Understanding
Special Education Services

WarmLine Family Resource Center

“Serving Families and Professionals Involved with
Children with Special Needs Since 1993”
in
Sacramento, Placer, Yolo, El Dorado, Nevada and Alpine Counties

Placer County:
151 N. Sunrise Ave., Suite 1307
Roseville, CA 95661
916-782-7147
Spanish: 916-922-1490
placerwl@warmlinefrc.org
www.warmlinefrc.org

Sacramento:
2025 Hurley Way, Suite 100
Sacramento, CA 95825
916-922-9276 / 800-660-7995
Spanish: 916-922-1490
warmline@warmlinefrc.org
www.warmlinefrc.org

Yolo County:
(Located In)
Socially Speaking Office
907 3rd Street
Davis, CA 95616
530-759-1127
Spanish: 916-922-1490
yolowl@warmlinefrc.org
www.warmlinefrc.org

Summer 2010

Adapted from "IEP Training, Northern California Coalition, DREDF, Matrix and Parents Helping Parents, 1998"
## Frequently Called Numbers

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What Is WarmLine Family Resource Center?

• “My child is failing in school and I don’t know where to turn. Can you help me understand how to get special education services?”
• “My two year old needs a daycare program. No one I’ve talked with will even consider her because she has special needs. Can you help?”
• “My teen with special needs is leaving high school and I don’t know where he’ll live or what kind of work he’ll be able to get. Do you know who I can call?”
• “My daughter is pregnant with our first grandchild and just found out that the baby will be born with Down syndrome. We don’t know anything about this. Can you give us some information and tell us where to find support?”
• “I have a client whose two year old has recently been diagnosed with a developmental delay. They really need to connect with another family. The stress of dealing with this is really hard on them. Do you know a parent who has a child with a similar diagnosis who can provide support?”

WarmLine is an information and support center for parents and professionals involved with children with special health care or developmental needs. We receive calls from both parents and professionals regarding a vast array of issues, needs, and services such as health care, child care and special education.

WarmLine Family Resource Center can make a difference in the lives of families we serve. Family time is often hampered by the stress and demands of locating supportive services. We link callers with resources, often saving them hours of research and frustration. Our services include:

- Information and Referral — linking families with services.
- Family Support — providing one-to-one parent support and support group referrals.
- Outreach — increasing public awareness of disabilities and available services.
- Advocacy — strengthening parents’ knowledge and decision-making abilities.
- Workshops and Seminars — training parents and professionals.
- Resources — books, tapes and articles on disability, as well as WarmLine publications.
- Community Resource Parents — local staff in each of the six counties we serve.

Information is empowering. People going into a situation well prepared have a better chance of coming out knowing that they have given it their best. WarmLine seeks to inform and support parents and professionals in any way we can.

Roseville: 916-782-7147 (Spanish: 916-922-1490)
Sacramento: 916-922-9276 / 800-660-7995 (Spanish: 916-922-1490)
Yolo County: 530-759-1127 (Spanish: 916-922-1490)
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Introduction

Parents frequently call WarmLine Family Resource Center to ask where they can find an advocate to attend IEP meetings. At WarmLine Family Resource Center we believe that, generally, parents are their children’s best advocates. When asked, the people who are looking for an advocate generally say it is because they feel confused and intimidated by how the special education process works or that they don’t feel as though the education staff is listening to their concerns. In addition, dealing with a child’s special education needs can bring up emotions for parents that sometimes make it difficult to focus on the “business” of negotiating for services and following up with the members of the IEP team. However, parents are the constant in their children’s lives and, most of the time; no one will ever be as committed to obtaining quality services as the parents who know their children best.

When parents understand how special education works and know how to insure that they are a part of the education team, they feel more comfortable with their involvement. The goal of this booklet is to give parents the tools that they need to feel that they are contributing to their children’s IEPs and that their children are receiving the special education services that they need to succeed in school…and life.

Adapted from "IEP Training, Northern California Coalition, DREDF, Matrix and Parents Helping Parents, 1998"

This booklet is for the children who receive special education services, the parents who advocate tirelessly for them, and the professionals who have dedicated their lives to supporting both.
The Role of the Student Study Team (SST)

School staff, an outside agency (such as Alta California Regional Center) or the parent (In this booklet, “parent” means parents, guardians, or surrogate parents) may request assessment for special education services by the school district if it is thought that the child might need extra help in school (Request for assessment will be further addressed in a later section). Although it is not required, it can be advantageous to first request that the school convene a “Student Study Team” (SST) before requesting special education assessment(s).

Before referring a child for special education services, the school district is required to make the best use of the resources in its regular education program. The school should have a team, called a Student Study Team (SST), which usually consists of the child’s teacher, the parent, a school administrator and possibly other professionals (see below). The SST will work to identify intervention(s) which will assist the child in his or her current classroom placement, rather than immediately referring the child for special education assessment(s). One advantage of requesting an SST prior to requesting special education assessments is that the SST provides a team approach to solutions when the student is having difficulties. It is likely that a student who is struggling (either behaviorally or academically) can be helped with interventions from the general education professionals who are already providing the student support on a regular basis.

Students experiencing academic and/or behavioral problems in the general education program may be referred to the Student Study Team by anyone having knowledge of the student including: physicians, nurses, psychologists, social workers and parents.

The SST is a regular education committee composed of staff that have varying specialties and experience and is led by the principal of the school site (or someone the principal has named). The goal of the SST is to act as a resource when academic or behavior assistance for a student is sought. The SST may suggest regular program interventions within the classroom and/or support services available to all students.

The Student Study Team (SST) may include the following people:

Parent(s)  Resource specialist teacher
General education teacher  Reading specialist
Principal  Community liaison
School psychologist  School counselor
School nurse

You are encouraged to attend the SST meeting, share information about your child’s school performance and talk about your concerns. The team may decide that additional support (or interventions) within the general education program are appropriate to address your child’s needs. If so, these interventions will be written and monitored.
Response to Intervention (RtI)

Typically, the SST team will recommend interventions that are scientific and research based for the student who shows signs of learning difficulties. The process is called "Response to Intervention" or RtI. In the RtI process students are provided with increasingly intensive, individualized instructional or behavioral interventions which are designed and delivered by the general education staff with support, as necessary, from special education staff. RtI includes monitoring of the student's progress. RtI can be considered to be both an early intervention strategy and part of the process by which students are identified for special education because if the interventions are not successful, it may lead to the student being assessed for special education services.

If the interventions are not successful, the team may recommend additional assessment(s) and referral for special education services. Should this be necessary, you will be contacted in order to obtain your written consent prior to those assessment(s)

At any time, instead of or in addition to the Student Study Team, you may make a request in writing to the Special Education Department that your child be assessed for special education services.

However, you should keep in mind that the SST can be convened very soon after your request, interventions can be started immediately and the student's "response to intervention" (RtI) may be documented within 8-12 weeks. If you make a referral for special education assessment(s), due to the legal timelines, the process may take 75 days or longer before additional supports are provided to the student.

For more information on RtI, go to: www.nichcy.org/resources/rti.asp
Understanding the Special Education Process — An Overview

Assessment

Assessment(s) consist of tests and observations by a team of teachers and specialists that provide information about your child’s abilities, strengths and weaknesses. Assessments provide information about your child’s educational needs and help to determine if he or she qualifies for special education services. This booklet will discuss the assessment in more depth – see Table of Contents.

Eligibility and the Individualized Education Plan (IEP)

In order for your child to receive special education services, he or she must first qualify according to special education guidelines. After the assessments are completed, a meeting of parent(s), the team members who assessed the student and school administrator(s) is held to discuss the results of the assessments and decide whether your child meets the requirements to receive special education services. This is called an IEP meeting.

Every child who receives special education must have an IEP. The IEP is a written statement describing the program that is appropriate to meet the needs of the individual student. Parents and the child have the right to participate in the development of the IEP.

Placement

The placement decision identifies the appropriate school program in which the goals and objectives of the IEP can be met. The law requires placement in the least restrictive environment for the child. "Least Restrictive Environment" (LRE) means that children with disabilities must, to the maximum extent appropriate, receive their education with non-disabled peers. Placement should be discussed only after the goals and objectives are decided upon.

Instruction

After the IEP is written, your child is placed in a school setting and instruction begins. Parents should remember to closely monitor their child’s progress toward his or her goals.

Annual Review

At least once a year, parents and teachers meet to review the child’s progress and update the IEP to assure that the evaluations, goals and objectives are current and appropriate. Every
three years, the child receives new evaluations and the eligibility decision is reviewed. This is called the “triennial review”.

