learn with text and instructional supports that do not change the breadth, depth, or complexity of the general education curriculum should have the opportunity to demonstrate grade-level achievement through the general assessment, with or without accommodations. In contrast, students with the most significant cognitive disabilities may have inconsistent or rudimentary skills in reading and math. For example, they may be gaining word or number awareness while using symbols to fill in reports and other student assignments, or they may be able to understand a concept in a content text if the text is not only simplified and made accessible with technology or a human reader, but also supplemented with extensive picture or auditory cues. Students with the most significant cognitive disabilities may also use minimal sight word vocabulary to glean meaning from phrases, headlines, and other signs. In all of

these examples, the critical issue is the appropriate balance of skill and content knowledge.

**Question 4:** Do the supports required by the student to perform or participate meaningfully and productively in the general education curriculum change the complexity or cognitive demand of the material?

Some students with complex physical or sensory challenges can perform on grade level if given alternative ways to demonstrate learning. One student may have significant physical challenges and communicate in a way that requires extensive time and possibly a translator to convey the message. Another student may have serious medical challenges that require providing assessments using unique responses and contexts. If students with these types of challenges have been able to access text and other instruction in the general education curriculum in ways that do not change its complexity or cognitive demand, then they may be candidates for the general assessment with accommodations.

**Question 5:** What inferences can be made about how the students will generalize skills to different contexts (i.e., transfer information taught in one context to the other)?

Generalization or transfer of learning always exists within some limits. The extent of these limits differs among students with disabilities. Some students with disabilities can demonstrate transfer of learning with little or no direct instruction on generalization. Most students with disabilities, however, have some difficulty generalizing learned information to new situations. For example, students who learned basic division in school may not automatically apply this skill to dividing the cost of a pizza among four friends. While such generalization problems also are encountered in students without disabilities, they can be magnified in students with disabilities. However, many of these same students respond well to generalization training that helps them to apply what they have learned to different life situations.

If the IEP Team determines that the student must participate in the alternate assessment instead of the general test, a statement that addresses the following must be included in the IEP:

- why the student cannot participate in the regular assessment
- why the particular assessment selected is appropriate for the student, including that the student meets the criteria for the alternate assessment
- how the student's participation in an alternate assessment will affect the student's promotion, graduation, or other matters.

### **Non-Participation of Students with Disabilities in the Tennessee Assessment Program**

Neither the IEP team nor the 504 committee can make decisions for non-participation in state assessments. If the parent requests non-participation in a particular assessment, an IEP Team must convene to explain the consequences associated with non-participation.

#### ***Consequences may include:***

- teachers, parents and the student will not receive information on student progress contained in the assessment score reports; and
- the student may not have an opportunity to experience an assessment in the content area prior to taking assessments which may lead to required credit for graduation.

If the parent decides on non-participation in the Tennessee assessment program, the decision will be considered a refusal to participate and the student, the school, and the school division will receive a

score of 0 for that test. Documentation indicating that the consequences of the decision have been fully explained to and understood by the parent, guardian, surrogate or student must be attached to or become part of the student's IEP.

### **No Accommodations**

If no accommodations are being considered for the student, the informational fields must be completed with a statement explaining the IEP Team has considered the accommodations but none are required at the present time. Informational fields need to be addressed even if it does not apply to the student.

### **Component 10.3 Assistive Technology Devices and Services**

The IEP must describe any assistive technology devices and/or services needed for the student to benefit from education, including whether the use of a school-purchased assistive technology device is required to be used in the student's home or in other settings in order for the student to receive a **free appropriate public education**.

- **Assistive technology device** is 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 student with a disability. Assistive technology devices can range from "low technology" items like pencil grips, markers or paper stabilizers to "high technology" items such as voice synthesizers, Braille readers or voice activated computers.
- **Assistive technology service** is any service that directly assists a student with a disability in the selection, acquisition or use of an assistive technology device.

When a student needs an assistive technology device or service, the IEP team needs to consider what instruction the student might require for use of the assistive technology device, as well as any supports and services the student and/or the student's teachers may need related to the use of the device including training, programming, and device maintenance.

Section 504 of the Rehabilitation Act of 1973 and Title II of the American Disabilities Act of 1990 (ADA) provide that: *"No otherwise qualified individual with handicaps in the United States...shall, solely by reason of his/her handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."* The Individuals with Disabilities Education Act (IDEA) states that all students with disabilities must be included in state, regional, and district large-scale assessments, with results from assessments reported and findings aggregated with the total school population. In addition, No Child Left Behind (NCLB) requires participation of all students in statewide assessments. This means there can be no exemptions from state mandated assessments.

## Component 11 Delivery of Special Education Intervention and Services

### Component 11.1 Special Education Intervention Service Delivery

Once the IEP has considered the student's present level of performance, the measurable annual goals related to the area(s) of deficit and the accommodations for the student, the delivery of special education services must be addressed. These will be the services that support the student in their progress toward their goals, and, ultimately toward the mastery of grade level core instruction.

All students will participate within the general education classroom to the greatest extent possible. Teams may select "inclusion" as a service to reflect the addition of an adult with knowledge of specialized interventions working directly with that student within the general education setting. For example, a special education teacher works with one of the small group book studies in a 7th grade ELA classroom.

Another option would be the provision of consultation within the regular general education setting. Using the 7th grade room above as an example, the special education teacher may meet with one of the other book clubs once every two weeks to check-in on a student who has consultation services in reading. However, if a student receives consultation services only, the IEP team may need to conduct a reevaluation to determine if special education services are still appropriate.

For a student who currently is not able to make appropriate progress toward core curriculum and measurable annual goals, a setting outside the general education room may be appropriate for a portion or all of their day. In this case, the services would be direct in a special education setting.

The location and length of services per day are decided by the IEP team on an individualized basis. Specific services may be for a portion to all of the IEP year; however, the student should have at least one special education service throughout the whole IEP year. For example, a student may participate in an intensive direct speech intervention for 12 weeks, but the remainder of the IEP services are within the general education classroom in the area of language.

### Component 11.2 Length of Intervention Session

#### How long should an intervention session be?

Special education is the most intensive intervention, so it must be more intense than the intervention that a student would receive in Tier II or Tier III of general education intervention. Students may receive this level of intervention in one or more settings through one or more sessions a day. For students with more significant behaviors or within the 1% population, the interventions may encompass a larger portion of the school day if that is the LRE for the student at that time. Service delivery can be a combination of general education and specialized instruction within core instruction and in non-academic or unstructured portions of the day.

Whatever the decision is at the time of the IEP, the intervention effectiveness should be monitored through progress monitoring assessments. As students begin to close the gap, attempts should be made to reduce the intensity or the restrictive environment time in an effort to move the student toward successful full participation in the general education classroom and core instruction. The goal for all

special education services is to assist the students in learning the skills necessary to no longer require any special education services, and to no longer require an IEP.

### **Component 11.3 Collaboration with General Education**

Collaboration between the special education teacher, related service professional, paraprofessional, and general education is a strong predictor of success for the student. Collaboration can occur throughout the natural school day including grade-level Professional Learning Community weekly team planning meetings, monthly planning meetings, or plan time. The general education teachers are the experts on content instruction, while special education teachers bring an expertise in the interventions that teach the skills required within the core instruction. Together, the two can create a cohesive instructional plan for students.