Individuals with Disabilities Education Act (IDEA)

Individuals with Disabilities Education Act (IDEA) is a federal law which guarantees all children with disabilities age 3 through 21 years have the right to a Free Appropriate Public Education (FAPE) that is designed to meet their individual needs. IDEA was most recently updated in 2004 and referred to as Individuals with Disabilities Education Improvement Act at that time.

Special Education is defined as specially designed instruction, at no cost to the family, developed to meet the unique needs of children with disabilities. Special Education includes instruction in a variety of settings, and also includes services called Designated Instructional Services (DIS) or Related Services (RS) (See Table of Contents.)

According to IDEA, children with disabilities are those who have been evaluated as having any one or a combination of the following which also interfere with the child’s ability to learn and requires special education services to benefit from the curriculum.

- Autism
- Deaf-blindness
- Deafness
- Emotional disturbance
- Established medical disability (a disabling medical condition or congenital syndrome that the IEP team determines has a high predictability of requiring special education services.)
- Hearing impairment
- Mental retardation
- Multiple disabilities
- Orthopedic impairment
- Other health impairment (includes attention deficit disorder or attention deficit hyperactivity disorder and Tourette syndrome)
- Specific learning impairments
- Speech and/or language impairment in one or more areas of voice, fluency, language and articulation
- Traumatic brain injury
- Visual impairment

Basic Rights under IDEA

IDEA guarantees basic rights to each child with disabilities who qualifies, and his or her parent(s). For each eligible child, the Local Education Agency (LEA) must provide:
Free Appropriate Public Education (FAPE)

FAPE refers to special education services which are:
✓ Provided to students at no charge to the parents,
✓ Meet state educational standards and,
✓ Are in accordance with the student's IEP.

Appropriate Evaluation/Assessment

Each child with a disability must receive a complete, non-discriminatory education assessment prior to being placed in a special education program and must be reevaluated at least every three years. The assessment must include a variety of evaluations, be given by persons qualified to assess the particular area of need, and provide developmental and functional information. Assessment(s) can only be performed with written permission of the parent(s).

Individualized Education Plan (IEP)

An IEP is a focused set of goals and objectives that address the student’s individual educational needs. The IEP is developed jointly by the school team and the student’s parent(s) (and the student, if 16 years old or older) and it includes:

- Current performance levels,
- Goals and objectives (benchmarks) of measurable annual goals,
- How goals and objectives will be measured,
- Designated Instructional Services (DIS) including location, frequency and duration of each session,
- Supplementary aids and services necessary,
- Accommodations or modifications necessary in class,
- Percentage of time the student will NOT participate in the general education program,
- Standardized testing accommodations,
- How parents will be informed of progress (this must be at least as often as parents receive progress reports for children in general education),
- Type of placement in Least Restrictive Environment,
- Extended School Year (ESY), if needed,
- Parental concerns,
- How the child will be involved in, and progress in, the general education curriculum,
- The IEP will also include other pertinent information found necessary by the team, such as a health plan or a behavior plan for some students,
- For students age 16, transition services needed and the agencies that will be responsible,
- One year before the student turns 18, a statement that the student has been informed that his special education rights will transfer to him at age 18.

The IEP is scheduled annually, but parents can request an unscheduled IEP, in writing, if they think it necessary. The school
district then has 30 days to convene the IEP. Parents should keep in mind, however, that many
times issues that arise about a student’s IEP can be resolved either with an informal meeting
with the appropriate member(s) of the student’s team and/or with the student’s program
manager to address concerns and an addendum to the IEP, if necessary.

**Education in the Least Restrictive Environment (LRE)**

According to IDEA, children with disabilities are to be educated, as much as possible, with
peers who do not have disabilities. Placement in the general education classroom, with support, is
the first option the IEP team must consider and the decision must be based upon the child’s
unique needs. A student’s access to the general education curriculum is a very key principle of
IDEA. Children should be placed in segregated settings only when education in the regular class
with the use of supplementary aids and services cannot be satisfactorily achieved.

**Parent and Student Participation in Decision Making**

IDEA strongly encourages the participation of and communication among all parties
who have an interest in the education of the child. Parents are members of the IEP team and
are to provide input during the entire process, including evaluation, eligibility and placement.
They must be provided the opportunity to participate in all meetings regarding their child and
must receive regular reports about their child’s progress. Students are to participate in
their IEP meetings when appropriate and specifically when transition (to adult) services are
being discussed 16 years old. Agencies must notify students of their rights, if any, that will
transfer to them upon reaching adulthood (at age 18).

**Procedural Safeguards**

The law requires that the rights of children and their parents are protected; that
students with disabilities and their parents are provided with information they need and that
there are ways for disputes to be resolved. Parents must give informed consent during the
entire special education process. Parents and schools have the right to request a due process
hearing if they cannot agree or if the rights of the child seem to have been violated. (See
Table of Contents.)

**Early Intervention Services for Infants, Toddlers and Their Families**

Part C of IDEA focuses on families and their children from birth to
three years of age (0-3) who have or who are at risk for developmental delay.
Families and service providers together develop an Individual Family Service Plan
(IFSP) which states the early intervention services that the family desires for the
child’s development and support that will help strengthen the family unit through

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WarmLine Family Resource Center 11  Understanding Spe
the child’s early years. In the Sacramento area, parents can find out about these services, which are called Early Start through:

- Alta California Regional Center: 916-978-6400
- WarmLine Family Resource Center: (Sacramento) 916-922-9276/800-660-7995 (Spanish) 916-922-1490, (Roseville) 916-782-7147, (Davis) 530-759-1127
- State Department of Developmental Services (DDS): 800-515-BABY

**Turning Three - Transition to Preschool**

At age 30 - 33 months, assessments are done to determine whether a child needs continued special education services, and if so, what services. If it is decided that services will continue, the school district in which the family lives will provide those services which are needed for the child to take part in school and an IEP is held by the third birthday.

The transition from early intervention services to those provided by the school district can be confusing and sometimes intimidating for families. WarmLine Family Resource Center has a booklet entitled “Turning Three Years Old” (available in English and Spanish) which can be helpful. “Turning Three Years Old” can be downloaded from WarmLine’s website at www.warmlinefrc.org or obtained by calling WarmLine at 916-922-9276/800-660-7995 in Sacramento, 916-782-7147 in Roseville or 530-759-1127 in Davis.

**IDEA and Transition to Adulthood**

Transition services which help students develop skills to move on to adult life are a required part of the IEP and, by law, are to begin at age 16.

When a student who has an Individualized Education Plan (IEP) enters high school, one of the most important decisions to be made is whether he or she will graduate with a diploma (which will end special education services), or leave high school with a certificate of completion, which will allow special education services to continue until the teen reaches the age of 22.

If the teen leaves high school with a certificate of completion, then you will continue to work with the IEP team to plan the independent living skills and employment options that you and your teen feel are important into the IEP.

California requires that in order to graduate high school with a diploma, students must pass the California High School Exit Exam (CAHSEE). As of the writing of this booklet, there have been efforts to exempt students with special needs from the CAHSEE, modify the CAHSEE or the requirements to pass it. However, it is not known at this time how the questions around CAHSEE and its effect on students who receive special education services will be resolved. To find
current information on the CAHSEE, contact your Special Education Local Plan Area (SELP A):

- Elk Grove Unified School District: 916-686-7780
- Folsom Cordova Unified School District: 916-985-7700 ext. 184
- San Juan Unified School District: 916-971-7953
- Sacramento City Unified School District: 916-643-9163

*If the student does not live within one of these school districts, call:*
- Sacramento County Office of Education: 916-228-2380

While school districts are required, under special education law, to begin transition planning when the student is 16, most parents who have had teens with special needs agree that the earlier you start thinking and working on transition issues, the better prepared your teen (and you) will be for adulthood.

**Transition IEPs:**

Transition IEPs should include:

- Adult goals with measurable outcomes identified; including making choices and decisions, problem solving, goal setting and attainment, self advocacy, involvement and participation in IEP, self-awareness and self-management,

- Goals/outcomes that identify what instruction will be provided at school and in the community,

- Instruction directly related to adult goals/outcomes in areas of curriculum based on the student’s preferences, interests and priorities,

- A range of educational opportunities that are sufficient to encourage the development of the student’s choices, interests, preferences and options for the future,

- The opportunity for paid work experience, if the student desires,

- The opportunity for both academic and community based/independent living skills curricu-

- The opportunity for the student to be included with non-disabled peers,

- Statement(s) of transition services needs,

- Identification of other agencies involved with transition, i.e., Alta California Regional Center, Department of Rehabilitation.

*By law, the student must be given the opportunity to participate in the IEP process!*
Rehabilitation Act of 1973 — "Section 504"

"Section 504" or "504" refers to the section of the federal law that seeks to eliminate discrimination on the bases of disability in any program that receives federal financial aid.

Only those students who are eligible under the specified disability categories will qualify for services under IDEA. Section 504 protects all persons with a disability who:

- Have a physical or mental impairment which substantially limits one or more major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working;
- Have documentation of such an impairment; or
- Are regarded as having such impairment.

The Section 504 regulations define a "physical or mental impairment" as:

- Any physiological disorder or condition,
- Cosmetic disfigurement or anatomical loss affecting one or more body systems:
  - Any mental or psychological disorder such as:
    - Mental retardation,
    - Organic brain syndrome,
    - Emotional or mental illness,
    - Specific learning disabilities.

To fall within the protection of Section 504, a person’s impairment must have a substantial limitation (permanent or temporary) on one or more major life activities. Where school children are concerned, the critical question is whether a student’s impairment substantially limits the ability to learn.

Regarding the disability limiting a student’s ability to learn, two points should be stressed. First, there is no measurable standard by which to apply the "substantially limits" test. Second, to determine whether a student’s learning is substantially limited, schools need to consider more than the student’s grades. Both academic and nonacademic activities need to be considered. For example, if a student with diabetes is barred by the school from participating in class trips because of his/her diagnosis, the student’s learning is "limited."

Following are examples of conditions or diagnoses which may fall under Section 504, but which may not qualify a student for services under IDEA:

- Communicable diseases (i.e., hepatitis);
- Temporary disabilities arising from accidents who may need short term hospitalization or homebound recovery;
- Allergies or asthma;
- Diabetes;
Drug addiction or alcoholism, as long as the student is not currently using illegal drugs;
• Environmental illnesses.

A student who qualifies for services or accommodations under Section 504 is entitled to
an individualized plan ("504 Plan").

The Section 504 planning group consists of:
□ Person(s) knowledgeable about the student,
□ Person(s) knowledgeable about the evaluation data, and
□ Person(s) knowledgeable about placement/service options

The planning group’s responsibility is to:
○ Review and consider information from a variety of sources,
○ Decide eligibility,
○ Determine the least restrictive placement and appropriate supplementary aids, services
  and/or accommodations necessary for the student to obtain the educational opportunities
  equal to his or her peers.

Each school will have a 504 officer who is responsible for compliance with Section 504 and
that person is typically not associated with the special education department. Each Local Educa-
tion Agency (LEA) will have a 504 coordinator.

Due process under Section 504 is covered in the Procedural Safeguards section of this
manual.
Overview of ADA, IDEA, and Section 504

Because the three laws are sometimes confused with each other, the table below is included to give the reader the opportunity to compare some of the aspects ADA, IDEA and Section 504.

<table>
<thead>
<tr>
<th>Americans with Disabilities Act of 1990 (ADA)</th>
<th>Individuals with Disabilities Education Act (IDEA)</th>
<th>Section 504 of the Rehabilitation Act of 1973</th>
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<td><strong>Type/Purpose</strong></td>
<td><strong>Who is Protected?</strong></td>
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<td>Civil rights law to prohibit discrimination in employment, public services, and accommodations solely on the basis of disability.</td>
<td>Education act providing federal financial assistance to state &amp; local education agencies to guarantee special education &amp; related services to eligible children with disabilities.</td>
<td>Civil rights law to prohibit discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance.</td>
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<td><strong>Responsibility to Provide a Free Appropriate Public Education (FAPE)?</strong></td>
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<td>Not directly. However, (1) ADA protections apply to nonsectarian private schools, but not to organizations or private schools, or entities controlled by religious organizations; (2) ADA provided additional protection in combination.</td>
<td>Yes. FAPE is defined to mean special education and related services. Special education means &quot;specially designed instructions at no cost to the parents, to meet the unique needs of the child with a dis-</td>
<td>Yes. An &quot;appropriate” education means an education comparable to that provided to students without disabilities. This may be defined as regular or special education services. Students can receive related services under Section 504 even if they</td>
</tr>
</tbody>
</table>
with actions brought under Section 504. Reasonable accommodations are required for eligible students with a disability to perform essential functions of a job. This applies to any part of the special education program that may be community based and involve job training/placement.

ability". Related services are provided if students require them in order to benefit from specially designed instruction. States are required to ensure the provision of "full educational opportunity" to all children with disabilities. IDEA requires the development of an Individualized Education Program (IEP) document with specific content and with required participants by educational professionals at an IEP meeting.

are not provided any special education. Section 504 does require development of a plan, although this written document is not mandated. The Individualized Education Program (IEP) of IDEA may be used for the Section 504 written plan. Many experts recommend that a group of persons knowledgeable about the students convene and specify the agreed-upon services.

<table>
<thead>
<tr>
<th>Americans with Disabilities Act of 1990 (ADA)</th>
<th>Individuals with Disabilities Education Act (IDEA)</th>
<th>Section 504 of the Rehabilitation Act of 1973</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding to Implement Services?</strong></td>
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</tr>
<tr>
<td>No, but limited tax credits may be available for removing architectural or transportation barriers. Also, many federal agencies provide grant funds to support training and to provide technical assistance to public and provide institutions.</td>
<td>Yes. IDEA provides federal funds to assist states and local education agencies in meeting IDEA requirements to service infants, toddlers, and youth with disabilities.</td>
<td>No. State and local jurisdictions have responsibility. IDEA funds many not be used to serve children found eligible only under Section 504.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Procedural Safeguards</strong></th>
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</thead>
<tbody>
<tr>
<td>The ADA does not specify procedural safeguards related to special education; it does detail the administrative requirements, complaint procedures, and consequences for noncompliance, related to both services and employment.</td>
<td>IDEA requires written notice to parents regarding identification, evaluation, and/or placement. Further, written notice must be made prior to any change in placement. IDEA specifies the required components of the written notice.</td>
<td>Section 504 requires notice to parents regarding identification, evaluation, and/or placements. Notice must be made only before a &quot;significant change&quot; in placement. Following IDEA procedural safeguards is one way to comply with section 504 mandates.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Evaluation/Placement Procedures</strong></th>
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<tbody>
<tr>
<td>The ADA does not specify evaluation and placement procedures; it does specify provision of reasonable accommodations for eligible students across educational activities and settings. Reasonable accommodations may include, but are</td>
<td>A comprehensive evaluation is required. A multidisciplinary team evaluates the child, and parental consent is required before evaluation. IDEA requires that re-evaluations be conducted at least every</td>
<td>Unlike IDEA, Section 504 requires only notice, not consent for evaluation. It is recommended that districts obtain parental consent. Like IDEA, evaluation and placement procedures under Section 504 require that information be obtained from a</td>
</tr>
</tbody>
</table>

WarmLine Family Resource Center 17 Understanding Special Education
not limited to: redesigning equipment, assigning aides, providing written communication in alternative formats, modifying tests, redesigning services to accessible locations, altering existing facilities and building new facilities, three years. For evaluation and placement decisions, IDEA requires that more than one single procedure or information source be used; that information from all sources be documented and carefully considered; that the eligibility decision be made by a group of persons who know about the student, the evaluation data, and placement options; and that the placement decision serves the student in the least restrictive environment. An IEP review meeting is required before any change of placement.

<table>
<thead>
<tr>
<th>Due Process</th>
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</thead>
<tbody>
<tr>
<td>The ADA does not delineate specific due process procedures. People with disabilities have the same remedies that are available under the Title VII of the Civil Rights Act of 1964, as amended in 1991. Thus, individuals who are discriminated against may file a complaint with the relevant federal agency or sue in federal court. Enforcement agencies encourage informal mediation and voluntary compliance.</td>
</tr>
<tr>
<td>IDEA delineates specific requirements for local education agencies to provide impartial hearing for parents who disagree with the identification, evaluation or placement of a student.</td>
</tr>
<tr>
<td>Section 504 requires local education agencies to provide impartial hearings for parents who disagree with the identification, evaluation or placement of a student. It requires that parents have an opportunity to participate in the hearing process and be represented by counsel. Beyond this, due process details are left to the discretion of the local education agency. It is recommended that districts develop policy guidelines procedures.</td>
</tr>
</tbody>
</table>

| Americans with Disabilities Act of 1990 (ADA) | Individuals with Disabilities Education Act (IDEA) | Section 504 of the Rehabilitation Act of 1973 |

The Hughes Bill (A.B. 2586) and Behavioral Intervention for Special Education Students

(Excerpted from Special Education Rights and Responsibilities, 2005, Chapter 8)

In 1990, the California Legislature enacted Assembly Bill 2586 (Hughes). This bill and its accompanying regulations ... have substantially changed the way school districts must serve special education students with serious behavior problems. These regulations do not apply to students who are only identified as "disabled" under Section 504 or to any other students.