#### **Collaboration means:**

- scaffolding student understanding prior to instruction
- training teachers on accommodations and helping plan for use
- discussing progress and data
- reassessing and adjusting instruction

### **Component 11.4 Additional Services to be considered at the IEP Meeting**

The services a student with an IEP can receive may also extend into the summer or scheduled school breaks such as spring break. **Extended School Year**, or ESY, is defined by IDEA as:

#### **34 C.F.R. §300.106 Extended school year services.**

##### **(a) General.**

(1) Each public agency must ensure that **extended school year** services are available as necessary to provide FAPE, consistent with paragraph (a)(2) of this section.

(2) **Extended school year** services must be provided only if a child's IEP Team determines, on an individual basis, in accordance with 300.320 through 300.324, that the services are necessary for the provision of FAPE to the child.

(3) In implementing the requirements of this section, a public agency may not--

- (i) Limit **extended school year** services to particular categories of disability; or
- (ii) Unilaterally limit the type, amount, or duration of those services.

**(b) Definition.** As used in this section, the term **extended school year** services means special education and related services that--

(1) Are provided to a child with a disability--

- (i) Beyond the normal school year of the public agency;
- (ii) In accordance with the child's IEP; and
- (iii) At no cost to the parents of the child; and

(2) Meet the standards of the SEA.

**Extended school year** is determined annually as a component of IEP services. Progress monitoring data regarding the students' performance prior to and immediately following school breaks must be considered in determining an individual's need for ESY.

There are four conditions in which ESY must be considered:

1. A student's level of performance on a skill or set of skills regressed to the degree that it takes 1.5 times or more the length of the school break to recoup the skills to the former level. (For example, a student is able to compute two-digit numbers using addition or subtraction including problems that require regrouping with 75% **accuracy** prior to the 2-week spring break. Upon returning from break, the student is not able to perform this skill greater than 40% until the 4<sup>th</sup> week back in math intervention. This is longer than the expected three weeks to recoup (2 weeks \* 1.5 = 3 weeks) and therefore, ESY is required for this student on this skill.)
2. A student has recently emerged in a skill but has not had sufficient time to show mastery and has only recently qualified for special education or is new to the school or district, but progress monitoring from the prior placement is unavailable in regard to the student's history of regression/recoupment. (For example, a student was determined eligible one month ago at their initial IEP and has received special education intervention for the 4 weeks, just started to decode 3 letter words but summer break begins in two weeks. This student would qualify for ESY services on this skill.)
3. A student's behavior is such that a break from routine or school support leads to behavior that is harmful to self or others or can cause regression in behavior to the degree that upon returning from the break, the student requires a more restrictive LRE than required before the school scheduled break. (For example, a student with an Emotional Disturbance disability becomes so anxious on school breaks that he or she becomes very withdrawn and explosive. After the last two week school break, they needed to be removed from the general education setting repeatedly the first two days and then for an extended three week period, with parent permission, to regain their coping strategy skill and application to remain safe. This student would require ESY to maintain emotional stability.)
4. A student's physical health or needs are such that continuous intervention is required. (For example, a student who uses a stander and gait trainer daily to maintain health and proper alignment of their spine and hips and has had recent surgery to correct the hip alignment already but is still not fully recovered.)

**Extended school year** is not a compensatory program or extension of time but rather, it is an intervention provided to students for whom extended school breaks are determined to be detrimental to a student's progress. ESY is not intended to assist students in making additional progress but instead, it is the prevention of regression in skills, behaviors, and physical strength. The goal of an ESY program is to maintain skills, so the student will not be spending each school year regaining skills to the same level. The measurable annual goals for which the student qualified should be provided to the ESY teacher as a guide to the interventions. This teacher may or may not be the same special education teacher that works with the student during regular school days. Best practice would be sharing the interventions and strategies for which the student is successful and a collaboration of the teachers prior to the ESY, and then, following ESY to articulate the student's progress. This can assist the effective transition between the two teachers and ensure the intensity and fidelity of the intervention.

ESY should not be the following:

- a solution to child care
- guaranteed for specific disability categories
- all day, every day for all school breaks
- automatically "renewed" at each annual IEP

Extended school year determination is made by the IEP team but should be made in a timely manner so

the parents can make adequate plans for the student's participation as well as consider their rights in relation to the decision

Note that ESY services occur outside the school days scheduled for all students, so it **does not** occur within the general education setting.

### **Component 11.5 Transportation**

Transportation is also a related service and must be considered annually for a student. As with academic instruction, the goal is for students to participate with their peers to the greatest extent possible. If, however, the student is not successful within the general education setting (the bus offered to all who live on that route), an alternate, more restrictive setting (special education bus) must be selected as the best option for that student. This transportation is provided to families at no cost and is considered a portion of the student's school day and intervention. The amount of time that a student spends on the bus during the route should be as closely aligned to the time their peers spend on a bus to the greatest extent possible.

The special education bus may also contain additional adult support from a paraprofessional or non-certified assistant hired by the district. The driver and paraprofessional should be trained in behavior modification strategies, health, and safety. Best practice would provide the drivers and paraprofessionals with the behavior plans and other strategies or tools that work within the school setting to keep the student safe, as well as knowledge and information related to health issues. The school system may contract transportation services from a private vendor if the necessary adapted transportation is not otherwise available.

If the team determines that a student requires specialized transportation, the transportation becomes a part of the student's day. Therefore, if a student is suspended from the bus, it is considered a day of suspension and counts towards the 10 days allotted per student per school year before a **manifestation determination** is required.

Specialized transportation may be required because an individual uses a wheelchair or walker and is not able to access the general education bus. However, transportation may also be needed as a related service for reasons related to behavior, health, **visual impairments**, hearing impairments, or cognitive understanding of safety both on the bus and at the bus stop.

If a student requires specialized transportation due to using a wheelchair or other mobility device, an accessible mode of transportation must be provided for school related trips such as but not limited to field trips, school overnights, marching band competitions, school club related competition, etc. Ideally the transportation solution would allow the student with a disability to travel with at least one non-disabled peer. An LEA must not require a parent to transport to any event or location that it provides transportation to for the student's non-disabled peers. It is solely the responsibility of the LEA.

## Component 12 Behavior

### Component 12.1 Functional Behavior Assessment (FBA)

Academic learning and the acquisition of academics is the primary focus of schools. For some students, the access to the core instruction is impeded by their behavior. A student's behavior can also impact his or her peers, positively or negatively. The IEP is an opportunity to formally address behavior in relation to the student's present level of educational performance as well as within the measurable annual goals. Additionally, a student who has a pattern of behavior that impacts learning and/or is unsafe to themselves or others will need to have a **behavior intervention plan** (BIP).

The first step in completing a behavior plan is a **Functional Behavior Assessment** (FBA). Generally, a FBA is a problem solving process for gathering information which describes student problem behaviors, looks for the reasons (function) behind the behaviors, and offers interventions that teach new behaviors to replace the undesired ones. This is a critical first step and should be thoughtfully completed with all vested stakeholders who have firsthand knowledge about the student including their family. Recording time and including data collection in the FBA, will result in a behavior plan that will be far easier to create and have a much higher likelihood of success.

For example, an FBA is being completed on a student who runs from the classroom and has run out of the building. There are many possible reasons for this behavior but it is the analysis of the antecedent that will lead the team to a conclusion.