If your child is enrolled in special education and exhibits a serious behavior problem, the district must provide a functional analysis assessment by a behavior intervention case manager who must have training and experience in positive behavior intervention. The ... case manager must develop a positive behavior intervention plan which (1) identifies the function of the negative behavior for your child and (2) teaches him/her positive replacement behaviors which accomplish the same objectives for her but in a socially appropriate way.

A "serious behavior problem" is a behavior problem which (1) is self-injurious or assaultive or (2) causes serious property damage or (3) is severe, pervasive, and maladaptive and for which instructional/behavioral approaches specified in the student's IEP are found to be ineffective.

When agreed upon by the IEP team, the positive behavior intervention plan becomes part of your child's IEP. It must contain goals and objectives specific to the targeted behaviors, and it must describe the services to be provided in order to achieve the goals and objectives. The behavior interventions...must be positive. That is, they must respect your child's dignity and privacy, assure his/her physical freedom, social interaction, and individual choice, help him/her learn to interact effectively socially, assure him/her access to education in the least restrictive environment, and result in lasting positive change.

Positive behavior interventions shall be used only to replace specified negative behaviors with acceptable behaviors and shall never be used solely to eliminate maladaptive behaviors. In other words ... they must simultaneously try to teach appropriate substitute behaviors.

...In a behavioral emergency ... properly trained school personnel may use prone containment. The regulations contain very specific guidelines on the handling and documentation of emergencies. However, even in emergencies (and in all other behavior services) behavior interventions may not include:

(1) Release of toxic or unpleasant sprays near the student’s face;
(2) Denying adequate sleep, food, water, shelter, bedding, comfort, or access to bathroom facilities;
(3) Subject the student to verbal abuse, ridicule or humiliation or cause emotional trauma;
(4) Use locked seclusion;
(5) Impede adequate supervision of the student;
(6) Deprive the student of one or more of his/her senses; or
(7) Employ any device, material, or object that simultaneously immobilizes all four extremities (except for prone containment in emergencies).

If a district wishes to expel a student for a behavior that has been targeted for change under a positive behavior intervention plan, the IEP team would almost certainly have to find that the behavior was related to the student’s disability. Thus, expulsion would be prohibited since, in California, a special education student cannot be expelled unless the IEP team determines that he/she was appropriately placed at the time of the misconduct.

However, school districts may suspend special education students for misconduct even though the behavior involved is targeted for change in the student’s positive behavior intervention plan.

*Positive Behavior Support*

Although not specifically identified as related services under federal or state special education law, services to address serious behavior problems must exist in California as mandated by the Hughes Bill (AB 2586). In addition to prohibiting the interventions noted above, the law required that California Department of Education (CDE) develop regulations to implement positive behavior intervention services for special education students in school.

"Behavioral intervention" means the systematic use of procedures that result in lasting positive changes in the student’s behavior. Positive behavioral interventions respect the student’s dignity and personal privacy and assure physical freedom, social interaction, and individual choice. Positive behavioral interventions do not include procedures which cause pain or trauma.

The regulations require that every special education student who demonstrates a serious behavior problem receive a functional analysis assessment. The assessment is then used in developing a positive behavior intervention plan for him/her. The plan becomes part of the IEP. The plan has its own set of goals and objectives related to reducing maladaptive behaviors and substituting appropriate behaviors.

Personnel with training in behavior analysis, with an emphasis on positive behavior intervention, must perform the functional analysis assessment, develop the positive behavior intervention plan, and supervise the implementation of the plan. This individual...becomes a member of the IEP team for every student with serious behavior problems.

A "serious behavior problem" is a behavior problem which: (1) is self-injurious or assaultive or (2) causes serious property damage or (3) is severe, pervasive, and maladaptive, and for which instructional/behavioral approaches specified in the student’s IEP are found to be ineffective.
If the child’s behaviors are not to the level of a serious behavior problem which would entitle him/her to a functional analysis assessment, parents should insist that any behavioral interventions used be specified in the IEP. If the milder behavioral problems develop into more severe, pervasive and maladaptive behaviors, but nothing has been specified in the IEP to address them, a child may not technically meet the definition of "serious behavior problem," and a school district may insist on one more opportunity to try to address the otherwise serious behaviors with "instructional/behavioral approaches" rather than a functional analysis.

A functional analysis assessment report, which involves a great deal of observation of the student and study of his environments and past history, must include the following:

1. A description of the serious behavior problems targeted for change;
2. The current frequency of the behaviors;
3. A description of the circumstances that often lead to the behaviors (for example, the physical and social setting, the activities going on, and the student’s degree of choice at the time);
4. The consequences that maintain the behaviors (for example, does the behavior serve a communicative function for the student -- is it a request or a protest?);
5. A description of the frequency of alternative behaviors, the circumstances under which they occur, and the consequences of those alternative behaviors.

A positive behavior intervention plan must include the following:

1. A summary of information from the functional analysis assessment;
2. An objective and measurable description of the targeted serious behaviors and positive replacement behaviors;
3. Goals and objectives specific to the targeted behaviors;
4. A detailed description of the behavioral interventions to be used and the circumstances for their use;
5. Schedules for recording the frequency of use of the interventions and the demonstration of replacement behaviors;
6. Criteria for determining when the interventions will be phased out or replaced with less intense or less frequent interventions;
7. The extent to which interventions will be used in the student’s home and in other settings.
8. Specific dates for the IEP team to review the behavior intervention program’s effectiveness.

Positive behavior interventions are procedures which, for example, a teacher could use each time a student displays, or is likely to display, a targeted serious behavior problem. Behavior interventions must not simply eliminate serious behavior problems, but must simultaneously teach alternative positive behaviors.

The procedures include, but are not limited to:

1. Altering events in anticipation of a serious behavior problem to try to prevent its occurrence;
2. Teaching an alternative behavior that produces the same results for the student
but is more socially acceptable;
(3) Teaching adaptive behaviors, that is, methods of coping with unanticipated events;
and/or
(4) Manipulating the consequences for serious behavior problems and appropriate behavior so that appropriate behavior achieves the desired outcome and serious behavior problems are ignored.

Positive behavior interventions also include procedures for responding to and reinforcing appropriate behaviors.

(Excerpted from Special Education Rights and Responsibilities, 2005, Chapter 8)

**AB 3632 - Interagency Responsibility for Related Services**

Assembly Bill 3632 "AB 3632" is legislation that moved responsibility for providing certain related services ("Designated Instructional Services" or "DIS") from local education agencies to other state agencies. The California Department of Education (CDE) is ultimately responsible through the local education agency (LEA) for ensuring that services are provided, even if another agency is actually providing the service. Parents' rights to due process are not altered.

Examples of agencies and the services that they provide:

<table>
<thead>
<tr>
<th>State Department of Health Services</th>
<th>Education services to students residing in state hospitals/developmental centers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Children's Services (CCS)</td>
<td>Occupational therapy and/or physical therapy assessments/services.</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>Life supporting medical services/nursing services during and to and from school.</td>
</tr>
<tr>
<td>State Department of Mental Health</td>
<td>Education services to students residing in state hospitals/developmental centers</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>Mental health assessment, services, psychotherapy. Residential placement for students with serious emotional disturbance</td>
</tr>
<tr>
<td>State Department of Rehabilitation</td>
<td>Assessment (for secondary students) to determine eligibility for vocational transition services and for providing those services</td>
</tr>
<tr>
<td>State Department of Developmental Services</td>
<td>Education services to students residing in state hospitals</td>
</tr>
</tbody>
</table>
The Special Education Assessment process

**Special Education Assessment Timeline**

To receive special education services, an Individualized Education Program (IEP) must be written describing the student’s educational needs. Developing the IEP is a step-by-step process consisting of a referral, assessment, the IEP meeting and placement. These steps must progress according to federal law and state timelines. A diagram outlining the timelines appears below.

**15 Calendar Days***

- **Parent Referral**
  - **Special Education Referral**
  - **SST/Regular Education**

  **Agency Referral**

  **Assessment Plan Rejected or Not Returned Within 15 Calendar Days.**

  **Process Stops**

**Signed Assessment Plan Returned Within 15 Days**

**60 Calendar Days**

**Assessments Conducted, IEP Scheduled**

**Assessment(s) Results & IEP Recommendations Accepted**

**Parent Consent**

**Implementation of IEP**

**Annual Review**

**IEP Meeting Held**

**Assessment(s) or IEP Rejected by Parent**

**Independent Assessment(s)**

**Mediation, Due Process**

**Three-Year Re-evaluation**

---

*Except when referral is made 10 days or less prior to the end of the regular school year, the assessment plan must be developed within 10 days after the start of the next regular school year.*

**Except when a referral is received 20 days or less prior to the end of the regular school year, the IEP must be conducted within 30 days after the start of the next regular school year.*
Referral

When parents are concerned that a child might need special help to benefit from his/her education, they should request assessment(s) in writing from the school district’s special education department. Keep a copy of the letter. Be very clear about why you are making the referral/request and to include any previous assessments or medical reports, if they are relevant.

When the school district receives the referral/request, it has 15 calendar days to respond with an “assessment plan”. The assessment plan will include:

♦ Who will perform the assessment(s) i.e., Resource Specialist, Speech Therapist, School Psychologist, etc. and,
♦ What assessment(s) will be performed i.e., Academic Achievement, Communication/Language Functioning, etc.
♦ The suspected area of disability i.e., communication, cognitive ability, motor development, etc.

Before any assessments can be performed, you must sign the assessment plan and return it to the school district within 15 days, or the assessment(s) will not be performed. It is very important that you read the assessment plan carefully to make sure that the concerns that you had about your child are the same areas that are being assessed.

Additional Hints When Requesting Assessment for Special Education Services:

Be specific about what your concerns are and, if known, what your child’s current diagnosis is. Asking for “comprehensive assessments” can be misleading and slow the assessment process. The school district is required (only) to assess the child for needs related to his/her disability and not areas for which there is no suspected disability. Your information can help to focus what assessment(s) are needed. It might be helpful to get input from the classroom teacher, because he or she may have observations or concerns that have not been shared with you previously, but should be addressed.

Don’t forget to get copies of physician assessments and/or diagnoses (such as a doctor’s report stating that your child has ADHD, a hearing loss, has been diagnosed with autism, etc.) (Hint: Because of federal healthcare privacy laws, obtaining medical records can take weeks. If you ask that the doctor or other practitioner include you on the list of people who receive a copy of medical reports, you will already have them in your records and the school will not need to request them.)

When requesting assessment, if there are concerns about your child’s behavior at school, also request a behavior assessment and positive behavior intervention plan.
Sample Request for Assessment

(Replace bold text with your information.)

Your Name
Your Address
Your City, State, Zip Code
Your Phone number

Date

Name of Special Education Director or Your Child’s Program Specialist
Name of District
District Address
District City, State, Zip Code

Regarding: Your Child’s Name

I am writing to request assessment for my child, (your child’s name) to determine if he/she is eligible for special education services. He/she is (age) years old and attends (name of school).

I am requesting assessments in the areas of (speech, occupational therapy, academics, behavior) for the following reason(s): (Be as specific as possible—such as “he/she is not clear when speaking and no one else can understand”; “his/her handwriting is very poor for her age”; “he/she cannot copy a line that I draw as an example”; “he/she becomes angry easily and sometimes lashes out physically”.)

I understand that all areas of difficulty should be assessed for whatever services that might be available to accommodate (your child’s name) disability. (If your child has a diagnosis, include it here, i.e. “My child has been diagnosed with autism.”)

Following the assessment and team review of the results, should my child be found to have a disability but not qualify for special education services under IDEA, I also request that accommodations be made for him/her under Section 504 of the Rehabilitation Act of 1973. For this reason, I also request that the Section 504 Coordinator for (your district) or his/her designee be present at the initial IEP meeting to discuss recommendations for accommodations.

I would like copies of the assessments report(s) at least five days prior to the IEP meeting so that I may review them in order to be better prepared for the meeting.

Sincerely,

Your Name
Assessment (Evaluation)

An assessment is a close look by a team of teachers and other specialists at your child’s abilities, strengths and areas of need. It provides information about your child’s educational needs and helps to determine whether your child qualifies for special education services. Initial assessment(s) must be completed to determine whether your child has a disability and, if so, the extent of that disability and how that disability impacts your child’s education.

Re-evaluation is required every three years to determine:
♦ If your child continues to have a disability and continues to need special education,
♦ How your child is progressing and what his/her current education needs are,
♦ Changes that are needed in special education or related services to enable your child to meet IEP goals and participate in the general education curriculum.

An assessment plan describes the testing to be done and who will be conducting the tests i.e., Speech Therapist, School Psychologist, Special Education Teacher. Parents have 15 days to return the signed assessment plan to the school district. Read the assessment plan carefully to make sure that it addresses all of the areas of concern that you have. Parents must give written permission before the assessments can be done.

Federal law requires that a student be assessed in all areas of suspected disability. Those areas are defined to include: health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities. It is important to provide as much information as possible about what your concerns are and why you are requesting assessment(s) so that the appropriate assessments can be performed. No one instrument is sufficient to determine whether your child has a disability which affects his/her educational performance.

Assessment areas may include:
- Academic/cognitive
- Psychomotor
- Self-help skills
- Social/emotional
- Gross motor
- Fine motor
- Speech and language
- Vocational
- Other aspects of the suspected disability

Persons administering tests are required to be experienced with:
- Children with disabilities,
- The age and functional level of the child being tested,
- The test(s) being used.
Tests must take into account and be appropriate to the child’s:
- Age and level of functioning,
- Disabilities,
- Abilities,
- Attention span,
- Primary language.

**Other Testing Methods**

Formal testing is only one method of assessment. A variety of tools and strategies must be used to gather functional and developmental information about your child. This includes information provided by parents. Other assessments may include:
- Interviewing parents and/or the student,
- Observation of the student,
- Discussions with other professionals who are acquainted with the student,
- Review of the student’s medical and/or educational history,
- Practical demonstration(s) by the student,
- Portfolio review (of the student’s work).

You are encouraged to use the worksheets that follow or any other process for focusing your thoughts about your child’s educational needs and goals. These strategies are encouraged both in the evaluation stage and when the IEP team writes goals.

**Copies of Assessments**

You have the right to have copies of assessments prior to the IEP meeting. Although state law does not specify how many days before the IEP the reports should be provided, it does specify that, in general, school records are to be made available within five (5) days of a request either in writing or orally. It is always a good idea to make any request in writing because it provides documentation of your request.