- In the absence of antecedent data, it could be hypothesized that the student wants to escape and the behavior plan would be written in an effort to make the classroom safe and welcoming.
- However, if the data collected indicated that the student ran each time the class had long periods of independent work and the room was fairly quiet, it could be hypothesized that the student needs sensory input and the behavior plan would be written to provide additional sensory input, particularly when the learning is independent for lengthy amounts of time and the room is quieter.
- If instead the data showed that the student ran each time the class was transitioning, it could be hypothesized that the student is unaware of the schedule and believes it is time to leave the room so the behavior plan may include visual scheduling and supports around determining cues.
- If the data showed that each time the student ran, the assistant principal, a favorite person of the student, was the one to get them, it could be hypothesized that the student is seeking affiliation with that person so the behavior plan would focus on building in time with the assistant principal in a way that supports safe and preferred behavioral choices.

In each of the above scenarios, the behavior was the same: running out of the classroom. However, the data provided different information about the antecedents and hypothesized function of the behavior which led to different strategies and techniques. Correctly identifying the function can minimize the time "guessing" and "trying new behavior plans" by the team and instead focus on refining the plan to both meet the needs or function of the behavior, while simultaneously teaching the student alternative behaviors or coping strategies that are safer than the target behavior and allow the student fuller access to instruction.

This is not a simple, one-time process and may need to be revisited several times throughout the year. A full IEP does not need to be held each time the team reviews a student's FBA. However, if a student's unsafe or highly impacting behaviors are increasing, the team may need to reconvene to determine if

the student's current service delivery model is meeting his/her needs or if a new, more intensive, least restrictive environment needs to be considered.

Pursuant to recent clarification from the United States Department of Education's Office of Special Education Programs, citing *Letter to Christiansen, 48 IDELR 161, (February 9, 2007)*, written **parental consent** is required whenever a functional behavioral assessment is intended to evaluate the educational and behavioral needs of a single, specific child. (Memo March 18, 2010)

If a parent refuses to provide written consent, or fails to respond to a request for written consent, a **local education agency** may exercise its rights pursuant to 34 C.F.R. §300.507 by requesting a **due process** hearing and seeking a judicial order for a functional behavioral assessment. (Memo March 18, 2010)

If a parent disagrees with a functional behavioral assessment, the parent is entitled to request an **independent educational evaluation** at the local agency's expense, subject to the conditions in 34 C.F.R. §300.502.

*\*See memos in appendix*

## **Component 12.2 Behavior Intervention Plan**

A **behavior intervention plan** is a plan that includes positive strategies, program modifications, and supplementary aids and supports that address a student's problem behaviors and allows the child to be educated in the least restrictive environment (LRE). It is a direct reflection of the data found within the **functional behavior assessment**.

A BIP should at a minimum outline the following:

1. The **target behavior** (the one that the team is attempting to extinguish or reduce)
2. A current baseline for the **target behavior**
3. A goal for the **target behavior**
4. Who is a part of the behavior plan
5. Exactly what the intervention will be including how to minimize or prevent the behavior, how to address escalation, how to address the behavior when it is occurring, and how to rebuild rapport with the student
6. When and where the intervention will take place
7. How the intervention will be progress monitored
8. When the team will reconvene to determine if the BIP is appropriate for the student and make necessary adjustments or changes to the BIP

Evaluating and adjusting the BIP will also be an ongoing process. It is important for the members of the team to work together and progress monitor frequently. A student's behavior will not change because a BIP is created. Behavior will change as a result of the intervention described within the BIP. As with academic interventions, if the intervention is not working or the progress the student is making is very slow, change the intervention. Additionally, as the student grows and develops, the strategies and behavior interventions need to grow and develop as well. Most importantly, the strategy (s) selected need to be ones that the whole team feels they can implement with fidelity to increase the likelihood of

a successful BIP.

### Component 12.3 Manifestation Determination

There are times when a student's behavior is such that it warrants suspension or expulsion. IDEA allots up to 10 school days per school year for students with an IEP. Schools are free to remove or "suspend" students with disabilities from school for up to 10 cumulative days in a school year. During the 10 "FAPE Free" days there is no duty to provide alternative services, IEP meeting, manifestation review, **behavior intervention plans**, or **functional behavior assessment**. 34 C.F.R. §300.530 In-school suspensions will not count toward the 10 days if the school and staff ensure that the student is afforded the opportunity to participate in the general curriculum and continues to receive special education services as written on the student's IEP as well as participating with their non-disabled peers to the same level as required in their current placement (*Federal Register*, Vol. 71, No. 156 at 46715). If a student has transportation services as a requirement of the IEP, a bus suspension does count in the 10 cumulative days. Also, a short-term removal that results in only a short portion of a class or day being missed such as time-out or being sent to the principal does not count within the cumulative 10 days. If the number of days they are suspended is 10 or more or a series of removals constitute a pattern, the school must have a **manifestation determination** meeting.

If a change of placement or a long-term removal occurs, the IEP team determines the interim setting for services, and the IEP team has the duty to provide, as appropriate, a functional behavioral assessment and behavior intervention services and modifications that are designed to address the behavioral violation so that it does not recur. 34 C.F.R. §300.530(d) (1) (ii)). If a student's behavior is escalating or not improving, the current BIP is not effective for that student and needs to be revised with new or additional intervention strategies. This process may also require a team to re-evaluate the FBA, but not always.

Services must be provided during the removal to an alternate setting pending the manifestation review (34 C.F.R. §300.530(d)). The IEP Team determines the interim alternative educational setting for services. (34 C.F.R. §300.531)

At a removal exceeding the 10 cumulative days of removal, a **manifestation determination** must convene. The manifestation review team would include a representative from the **local education agency**, the parent, and relevant members of the IEP as determined by the LEA and parent. The team must review all relevant information in the student's file, including the student's IEP, teacher observations, and any relevant information provided by the parent. This review must occur within 10 school days and may be conducted on as little as 24 hours' notice to the parent. (34 C.F.R. §300.350; Tenn. Rules & Regs. 0520-1-9-. 15) The **manifestation determination** hearing must address the following questions:

1. Was the conduct in question caused by, or did it have a direct and substantial relationship to, the student's disability; OR
2. Was the conduct in question the direct result of the LEA's failure to implement the IEP?

34 C.F.R. §300.530(e)

If the team determines that the student's conduct was indirectly related to the disability, such as low self-esteem, the team would find that the behavior was not a manifestation. However, if it was

determined that the student's IEP was not being followed with fidelity, the behavior would be a manifestation.

If the student's behavior is determined by the manifestation hearing team to **not be a manifestation**, the student is subject to the same disciplinary actions as their non-disabled peers. However, special education services must continue to be provided during any period of removal. The IEP Team may determine the alternate setting. 34 C.F.R. §300.530(c) and 531)

If the student's behavior is a manifestation, an FBA must be completed if not already. The FBA requires **parental consent**. If a parent refuses consent, the school district may exercise its right to **due process**. (Memo on FBA) A behavior plan must be developed, or modified to address the current behavior concern. The student is then returned to the placement from which they were removed unless the parent and school agree to a change of placement as a part of the modification of the **behavior Intervention plan**.