There are advantages to having assessments prior to the meeting. It gives you the chance to familiarize yourself with the content of the report and make notes about sections that you don’t understand or which you want to discuss further. Also, because reports can be difficult for parents to read because they target what a child is not able to do, it can be helpful to read the reports in the privacy of your own home first so you can be prepared to discuss them with the IEP team in an unemotional manner.
<table>
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<tr>
<th>Process</th>
<th>Definition</th>
<th>Tests Which Give Information</th>
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</thead>
<tbody>
<tr>
<td>Cognition/Intelligence</td>
<td>Ability to reason, To think abstractly, And to solve problems</td>
<td>*Wechsler Tests: WISC-III, WAIS-III, WPPSI-R</td>
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<td></td>
<td></td>
<td>*Stanford-Binet</td>
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<td>*Differential Ability Scales (DAS)</td>
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<td></td>
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<td>*Bayley Scales of Infant Development</td>
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<tr>
<td>Verbal Intelligence</td>
<td>Ability to use cognitive processes which rely primarily on verbal language.</td>
<td>*Wechsler: Verbal Scales</td>
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<td>*Stanford-Binet: FE-Verbal Comprehension Factor</td>
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<tr>
<td></td>
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<td>*DAS: Verbal Ability</td>
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<tr>
<td>Nonverbal Intelligence</td>
<td>Ability to use cognitive processes which do not rely primarily on verbal</td>
<td>*Wechsler: Performance Scales</td>
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<td>*DAS: Nonverbal Ability</td>
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<td>*Kaufman Assessment Battery for Children (K-ABC): Nonverbal Scale</td>
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<td>*Leiter International Performance Scale-Revised</td>
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<td>*Raven’s Progressive Matrices</td>
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<td></td>
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<td>*Matrix Analogies Test-Expanded Form</td>
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<tr>
<td>Language</td>
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<tr>
<td>Receptive Verbal Language</td>
<td>Ability to understand incoming spoken language.</td>
<td>*Wechsler: Verbal Scales</td>
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<td></td>
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<td>*Test of Language Development (TOLD): Listening Composite</td>
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<td></td>
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<td>*Test of Auditory Comprehension of Language-Revised</td>
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<td>*Clinical Evaluation of Language Fundamentals (CELF-4): Receptive Subtests</td>
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<td></td>
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<td>*Peabody Picture Vocabulary Test</td>
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<td></td>
<td></td>
<td>*OWLS: Oral Expression</td>
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<td></td>
<td></td>
<td>*Speech Exam and Language Sample</td>
</tr>
<tr>
<td>Expressive Verbal Language</td>
<td>Ability to convey ideas and relate information through oral language.</td>
<td>*Wechsler: Verbal Scales</td>
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<td>*TOLD-3: Speaking Composite</td>
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<td></td>
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<td>*CELF-3: Expressive Subtests</td>
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<td>*Expressive Vocabulary Test (EVT)</td>
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<td></td>
<td>*OWLS: Oral Expression</td>
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<tr>
<td></td>
<td></td>
<td>*Speech Exam and Language Sample</td>
</tr>
<tr>
<td>Receptive Nonverbal Language</td>
<td>Ability to derive meaning from picture, gestures, facial expressions</td>
<td>*Wechsler: Picture Completion, Picture Arrangement, Object Assembly</td>
</tr>
<tr>
<td></td>
<td>&amp; to interpret social situations w/o verbal clues.</td>
<td>*Stanford-Binet: FE-Absurdities</td>
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<td></td>
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<td>*K-ABC: Gestalt Closure, Photo Series, Face Recognition</td>
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<td>*Observations of Behavior</td>
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<tr>
<td>Expressive Nonverbal Language</td>
<td>Ability to convey meaning through gestures, facial expressions, and drawings.</td>
<td>*Goodenough-Harris Drawing Test</td>
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<td>*Kinetic Family Drawing</td>
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<td>*ITPA: Manual Expression</td>
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<td></td>
<td>*Observations of Behavior</td>
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<tr>
<td>Auditory Skills</td>
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<tr>
<td>Auditory Discrimination</td>
<td>Ability to detect subtle likenesses and differences between speech sounds.</td>
<td>*Wepman Auditory Discrimination Test</td>
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<tr>
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<td></td>
<td>*Test of Auditory Perceptual Skills-Revised (TAPS-R): Auditory Word Discrimination</td>
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<tr>
<td></td>
<td></td>
<td>*Goldman-Fristoe-Woodcock Test of Auditory Discrimination</td>
</tr>
<tr>
<td>Auditory Analysis</td>
<td>Ability to break works into syllables and/or discrete sound components.</td>
<td>*WJ-R, Cognitive: Incomplete Words</td>
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<td>*Slingerland: Test 7, Echolalia</td>
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<td></td>
<td></td>
<td>*Auditory Analysis Task (Plant=p-l-a-n-t)</td>
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</tbody>
</table>
**Tests Which Assess Learning Processes, continued**

<table>
<thead>
<tr>
<th>Process</th>
<th>Definition</th>
<th>Auditory Skills, continued</th>
</tr>
</thead>
</table>
| **Auditory Synthesis**      | Ability to combine supplied sounds or syllables into works (sound blending) | *WJ-R, Cognitive: Sound Blending  
*Mann-Suitior Sound Blending                                           |
| **Auditory Immediate Memory** | Ability to retain information just heard for a short period of time. (No storage involved) | *Wechsler: Digit Span  
*Stanford-Binet: FE-Memory for Sentences, Memory for Digits  
*K-ABC: Number Recall, Word Order  
*WJ-R, Cognitive: Memory for Sentences, Memory for Words  
*Detroit Tests of Learning Aptitude- (DTLA): Sentence Imitation, Word Sequences, Story Sequences  
*Wide Range Assessment of Memory and Learning (WRAML): Verbal Scale |
| **Auditory Recent Memory**  | Ability to store and recall recently heard auditory material.               | *Slingerland: Tests 6,8  
*Rey Auditory-Verbal Learning Test  
*WRAML: Visual Learning, Verbal Recall, Story Memory Recall |
| **Auditory Remote Memory**  | Ability to store and recall auditory material heard several months or years earlier. | *Wechsler: Information, Similarities, Vocabulary, Comprehension  
*Stanford-Binet: FE-Vocabulary, Comprehension, Verbal Relations  
*WJ-R, Achievement: Knowledge Cluster  
*Peabody Individual Achievement Test-Revised: General Information |
| **Visual Discrimination**   | Ability to detect subtle likenesses and differences.                        | *Wechsler: Performance Scale  
*WJ-R, Cognitive: Visual Matching, Cross Out  
*Motor Free Visual Perception Test –Revised  
*Slingerland: Test 4  
*Test of Visual Perceptual Skills-Revised (TVPS-R): Visual Discrimination |
| **Visual Analysis**         | Ability to identify the parts of a visual stimulus and to differentiate figure from ground. | *K-ABC: Gestalt Closure, Triangles, Matrix Analogies, Photo Series  
*Slingerland: Tests 1,2,3,8  
**Motor Free Visual Perception Test –Revised  
*Jordan Left-Right Reversal Test-Revised Edition  
*Observations of work list and paragraph reading |
| **Visual Analysis/Synthesis** | Ability to identify the parts of a visual stimulus and to combine visual elements into a whole. | *Wechsler: Picture Arrangement, Block Design, Object Assembly  
*K-ABC: Triangles, Photo Series  
*Raven’s Progressive Matrices  
*Stanford-Binet: FE-Pattern Analysis |
| **Visual Immediate Memory** | Ability to retain information just seen for a short period of time (no storage involved.) | *Wechsler: Coding  
*Stanford-Binet: FE-Bead Memory, Memory for Objects  
*K-ABC: Hand Movements, Spatial Memory  
*WJ-R, Cognitive, Picture Recognition  
*WRAML: Visual Learning, Visual Learning Recall |
| **Visual Remote Memory**    | Ability to store & recall visual info. seen several months or years earlier. | *Wechsler: Picture Completion, Object Assembly  
*Achievement Tests: Word Recognition, Oral Reading, Spelling |
| **Visual Scanning**         | Ability to investigate visual material in a systematic, organized way.      | *Slingerland: Tests 3,4,8  
*Motor Free Visual Perception Test –Revised  
*Jordan Left-Right Reversal Test-Revised  
*Observations of paragraph reading |
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<tr>
<td>Visual Special Orientation</td>
<td>Ability to perceive spatial relationships involving one's body &amp; the environment. Ability to organize &amp; interpret spatial relationships on a two dimensional level as in copying, writing or reading.</td>
<td>*Slingerland Tests: 1,2 *Bender Visual Motor Gestalt Test *Jordan Left-Right Reversal Test-Revised *Wechsler: Block Design Stanford-Binet: FE-Pattern Analysis *Observations for written work, reading and behavior.</td>
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<tr>
<td>Motor Skills</td>
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<tr>
<td>Fine Motor Coordination</td>
<td>Ability to control fine muscle movements, as in writing, drawing, and cutting.</td>
<td>*Wechsler: Coding, Mazes *Stanford-Binet: FD-Copying *Bender-Gestalt *Developmental Test of Visual-Motor Integration (VMI) *Slingerland: Tests 1,2,5,6 *Observations of writing, drawing, cutting &amp; coloring</td>
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<tr>
<td>Fine Motor Coordination-Speech</td>
<td>Ability to coordinate articulatory movement patterns for speech.</td>
<td>*Speech Exam *Slingerland: Echolalia</td>
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<tr>
<td>Tactile-Kinesthetic Discrimination</td>
<td>Ability to identify and interpret information gained through touch and movement.</td>
<td>*Task: Examiner moves a child’s fingers to form letters or numbers with eyes closed; child identifies</td>
</tr>
<tr>
<td>Kinesthetic Memory</td>
<td>Ability to remember information gained through movement.</td>
<td>*Task: Examiner teaches a new word through repeated writing; child reproduces later *Observation of motor patterns in writing</td>
</tr>
<tr>
<td>Gross Motor Coordination</td>
<td>Ability to coordinate large muscle movements as in running, walking, skipping, and throwing.</td>
<td>*Bruininks-Oseretsky Test of Motor Proficiency *Observation of gross motor activities</td>
</tr>
<tr>
<td>Modality Integration</td>
<td>Ability to transfer information from one sensory modality to another. Ability to coordinate two or three modalities in the production of outgoing responses.</td>
<td>*Slingerland *Halstead-Reitan &amp; Reitan Indiana Neuropsychological Test Batteries *WJ-R, Cognitive: Visual-Auditory Learning *WRAML: Sound Symbol *Comparisons of performance on academic task such as reading, copying, and dictated spelling.</td>
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<td>Social and Emotional Adjustment</td>
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<td>Self-Concept &amp; Relationships with Others</td>
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<td>*Projective Drawing Tests *Apperception Tests (CAT, TAT, Roberts) *Piers-Harris Children’s Self-Concept Scale (Updated Norms) *Sentence Completion Test *Roschach Psychodiagnostic Test *Milton Adolescent Personality Inventory</td>
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| Social Maturity and Appropriateness of Behavior | Ability to decode unfamiliar words, to recognize familiar words, and to understand written material. | *Woodcock-Johnson Scales of Independent Behavior-Revised (SIB-R)  
*Vineland Adaptive Behavior Scale  
*Developmental Profile II  
*Achenback Child Behavior Checklist (CBCL/4-18)  
*Achenback 1991 Teacher’s Report Form  
*Conners Parent and Teacher Rating Scales – Revised  
*Behavior Evaluation Scale-2 |
| Reading and Phonics Skills | Ability to decode unfamiliar words, to recognize familiar words, and to understand written material. | *Wechsler Indiv. Achievement Test (WIAT): Reading Composite  
*Woodcock-Johnson, Revised-Tests of Achievement (WJ-R ACH): Reading Subtests  
*Kaufman Test of Educational Achievement (K-TEA): Reading Composite (1997 Norms)  
*Ekwall Reading Test  
*Informal survey of phonics skills |
| Spelling Skills | Ability to encode words in written form. Use of spelling rules, visual recall, and auditory analysis skills in encoding words. | *WIAT: Spelling  
*K-TEA- Spelling (1997 Norms)  
*Wide Range Achievement Test-3 (WRAT-3): Spelling  
*Test of Written Spelling-3  
*Dictated Spelling Tasks |
| Handwriting Skills | Neatness, spatial organization, and knowledge of manuscript and/or cursive alphabets. | *Alphabet Writing Task  
*Classroom Writing Samples  
*Test of Written Language (TOWL)  
*Slingerland Tests 1,2,5,6  
*Alphabet Writing Task |
| Written Language Skills | Ability to organize and relate ideas in written form. Knowledge of written language mechanics skills. | *WIAT: Writing Composite  
*Test of Written Language- 3rd Edition  
*Test of Early Written Language-2nd Edition (TEWL-2)  
*WJ-R, Achievement: Written Language Subtests  
*OWLS: Written Expression Scale |
| Reading and Phonics Skills | Ability to decode unfamiliar words, to recognize familiar words, and to understand written material. | *Wechsler Individual Achievement Test (WIAT): Reading Composite  
*Woodcock-Johnson, Revised-Tests of Achievement (WJ-R ACH): Reading Subtests  
*Kaufman Test of Educational Achievement (K-TEA): Reading Composite (1997 Norms)  
*Ekwall Reading Test  
*Informal survey of phonics skills |
| Spelling Skills | Ability to encode words in written form. Use of spelling rules, visual recall, and auditory analysis skills in encoding words. | *WIAT: Spelling  
*K-TEA- Spelling (1997 Norms)  
*Wide Range Achievement Test-3 (WRAT-3): Spelling  
*Test of Written Spelling-3  
*Dictated Spelling Tasks |
### Mathematics Skills

Ability to perform arithmetic computations & to solve problems involving mathematical concepts & reasoning.

- *WIAT: Mathematics Composite*
- *Key Math-Revised (1997 Norms)*
- *WJ-R, Achievement: Mathematics Subtests*
- *WRAT-3: Arithmetic*

### Tests Which Assess Learning Processes, continued

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<td>Vision</td>
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<td>Health History</td>
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<td><em>Goldstein Childhood History Form (Revised)</em></td>
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<td><em>Health and Developmental Interview</em></td>
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<td><em>Neurodevelopmental Exam</em></td>
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**Independent Education Evaluation (IEE)**

Parents have the right obtain and include an Independent Education Evaluation (IEE) if they feel it will help their child receive the program or services that he or she needs. Generally, parents are responsible for the costs of an IEE. However, in some circumstances the school district may be financially responsible.

If the school district does not have the personnel or resources to conduct an evaluation that an IEP team has identified is needed, the school district must obtain a private evaluation at its own expense.

When parents and the school district disagree about the need for an independent educational evaluation (IEE), and the parents present the results of an evaluation which the district refused to conduct, the school district may be required to reimburse the parents if a hearing officer finds that the information from the independent evaluation provided information that impacted the child’s education services.

If the parents disagree with a school district’s evaluation(s) and request an IEE at public expense, the school district must obtain and pay for the evaluation unless it (the school district) requests a due process hearing and a hearing officer orders that the IEE is not needed.

If parents do submit results of outside assessments, those results must be considered along with assessments that the school district has provided.
Re-evaluation

After the initial evaluations are conducted in order to qualify a student for special education services, re-evaluations must be conducted at least every three years. Also, re-evaluation must be conducted whenever the student’s parents or teacher request.

The IEP team is not required to conduct additional (new) assessments in order to re-evaluate the student every three years. Instead, as part of the re-evaluation, the IEP team (including parents) and other educational professionals, as appropriate, must review existing data on the student to identify whether additional data is needed to determine whether the student continues to have an eligible disability and whether he/she continues to require special education services. The team will also determine if any additions or changes to the student’s current special education program are needed.

The team must review information provided by the parent; current classroom-based assessments and observations; and teacher and related services providers’ observations. The team may conduct this review without a meeting. The district is not required to obtain parental consent to conduct this portion of the re-evaluation.

If the IEP team decides that additional testing is needed, the district must obtain parental consent and conduct the evaluations.

If the IEP team decides that no additional testing is needed to determine whether the student continues to have an eligible disability, the school district is not required to conduct any assessments unless requested to by the parent. If the group decides that no further assessment(s) are necessary, the school district must notify you of that decision and the reasons for it; and they must inform you of your right to request assessment(s).

If the school district staff feels that your child no longer qualifies for special education services, it is required to conduct an in-depth assessment of your child to document that decision.

School Records

In preparing for evaluation or an upcoming IEP, you may feel it would be helpful to gather and review the records that the school has maintained on your student.

Under a federal law, called the Family Educational Rights and Privacy Act (FERPA), you have the right to have access to your child’s school records. The records may include a cumulative file which is maintained at the school and a special education file which is located in the school district’s special education department. Your child’s school principal can tell you where the records are located.

Make a written request (a written request is always preferable because it provides you with documentation of when the request was made) to the school or special education department (wherever the records are located). The records must be made accessible to you within five (5) days. You may ask for copies of the re-
records, but you may be charged a copying fee. The school district must provide the copies for free if the cost "effectively prevents the parent from exercising the right to receive such copies."

Parents can see all records, files, documents and other materials that are maintained by the school system and which contain information relating to their child, including all records which refer to the student by any personally identifiable manner, such as social security number, student ID number or any other data that makes them traceable to that student.

Records that cannot be examined are:
- Personal notes that teachers, counselors and/or school administrators have made for their own use,
- Records of school security police when they are kept separate from other records and used for law-enforcement purposes,
- Personnel records of school employees.

If a parent feels that a document is inaccurate or misleading, he or she has the right to request that it be removed or corrected. If the school refuses, the parent may submit a written statement stating the objection to the information, which will remain part of the record until the information is removed or corrected. If the school district does not want to comply with the request to remove the information that the parent feels is inaccurate, the parent may request a formal records hearing.

Maintaining complete records will assist parents and educators in working together. If a parent finds that an important document, such as a previous IEP, is missing it is important to bring this to the attention of the school principal or the student’s special education program manager. (The parent might be able to assist the school by supplying a copy from the files maintained at home.)

Examining the student’s school records should be a regular activity. Knowing the contents of the student’s school records can help provide information for the parent when preparing for upcoming IEPs.