The parents have a right to appeal the decision of the **manifestation determination** team. They must request an expedited **due process** hearing. The hearing must be conducted within 20 school days of the LEA's receipt of the request and a decision rendered within 10 school days of the hearing (34 C.F.R. §300.532) *The student remains in the disciplinary setting pending the outcome of the expedited hearing.* Stay put, in disciplinary matters, is the interim alternative setting determined by the school, not the setting from which the student was removed. (34 C.F.R. §300.533) The LEA must show that continuing a student in LEAs the current, non-disciplinary setting is likely to result in injury to the student or others. If the LEA prevails in an expedited hearing, the judge may order the student to remain in the interim alternative setting for not more than 45 school days. (34 C.F.R. §300.53)

#### **Component 12.4 Isolation, Seclusion, and Restraint**

In an ideal situation, a fully developed **Functional Behavior Assessment** leads to a **Behavior Intervention Plan** that is so effective that a student's behavior remains safe and is quickly modified to a more socially acceptable behavior. However, this is not always the case. There are a few students for whom their disability impacts them to such a degree that they are unsafe to themselves or others and must be removed from the stimuli in order to gain control. In these emergency situations, isolation, seclusion, and/or restraint may be necessary for the student's safety and/or the safety of those around them.

Isolation, seclusion, and restraint should always be employed with caution and only as a response to emergency situations.

As defined by the Special Education Behavioral Supports Act, "Isolation" or "seclusion" means the confinement of a student alone in a room with or without a door, or other enclosed area to structure pursuant to § 49-10-1305(g) where the student is physically prevented from leaving. This does not include time-out, a behavior management procedure in which the opportunity for positive reinforcement is withheld, contingent upon the demonstration of undesired behavior, including a self-selected time-out by the student.

Restraint, either by physically minimizing a student's movement or physically directing the movements made by the student, or a restraint within a room in which the student's exit is restricted shall only be imposed by school personnel who have been certified for completing behavior intervention training. If no trained personnel are available, other school personnel may restrain the student. A student may not be locked in a room or physical space that is structurally built to prevent the student's ability to leave even once calm.

A space used for isolation must incorporate the following:

- be unlocked
- free of any condition that could be dangerous to the student
- well-ventilated
- temperature controlled
- well lighted
- allow continuous visual contact from school personnel
- at least 40 foot square
- in compliance with all state and local fire, health, and safety codes.

Administrators must be notified when a student has been restrained or the individual in the building responsible for logging restraint into the state IEP tool. Parents must be notified when their student has been restrained as quickly as possible, including the length of time the restraint was imposed and to what degree (physical hold or held within an area and blocked for leaving.) If the student has been restrained and has no prior FBA or BIP completed, the school should request permission to begin an FBA in order to prevent further escalation to the degree that requires restraint.

Additionally, any restraint must be noted in a report to the district and compiled by the district to send to the state department at least annually. However, LEAs and districts may wish to collect and compile data in regard to restraint and isolation more often, including students without disabilities.

Disabling or removing any equipment or device required by the student, such as a wheelchair or **augmentative communication device**, as a means or coercion, punishment, convenience, or retaliation is prohibited.

## Appendix

- Appendix A: Associated Deficits of Autism – Gina Brady Sample**
- Appendix B: Associated Deficits of Deafness- Donna Sample**
- Appendix C: Associated Deficits of Developmental Delay – Tony Test**
- Appendix D: Associated Deficits of Emotional Disturbance- Cam Test**
- Appendix E: Associated Deficits of Intellectual Disability- Delia Test**
- Appendix F: Associated Deficits of Giftedness - Larry Sample**
- Appendix G: Associated Deficits of Orthopedic Impairment/ OHI- Marna Test**
- Appendix H: Associated Deficits of Other Health Impairment- Piper Test**
- Appendix I: Associated Deficits of Reading Specific Learning Disability -Susan Test**
- Appendix J: Associated Deficits of Math Deficits Specific Learning Disability- Matt Test**
- Appendix K: Associated Deficits of Written Expression Specific Learning Disability- David Test**
- Appendix L: Associated Deficits of Speech Impairment - Jaxson Sample**
- Appendix M: Associated Deficits of Language Impairment – Lisa Test**
- Appendix N: Associated Deficits of Traumatic Brain Injury – Janin Test**
- Appendix O: Associated Deficits of Blindness- Kimberly Sample**
- Appendix P: Timeline Extension Request**
- Appendix Q: Transfer Process for Students with IEPs & Transfer Flowchart**

## Glossary of terms

**Accommodations** - An accommodation is a change in how a student with a disability participates in the educational program. The key distinction between an accommodation and modification is that an accommodation does not alter *what* a student is expected to learn, only how the student participate in the learning activity. IDEA specifically references accommodations made to support participation in state- and district wide assessments (20 U.S.C. 1414 & 615(d)(1)(a) (VI)), but in practice, accommodations necessary to participate in assessments usually are needed for student to participate in the educational program as well. For example, a student may have an accommodation to have tests read aloud to him or her. This accommodation would be used not only during state- and district wide assessments but also in all classroom testing situations (daily quizzes, content-specific tests). Providing preferential seating in the classroom, repeating directions given to the class individually for a student, and allowing extra time to complete assignments, are all accommodations commonly provided students with disabilities.

**Accuracy** - A correct identification or answer. The number of correct divided by overall questions multiplied by 100 is the **accuracy** percentage for a specifically measured skill.

**Adaptive Behavior** - Includes the age-appropriate behaviors necessary for people to live independently and to function safely and appropriately in daily life. **Adaptive behaviors** include real life skills such as toileting, grooming, dressing, safety, safe food handling, school rules, mobility within the classroom, ability to work, money management, cleaning, making friends, **social skills**, and personal responsibility.

**Advanced Placement (AP)** - A program developed by the College Board where high schools offer courses that meet criteria established by institutions of higher education. In many instances, college credit may be earned with the successful completion of an AP exam in specific content areas.

**Alternative Keyboard** - Alternative keyboards may be different from standard keyboards in size, shape, layout, or function. They offer individuals with special needs greater efficiency, control, and comfort. For example, a traditional QWERTY keyboard may be confusing to a child with a developmental disability and can be replaced with a keyboard that lists letters A-Z in big, bold letters and without a lot of “extra” keys. This makes focusing on spelling and typing words a lot easier.

**Amnesia** - Lack of memory about events occurring during a particular period of time. See also: anterograde amnesia, retrograde amnesia, post-traumatic amnesia.

**Anxiety disorder** - A disorder characterized by excessive, uncontrollable worry about everyday things. The chronic worrying can affect daily functioning and cause physical symptoms.

**Anxiety in Children** - Defined as extreme agitation, filled with tension and dread; is different than fear; children with **anxiety** may or may not qualify for special education; modifications may be achieved through a 504 plan.

**Aphasia** - Loss of the ability to express oneself and/or to understand language. Caused by damage to brain cells rather than deficits in speech or hearing organs.

**Apraxia** - Inability to carry out a complex or skilled movement; not due to paralysis, sensory changes, or

deficiencies in understanding.

**Articulation** - Movement of articulators (including lips/tongue/teeth) to produce speech sounds. Articulation is judged through correct placement, manner, and voicing.

**Asperger's Syndrome** - A type of pervasive developmental disorder (PDD) that involves delays in the development of basic skills, including socializing, coordination and the ability to communicate

**Assessment or Evaluation:** The testing and diagnostic processes leading up to the development of an appropriate IEP for a student with special education needs.

**Assistive Technology Device** - An assistive technology (AT) device includes any item, piece of equipment, or product system that is used to increase, maintain, or improve the functioning of individuals with disabilities. It may be purchased commercially off the shelf, modified, or customized. The term does not include a medical device that is surgically implanted, or the replacement of such a device. AT devices range from low tech, such as a magnifying glass to high tech, such as a computer that responds to touch and allows a child to communicate more effectively.

**Assistive Technology Interventions** - Assistive Technology intervention refers to the use of various types of technology in order make things more accessible to individuals with disabilities as well as help them with various academic tasks. AT interventions can be used to help students access reading, writing, math, and other instructional curriculum.

**Assistive Technology Service** - An assistive technology service is one that directly assists in the selection, buying, designing, fitting, customizing, maintaining, repairing, replacing, and coordinating of assistive technology devices. It also includes the training of students, teachers, therapists and family members on the use and maintenance of the device.

**Asynchronous development** - A term explaining discrepancies in differing rates among the social, emotional and intellectual growth found in gifted learners. This is sometimes referred to as uneven growth.

**Augmentative (and Alternative) Communication System (AAC)** - An AAC system is one that increases or improves the communication abilities of individuals with receptive or expressive communication impairments. The system can include sign language, graphical symbol systems, synthesized speech, dedicated communication devices, and computer applications. AAC technology spans a wide range of products, from low-tech picture boards to high-tech speech recognition programs.

**Autism** - A developmental disability, which significantly affects verbal and nonverbal communication and **social interaction**, generally evident before age three (3) that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) or Asperger's Syndrome when the child's educational performance is adversely affected. Additionally, it may also include a diagnosis of a Pervasive Developmental Disorder such as Rett's or Childhood Disintegrative Disorder. Autism may exist concurrently with other areas of

disability. After age three (3), a child could be diagnosed as having Autism if the child manifests the above characteristics. Children with Autism demonstrate the following characteristics prior to age 3:(1) difficulty relating to others or interacting in a socially appropriate manner;(2) absence, disorder, or delay in verbal and/or nonverbal communication; and (3) one or more of the following:(a) **insistence on sameness** as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change; (b) unusual or inconsistent responses to sensory stimuli.

**Automaticity** - (Fluency) is reading words with no noticeable cognitive or mental effort. It is having mastered **word recognition** skills to the point of overlearning. Fundamental skills are so "automatic" that they do not require conscious attention.

**Behavior Intervention Plan (BIP)** - A plan that includes positive strategies, program modifications, and supplementary aids and supports that address a student's problem behaviors and allows the child to be educated in the least restrictive environment (LRE).

**Blending** - Combining individual sounds into a word or combining syllables to make words.

**Blindness** - Condition defined by lacking visual perception due to physiological or neurological factors.

**Body Awareness** - The mental picture of one's own body parts, where they are, how they interrelate, and how they move.

**Brain Injury, Mild** - A patient with a mild **traumatic brain injury** is a person who has had a traumatically-induced physiological disruption of brain function, as manifested by at least one of the following: 1) any period of loss of consciousness, 2) any loss of memory for events immediately before or after the accident, 3) any alteration in mental state at the time of the accident (e.g., feeling dazed, disoriented, or confused), 4) focal neurological deficit(s) which may or may not be transient; but where the of the injury does not exceed the following: a) loss of consciousness of approximately 30 minutes or less; b) after 30 minutes, an initial Glasgow **Coma** Scale score of 13-15; c) Post Traumatic **Amnesia** not greater than 24 hours.

**Cerebral Palsy** - A series of motor problems and physical disorders related to brain injury. CP causes uncontrollable reflex movements and muscle tightness and may cause problems in balance and **depth perception**. Severe cases can result in mental retardation, **seizures** or vision and hearing problems.

**Coma** - A state of unconsciousness from which the patient cannot be awakened or aroused, even by powerful stimulation; lack of any response to one's environment. Defined clinically as an inability to follow a one-step command consistently; Glasgow Coma Scale score of 8 or less.

**Communication** - The act or process of using words, sounds, signs, or behaviors to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else.

**Complaint Procedure** - A formal complaint filed with the County or State Board of Education if a district violates a legal duty or fails to follow a requirement under the Individuals with Disabilities Education Act. (IDEA).

**Contractures** - Loss of range of motion in a joint due to abnormal shortening of soft tissues.

**Convergent thinking** - The process we use to reflect on, assess and judge the assumptions underlying our own and others ideas and actions. Sometimes referred to as **critical thinking**.

**Coordinated Set of Activities** - A set of activities/strategies that lead toward the achievement of the student's **measurable post-secondary goals** and successful adult living.

**Course of Study** - A multi-year listing of courses that the student will take in order to enable him or her to reach their postsecondary goals. When preparing the **course of study/plan of study**, graduation requirements should be taken into consideration.

**Creative thinking/lateral thinking** - The process of developing new, uncommon, or unique ideas. The federal definition of giftedness identifies creativity as a specific component of giftedness. Creative thinking is also referred to as **divergent thinking**.

**Criterion referenced testing** - An assessment that compares a student's test performance to their mastery of a body of knowledge or specific skill rather than relating their scores to the performance of other students.

**Critical thinking** - The process we use to reflect on, assess and judge the assumptions underlying our own and others ideas and actions. Sometimes referred to as **convergent thinking**.

**Curriculum compacting** - After showing a level of proficiency in the basic curriculum, a student can then be allowed to exchange instructional time for other learning experiences.

**Deafness** - A hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification. **Decoding** - The process of reading letters or letter patterns in a word to determine the meaning of the word; for students, it is a strategy for reading unknown words. **Depression** - A disorder marked especially by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness and sometimes suicidal thoughts or attempts to commit suicide.

**Depth Perception** - The ability to see objects in three dimensions and to judge relative distances between objects, or between oneself and objects. **Designated Instruction Services (DIS)** - Instruction and services not normally provided by regular classes, resource specialist programs or **special day** classes. They include speech therapy and adaptive physical education.

**Developmentally Appropriate** - Teaching young children in ways that meet children where they are, as individuals and as a group support each child in attaining challenging and achievable goals that contribute to his or her ongoing development and learning.

**Divergent thinking** - The process of developing new, uncommon, or unique ideas. The federal definition of giftedness identifies creativity as a specific component of giftedness. Creative thinking is also referred to as **creative thinking**.

**Due process** - A requirement under the [Individuals with Disabilities Education Act](#) (IDEA) that sets forth regulatory basis for a formal set of policies and procedures to be implemented by schools and districts

for children in [special education programs](#). Due process is intended to ensure that children with [learning disabilities](#) and other types of disabilities receive a [free appropriate public education](#).

The notice must be given in writing within 30 days. IDEA provides two methods for resolving disputes, mediation or fair hearing.

**Dyslexia** - Characterized by difficulties with accurate and/or fluent **word recognition** and by poor spelling and **decoding** abilities.

**EL (English Learner)** - A person who is in the process of acquiring English as an additional language and has a **primary language** other than English. Same as an English Language Learner (ELL) federally the term is **LEP** for limited English proficient.

**Emotional Disturbance (ED or SED)** - Disability exhibiting one or more of the following characteristics to a marked degree over an extended period of time (during which documentation and informal assessments and interventions are occurring) that adversely affects a child's educational performance: 1) inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors; 2) inability to maintain satisfactory interpersonal relationships with peers and school personnel; 3) inappropriate types of behavior or feelings when no major unusual stressors are evident; 4) general pervasive mood of unhappiness or **depression**; 5) tendency to develop physical symptoms or fears associated with personal or school problems.

**Emotional regulation** - A child's ability to notice and respond to internal and external **sensory input**, and then adjust his emotions and behavior to the demands of his surroundings.

**Enrichment** - Activities that add or go beyond the existing curriculum. Activities may occur in the classroom or in a separate setting.

**ESL (English as a Second Language)** - An academic discipline/program that is designed to teach English language learners social and academic language skills as well as the cultural aspects of the English language necessary to succeed in an academic environment; it involves teaching listening, speaking, reading and writing at appropriate developmental and proficiency levels with little or no use of the native language.

**Evaluation**- The procedure used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. The term refers to procedures used selectively with an individual child and does not include basic tests administered to, or procedures used with, all children in a school, grade, or class.

**Evaluation/Reevaluation Report** - A summary of evaluation/reevaluation results obtained in the process of collecting information to determine if the child is a child with a disability or continues to be a child with a disability. The report(s) will vary from student to student, depending upon the type of evaluation completed (i.e., psycho-educational evaluation, occupational or physical therapy evaluation, or speech-language evaluation, etc.). The evaluation/reevaluation report includes a summary of assessments and interpretation of those assessments.

**Explicit Instruction** - A systematic instructional approach that includes set of delivery and design

procedures derived from effective schools research merged with behavior analysis.

**Explicit Instruction** - Is systematic content. The instruction focuses on critical content, skills, strategies, vocabulary terms, concepts and rules that will empower students. Skills, strategies and concepts are sequenced logically. Easier skills before harder skills, high frequency skills before low frequency skill, and prerequisite skills first. Complex skills and strategies are broken down into smaller

**Expressive Language** - Ability to communicate one's thoughts, verbally or non-verbally. It includes: morphology (word markers), syntax (word order), semantics (meaning), and **pragmatics** (social language).

**Extended School Year Services (ESY)** - A component of special education services for students with unique needs who require services in excess of the regular academic year. Extended year often refers to services provided in the summer; however, **extended school year** is not a compensatory program or extension of time but rather, it is an intervention provided to students for whom extended school breaks are determined to be detrimental to a student's progress. ESY is not intended to assist students in making additional progress but instead, it is the prevention of regression in skills, behaviors, and physical strength.

**Fine Motor** - The skilled use of one's hands. It is the ability to move the hands and fingers in a smooth, precise and controlled manner. **Fine motor** control is essential for efficient handling of classroom tools and materials. It may also be referred to as dexterity.

**Fluency** - (Automaticity) is reading words with no noticeable cognitive or mental effort. It is having mastered **word recognition** skills to the point of overlearning. Fundamental skills are so "automatic" that they do not require conscious attention. [http://reading.uoregon.edu/big\\_ideas/flu/flu\\_what.php](http://reading.uoregon.edu/big_ideas/flu/flu_what.php)

**Free Appropriate Public Education (FAPE)** - Special education and related services that-- (a) Are provided at public expense, under public supervision and direction, and without charge; (b) Meet the standards of the SEA, including the requirements of this part; (c) Include an appropriate preschool, elementary school, or secondary school education in the State involved; and (d) Are provided in conformity with an individualized education program (IEP) that meets the requirements of Sec. Sec. 300.320 through 300.324.

**Functional Behavior Assessment (FBA)** - A problem solving process for gathering information which describes student problem behaviors, looks for the reasons (function) behind the behaviors, and offers interventions that teach new behaviors to replace the undesired ones.

**Gestures** - A movement of part of the body, especially a hand or the head, to express an idea or meaning without the use of words.

**Health and Safety** - Skills needed for protect and respond to health, illness, and injury, including following safety rules, using medicines, showing caution, etc.

**Hearing Impairment** - Full or partial decrease in the ability to detect or understand sounds.

**Heightened alertness** - A situation where the student's ability to participate and/or be successful in the

classroom is adversely impacted by their reaction to environmental stimuli.

**Home Living** - Skills needed for basic care of a home or living setting, including cleaning, property maintenance and repairs, food preparation, performing chores, etc.

**Homebound/Hospital Instruction** - Students with verified medical conditions, which prevent them from attending school, may receive services on a temporary basis in the home or hospital with a physician's referral.

**Home Language, first language, or primary language** - These terms have several possible meanings for ELs: the first language learned, the dominate language, the native language, and/or the language most frequently used.

**Homeless-** Homeless students are individuals who lack a fixed, regular, and adequate nighttime residence.

**Independent Educational Evaluation (IEE)** - An evaluation that is conducted by a qualified examiner who is *not employed by the school district*.

**Independent study** - A self-directed learning strategy where the teacher acts as guide or facilitator and the student plays a more active role in designing and managing his or her own learning.

**Individual Education Plan (IEP)** - A written statement for a child with a disability that is developed, reviewed, and revised in accordance with Sec. Sec. 300.320 through 300.324.

**Individualized Education Program Team** - A group of individuals described in Sec. 300.321 that is responsible for developing, reviewing, or revising an IEP for a child with a disability.

**Individuals with Disabilities Education Act (IDEA)** - A law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

**Insistence on sameness** - a rigid adherence to a routine or activity carried out in a specific way, which then becomes a ritual or nonfunctional routine.

**Integrated employment** – jobs held by people with disabilities in typical workplace settings where the majority of persons employed are not people with disabilities, they earn at least minimum wage, and they are paid directly by the employer.

**Intellectual Disability** - Characterized by significantly impaired **intellectual functioning**, existing concurrently with deficits in **adaptive behavior** and manifested during the developmental period that adversely affect a child's educational performance.

**Intellectual Functioning** - Intellectual or cognitive processes by which one becomes aware of, perceives, or comprehends ideas. It involves all aspects of **perception**, thinking, reasoning, and remembering.

**Intellectually Disabled (previously referred to as Mental Retardation)** - Characterized by significantly impaired **intellectual functioning**, existing concurrently with deficits in **adaptive behavior** and manifested during the developmental period that adversely affect a child's performance.

**Learning styles** - Preferred way(s) in which individuals interact or process new information across the three domains of learning identified in the taxonomy of educational objectives: cognitive (knowledge), psychomotor (skills), and affective (attitude). An individual's preferred learning style is how he/she learns best.

**Least Restrictive Environment (LRE)** - The setting in which special education services and supports will be provided to the student. LRE is based on the presumption that the general education setting is the first choice for educating all individuals. LRE refers to a related set of requirements aimed at providing individuals with disabilities: the greatest interaction with children, youth and adults w/o disabilities; the appropriate education; and the special assistance needed for success in the general education setting. LRE is **not** contingent on funding issues.

**Limited English Proficient (LEP)** - a student who is not fully English proficient, speaks a language other than English at home, and does not demonstrate English language skills of comprehension, speaking, reading, and writing at a level of proficiency

**Local Education Agency (LEA)** - A public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary schools or secondary schools.

**Manifestation Determination** - The IEP team review of all relevant information in the student's file to determine if misconduct in question was caused by the child's disability or if the misconduct was a direct result of the school district's failure to implement the child's IEP; must occur within 10 school days of any decision to change the placement of a child with a disability because of violation of school code.

**Math Calculation** - Computing numbers using a designated process.

**Measurable Postsecondary Goals** - Goals for the student after they leave high school. These are goals the student is expected to meet within 5 years of graduation or exit from the high school.

**Midline** - A median line dividing the two halves of the body. Crossing the midline is the ability to use one side or part of the body (hand, foot, or eye) in the space of the other side or part.

**Migrant student-** A migratory child is a child who is, or whose parent, spouse, or guardian is, a migratory agricultural worker or migratory fisher, and who, in the preceding 36 months, has moved from one school district to another, to obtain or accompany such parent, spouse, or guardian, in order to obtain temporary or seasonal employment in agricultural or fishing work as a principal means of livelihood.

**Modifications** - Changes made in the educational program that allow a student with a disability to attain measurable annual goals, be involved in and make progress in the general education curriculum, and be educated with other children with disability and without disability (20 U.S.C. 1414 & 614 (d)(1)(a)(i) (IV)).

These changes modify what the student is learning compared with his or her general education peers. For example, a student might receive a modified instructional setting (a reduced student-to-adult ration), a modified instructional objective (learning to write his or her name rather than learning to write sentences), or modified instructional materials (a summarized version highlighting key words of a text as opposed to the entire text).

**Motor Planning** - The ability to conceive of, organize, sequence, and carry out an unfamiliar and complex body movement in a coordinated manner, a piece of praxis.

**Multiple Disabilities** - Concomitant impairments (Intellectual Disability-Deafness, Intellectual Disability-Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blind.

**Occupational Therapists (OT)** - Provide consultation and support to staff to improve a student's educational performance related to **fine motor**, gross motor, and **sensory integration** development.

**Oral expression** - The ability to express what one wants to say in an oral manner.

**Organization** - The ability to create and maintain systems to keep track of information and materials.

**Orthopedic Impairment** - A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments due to the effects of congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments due to the effects of disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., **cerebral palsy**, amputations, and fractures or burns that cause **contractures**)

**Other Health Impaired (OHI)** - Having limited strength, vitality or alertness, including a **heightened alertness** to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and **Tourette's Syndrome** that adversely affects a child's educational performance.

**Parallel Curriculum Model (PCM)** - A curriculum modification strategy to meet the needs of gifted students in terms of depth, complexity, and novelty. This model has four simultaneous pathways of development: Core or Basic Curriculum, Curriculum of Connections, Curriculum of Practice, and the Curriculum of Identify.

**Parental Consent** - Parents have been fully informed in native language or other mode of communication of all the information about the action for which they are giving consent and that they understand and agree in writing to that action

**Perception** - The ability to make sense of what one sees, hears, feels, tastes, or smells.

**Phoneme** - The smallest unit of a language that conveys meaning. In terms of **phonemic awareness**, a phoneme represents each distinct "mouth move" a child makes in a word. For example, the word "pop"

has three distinct phonemes or mouth moves: /p/ /o/ /p/. The word "chop" also has three mouth moves, but the first is made up of two letters: /ch/.

**Phonemic awareness** - Is defined as the ability to identify, hear, and work with the smallest units of sound known as **phonemes**.

**Phonics** - The relationship between written language and the sounds of spoken language.

**Phonological awareness** - Includes the phonemic awareness ability, and it also includes the ability to hear, identify, and manipulate larger units of sound such as rimes and onsets.

**Physical Therapists (PT)** - Provide consultation and support to staff to improve a student's educational performance related to functional gross motor development.

**Pragmatics** - Social rules for using functional spoken language in a meaningful context or conversation.

**Present Level of Educational Performance (PLEP)** - The **foundation** of IEP. They state how student's current functioning **impacts** them on grade level standards. PLEPs provide the informational basis for generating goals, supports, accommodations, and services that are specifically designed to meet the student's individual needs.

**Primary language, first language, or home language** - These terms have several possible meanings for **ELs**: the first language learned, the dominate language, the native language, and/or the language most frequently used.

**Private School** - There are new laws regulating the rights of students with disabilities whose parents place them in private schools. When a student is enrolled in private school and has academic difficulties, the school where the student attends needs to inform the parent and the local public school district of the student's difficulties. The district of residence may assess the student to determine if the student qualifies for special education. If they do qualify, the district of residence is responsible for writing an IEP.

**Problem Solving** - Ability to consider the probable factors that can influence the outcome of each of various solutions to a problem, and to select the most advantageous solution. Individuals with deficits in this skill may become "immobilized" when faced with a problem. By being unable to think of possible solutions, they may respond by doing nothing.

**Prosody** - In reading, prosody refers to the expressiveness with which a student reads. It is the intonation, rhythm and emphasis given to words and sentences when reading out loud. Prosody is a key component in reading fluency.

**Reading Comprehension** - The process of simultaneously extracting and constructing meaning through interaction and involvement with written language. It consists of three elements: the reader, the text, and the activity or purpose for reading.

**Receptive Language** - The comprehension of language; the ability to understand what is communicated.

**Reevaluation-** A re-determination of a child's eligibility for special education and related services by an IEP team. Reevaluations occur at least once every three (3) years, or more frequently if conditions warrant or if requested by the child's parent or teacher.

**Replacement Behavior** - A new safer or more socially appropriate behavior that will be taught to use in place of the **target behavior** but that serves the same function for the student.

**Response to Instruction and Intervention (RTI<sup>2</sup>)** - A three tier integrated, seamless problem solving model that addresses individual student needs. Tier I (general education of all students), Tier II (strategic intervention), and Tier III (intensive remediation).

**School Psychologist** - Assist in the identification of intellectual, social and emotional needs of students. They provide consultation and support to families and staff regarding behavior and conditions related to learning. They plan programs to meet the special needs of children and often serve as a facilitator during an IEP meeting.

**Seizure** - An uncontrolled discharge of nerve cells which may spread to other cells nearby or throughout the entire brain. It usually lasts only a few minutes. It may be associated with loss of consciousness, loss of bowel and bladder control and tremors. May also cause aggression or other behavioral change.

**Self-Advocacy** - Learning how to speak up for yourself, making your own decisions about your own life, learning how to get information so that you can understand things that are of interest to you, finding out who will support you in your journey, knowing your rights and responsibilities, **problem solving**, listening and learning, reaching out to others when you need help and friendship, and learning about **self-determination**.

**Self-Determination** - A combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, **self-regulated**, autonomous behavior. An understanding of one's strengths and limitations, together with a belief of oneself as capable and effective are essential to **self-determination**. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society.

**Self-Help Skills** - Competence in taking care of one's personal needs, such as bathing, dressing, eating, grooming, and studying. Also referred to as ADL's (Activities of Daily Living).

**Self-Monitoring** - The ability to monitor and evaluate your own performance, behavior, or skill level.

**Self-Regulation** - The ability to control one's activity level and state of alertness, as well as one's emotional, mental or physical responses to senses; self-organization.

**Sensory diet** - The multisensory experiences that one normally seeks on a daily basis to satisfy one's sensory appetite; a planned and scheduled activity program that an occupational therapist develops to help a person become more **self-regulated**.

**Sensory input** - Stimuli that the nervous system receives from the external or internal environment.

**Sensory Integration** - The normal neurological process taking in information from one's body and

environment through the senses, of organizing and unifying this information, and using it to plan and execute adaptive responses to different challenges in order to learn and function smoothly in daily life.

**Sensory Modulation** - Increasing or reducing neural activity to keep that activity in harmony with all other functions of the nervous system. Maintenance of the arousal state to generate emotional responses, sustain attention, develop appropriate activity level and move skillfully.

**Serious Emotional Disturbance (SED)** - Disability exhibiting one or more of the following characteristics to a marked degree over an extended period of time (during which documentation and informal assessments and interventions are occurring) that adversely affects a child's educational performance: 1) inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors; 2) inability to maintain satisfactory interpersonal relationships with peers and school personnel; 3) inappropriate types of behavior or feelings when no major unusual stressors are evident; 4) general pervasive mood of unhappiness or **depression**; 5) tendency to develop physical symptoms or fears associated with personal or school problems.

**Social Development** - Developing skills that establish and maintain positive relationships and enable communication with others in various settings and situations.

**Social emotional learning (SEL)** - processes through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

**Social interaction** - The use of nonverbal or verbal behavior to engage in interaction with people. This can involve eye gaze, speech, **gestures**, and facial expressions used to initiate and respond to interactions with others.

**Social Skills** - Refers to the set of skills people use to interact and communicate with one another.

**Social-emotional needs** - Process for learning life skills, including how to deal with oneself, others and relationships, and work in an effective manner. In dealing with oneself, SEL helps in recognizing our emotions and learning how to manage those feelings. In dealing with others, SEL helps with developing sympathy and empathy for others, and maintaining positive relationships. SEL also focuses on dealing with a variety of situations in a constructive and ethical manner.

**Special Day Class (SDC)** - Term used to describe a self-contained special education class which provides services to students with intensive needs that cannot be met by the general education program, RSP or DIS program. Classes consist of more than 50% of the student's day.

**Specific Learning Disability** - "in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, and that adversely affects a child's educational performance. Such term includes conditions such as perceptual disabilities (e.g., visual processing), brain injury that is not caused by an external physical force, minimal brain dysfunction, **dyslexia**, and developmental **aphasia**. Specific Learning Disability does not include a learning problem that is primarily the result of **Visual Impairment**, Hearing Impairment, Orthopedic

Impairment; Intellectual Disability; Emotional Disturbance; Limited English proficiency; environmental or cultural disadvantage.

**Speech and Language Impairments** - Communication disorder such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance. Speech or Language Impairment includes demonstration of impairments in the areas of language, articulation, voice, or fluency.

**Speech and Language Specialists** - Assesses students for possible delayed speech and language skills and provides direct services in the area of phonology, morphology, syntax, semantics and **pragmatics**. They are also available regarding hearing impairments and amplification.

**Supplemental Security Income (SSI)** - Benefits are provided to qualified individuals who cannot engage in substantial gainful work activity because of a disability and who fall below certain assets and income levels.

**Supplementary aids and services** - Aids, services, and other supports that are provided in regular education classes or other education-related settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with section 612(a)(5).

**Target Behavior** - The behavior identified through a **Functional Behavior Assessment (FBA)** that needs to be modified.

**Task Initiation** - The ability to recognize when it is time to get started on something and begin.

**Tourette's Syndrome** - Disorder that includes multiple motor and one or more vocal tics, which occur many times per day, nearly daily. If a child has Tourette's syndrome, symptoms tend to appear between the ages of 3-10 years old.

**Transition Services** - The purpose of Transition Services is to reasonably enable the student to meet the **postsecondary goals (MPSGs)**. It is a **coordinated set of activities**, designed within an outcome-oriented process that promotes movement from school to post school activities.

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

**Vestibular** - Pertaining to the vestibular system in the middle ear and the brain which senses movements of the head. Disorders of the vestibular system can lead to dizziness, poor regulation of postural muscle tone and inability to detect quick movements of the head.

**Vision Specialists** - Provide consultation and support to staff and direct instructional support to students with **visual impairments**. They provide functional vision assessments and curriculum modifications

including Braille, large type and aural media.

**Visual Impairment** – Including blindness means impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.

**Word recognition** - The ability of a reader to recognize written words correctly and virtually effortlessly. It is sometimes referred to as "isolated Word Recognition" because it entails a reader's ability to recognize words individually—from a list, for example—without the benefit of surrounding words for contextual help.

**Work Based Learning (WBL)** - Opportunities for all students and can be found in a variety of courses, including academic, career and technical education, and special education. In order to offer WBL opportunities, local boards of education must adopt policy establishing a system that provides structured WBL experiences for students.

**Working Memory** - A system for temporarily storing and managing the information required to carry out complex cognitive tasks such as learning, reasoning, and comprehension. Working memory is involved in the selection, initiation, and termination of information-processing functions such as encoding, storing, and retrieving data.

## References

- Ellis, A.K. (2005). *Research on educational innovations* (4<sup>th</sup> ed.). Larchmont, NY: Eye on Education. Florida Department of Education. (2011). *Transition planning for students with disabilities*. Tallahassee, FL.
- Friend, M. Reference Marilyn Friend here for Metro Nashville Document on LRE Protocol given to us by Debbi McAdams
- Intervention Central. (2013). *ChartDog Graph Maker*. Retrieved from <http://www.interventioncentral.org/teacher-resources/graph-maker-free-online>
- Intervention Central. (2013). *Curriculum Based Measurement Warehouse: Reading, Math, and Other Academic Area Assessments*. Retrieved from <http://www.interventioncentral.org/>
- Kansas Department of Education. (2013). *Special Education Services*. Topeka, KS. State Government Printing Office.
- National Secondary Transition Technical Assistance Center. (2014). Retrieved from <http://www.nsttac.org/>
- New York City Department of Education. (2013). *Special Education Services*. New York City, NY. State Government Printing Office.
- New York State Department of Education. (2013). Retrieved from <http://www.p12.nysed.gov>
- Oregon Department of Education. (2013). *Special Education Services*. Salem, OR. State Government Printing Office.
- Pennsylvania Department of Education. (2013). *Bureau of Special Education*. Harrisburg, PA. State Government Printing Office.
- Rice, L. S., & Ortiz, A. A. (1994). Second Language Difference or Learning Disability? *LD Forum*, 19(2), 11-13
- Rossetti, Z & Tashie, C. (2013). *Outing the Prejudice: Making the least dangerous assumption*. Retrieved from <http://www.inclusive-solutions.com/leastdangerousassumption.asp>
- Tennessee Department of Education. (2008). *Age Appropriate Transition Assessment Guide, National Secondary Transition Technical Assistance*. Retrieved from <http://www.tn.gov/education/speced/doc/71907transmanpdf.pdf>
- Tennessee Department of Education. (2008). *Special Education Manual*. Retrieved from <http://www.state.tn.us/education/speced/doc>
- Tennessee State Board of Education. (2012). *High School Policy*. Retrieved from [http://www.tn.gov/sbe/Policies/2.103\\_High\\_School\\_Policy\\_revised\\_August\\_2012.pdf](http://www.tn.gov/sbe/Policies/2.103_High_School_Policy_revised_August_2012.pdf)

- The Special Educator. (2013). *Researchers: Don't wait for better tests before revamping instruction*. Volume 28 (Issue 22), 3.
- The Special Educator. (2013). *Student's PLEPs and annual goals meet 'basic floor of opportunity' standard*. Volume 28 (Issue 16), 10.
- The Special Educator. (2013). *Train teams to write detailed, current present levels of performance*. Volume 28 (Issue 17), 8.
- U.S. Department of Education. (2013). *Office of Special Education and Rehabilitative Service*. Washington, D.C. Government Printing Office.
- U.S. Department of Education. (2004). *The Individuals with Disabilities Act*. Washington, D.C. Government Printing Office.
- Whitbread, K. (2013). "What Does the Research Say About Inclusive Education." Retrieved from <http://www.wrightslaw.com/info/lre.incls.rsrch.whitbread.htm>
- Wrightslaw. (2013). "Inclusion: Answers to Frequently Asked Questions from the NEA." Retrieved from <http://www.wrightslaw.com/info/lre.faqs.inclusion.htm>