**Keeping Records at Home**

The importance of parents maintaining copies of their student's educational records cannot be emphasized enough. When parents keep their own copies of documents (reports, assessments, etc.) they can help provide records that may be missing from school files. Also, when parents keep their own copies of student's records, they generally feel more prepared and confident about dealing with the education professionals. Finally, when parents have their student's reports and assessments, it makes it much easier to follow their student’s education program and plan for any changes that might be needed.
A 3-ring binder is a good way to organize a student’s records that are maintained at home because it keeps them together and in order. The records can be filed however is most convenient; for example, chronologically by calendar or academic year, as long as they can be easily accessed. Whatever system is used, be sure to keep all information up to date and in one place.

(Some parents put a picture of their child on the cover of their notebook or file to remind the IEP team that this is a child, rather than a case study. It can also help to "lighten the mood" at IEP meetings.)

Records and Information to Keep:

- Names, telephone and email addresses of all school employees and others who work with your child. It is also a good idea to include the person’s title to help you keep track of "who’s who". A sample "Frequently Called Numbers" page is included at the end of this booklet.
- A current copy of your school district’s Parent Handbook. This is important for policy information about issues other than special education.
- Your observations of your child including interests, strengths and weaknesses. Update them annually.
- Copies of current (and previous) assessments, reports, IEPs.
- Copies of written communication with outside professionals regarding your child’s medical and/or educational needs. Include their test results and recommendations.
- Report cards.
- All written communication with school personnel.
- Dated notes on parent/teacher conferences and on telephone conversations with school staff.
- List of all medications your child takes at home and/or at school, including names of medication, time, and dosage. Update the information regularly.

A note about medical records: When children are young, especially if they have complex medical needs, it’s important to keep complete medical records that include procedures and tests that were performed and their dates. However, as children get older and their medical needs become less pronounced, it’s common to be less careful about keeping medical records up-to-date. Parents will find that when their children become adults at age 18 and are moving on to adult medical providers or applying for services such as Social Security Income (SSI), those medical records will be needed. If they’ve been kept current, it will be much easier to provide the information.
Developing the IEP

The Individualized Education Plan (IEP)

When a child qualifies for special education services, an Individual Education Plan (IEP), is written and updated yearly. While the IEP is a legally binding document in which the school district agrees to provide services, it is not "written in stone" and can be changed or amended if necessary. (The parent can make the request for a new IEP in writing to the special education department. The school district then has 30 days to convene the IEP meeting.) The IEP summarizes the assessment information, sets the goals and objectives (benchmarks) appropriate for the student, describes who is responsible for the delivery of specific services and defines the least restrictive environment in which the student will receive services.

Parents are an important part of the IEP team and their input in the process is vital. Sometimes parents report that they feel intimidated at IEP meetings or that their input was not taken seriously. Participating comfortably in the IEP process, like any other skill, can be learned and will get easier with practice. The key to the parent feeling a part of the team rests with preparation for the meeting. This will be discussed in more detail in the "Preparing for the IEP Meeting" section.

General Requirements for the Content of the IEP

An Individual Education Program or IEP is a written statement for each student with a disability that is developed, reviewed, and revised in a meeting (the IEP meeting), and that must include:

- A statement of the child’s present levels of academic achievement and functional performance, including how the child’s disability affects his/her involvement and progress in the general curriculum.
- Measurable annual goals and short-term objectives or benchmarks, including academic and functional goals designed to:
  - Meet the child’s needs to enable the child to be involved in and make progress in the general education curriculum,
  - Meet each of the child’s other educational needs that result from the disability.
- For children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives,
- A description of:
  - How the child’s progress toward meeting the annual goals will be measured,
  - When periodic reports on the progress the child is making toward meeting the annual goals will be provided,
- A statement of the special education and related services and supplementary aids and services to be provided,
- Any individual accommodations that are necessary to measure the academic achievement and functional performance of the child on state and district-wide assessments,
- An explanation of the extent, if any, to which the child will not participate with non-disabled children in the regular class,
- The projected date of the when services will start, the frequency, location and duration of services and modifications which are included in the IEP.
- Transition to adult services:
  - Beginning at age 16 (or earlier, if applicable), IEP must state what transition services are needed to prepare the student for leaving school and what agencies (i.e., Regional Center, Department of Rehabilitation) will be needed to help with the transition.
  - Beginning the year prior to the age 18, at which time the student becomes an adult, the IEP must state that the student has been told what rights he or she will have as adult.

**Designated Instructional Services (DIS) (Related Services)**

DIS or Related Services are services that are required by a student with disabilities to benefit from his/her educational program. DIS must be written into the student's IEP and must include where the service(s) will take place, how frequently and the duration of the session. For example, Speech Therapy, Smith Elementary School, weekly for 30 minutes. (Note: In order to allow for holidays and vacations, some school districts might write the number of sessions for the number of instructional weeks in the school year. For example, if there are 32 instructional weeks and the services are weekly, the IEP will state 32 sessions.)

Examples of Related Services: (Including, but are not limited to, the following :)
(From California Department of Education, Special Education Division: www.cde.ca.gov/sp/se/lr/om032707.asp)

1. Language and speech development and remediation
2. Audiology services
3. Orientation and mobility services
4. Instruction in the home and hospital, if necessary
5. Adapted physical education
6. Physical and occupational therapy
7. Vision services
8. Specialized driver training instruction
9. Counseling and guidance services, including rehabilitation counseling
10. Psychological services other than assessment and development of the IEP
11. Parent counseling and training
12. Health and nursing services, including school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program
13. Social worker services
14. Specially designed vocational education and career development
15. Recreation services
16. Specialized services for low-incidence disabilities, such as readers, transcribers, and vision and hearing services
17. Interpreting services
18. Transportation
The IEP Team Must Also Consider:

- Positive behavioral supports for students whose behaviors disrupt their ability to learn (or which impact the learning of other students),
- Students’ language needs, for students with limited English proficiency, (Limited English proficiency is not a reason for qualification of special education services.),
- Use of Braille for visually impaired students, unless the IEP team determines that it is not necessary,
- The student’s communication needs,
- The student’s need for assistive technology (including for communication),
- For students in kindergarten and grades 1-6, prevocational educational goals,
- For students in grades 7-12, vocational and career education or work experience in preparation for employment and independent living skills training.

Transition to Adult Services:

Beginning when the student turns 16, or younger if determined appropriate by the IEP team, and updated annually thereafter, the IEP must include:
- Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and
- The transition services (including courses of study) needed to assist the student in reaching those goals, including a statement of other agencies which provide services or supports to the student (i.e. Regional Center, Department of Rehabilitation.)

Extended School Year (ESY) (“Summer School”)

Students receiving special education services are eligible for ESY services if:
- The student’s disability will continue indefinitely or for a prolonged period,
- Interruption of the student’s education program may cause regression,
- The student has a slow recoupment of skills that interfere with the ability to attain self-sufficiency and independence.

ESY services must be included in the student’s IEP and must be comparable in standards, scope and quality to the special education program offered during the regular academic year.
Ineligibility

If a student is found not to be eligible for special education services and the parent(s) disagree with the school district's decision the parent(s) can do the following:

- If the student has a documented disability which limits a major life activity (such as learning), that disability may qualify the student for accommodations under Section 504 of the Rehabilitation Act of 1973. (See Table of Contents.) The parent(s) may want to obtain the school district's 504 policy and learn additional information about accommodations for students whose disabilities negatively impact their education. (WarmLine Family Resource Center can help with this.)
- Ask specifically why the student did not qualify. Ask that the school district put the reason(s) in writing and pursue due process (See Table of Contents).

When Children Relocate, Requirements for IEPs:

When a student who has an IEP moves into a new school district which is not in the same Special Education Local Plan Area (SELP A), the new school district must provide services comparable to his/her previous IEP for 30 days. (Either the old school or new one can tell the parent if it is part of the same SELPA and if not, what SELPA includes the new school.) During those 30 days, the new school district must either adopt the old IEP or develop a new one.

When a student with an IEP moves to a new school in the same SELPA, he or she must be provided with comparable services contained in the original IEP.

When a student with an IEP moves from one state to another, the new school district must provide comparable services until it can conduct any new assessments that have been determined to be necessary and then develop a new IEP. (The student’s new school district must take reasonable steps to obtain records from the old school district and the old school district must take reasonable steps to provide them.)

The Members of the IEP Team:

The school district must ensure that the IEP team for each child with a disability includes:

- The parent(s) of the child;
- At least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- At least one special education teacher of the child;
- A representative of the public agency (school district) who has certain specific knowledge and qualifications;
- An individual who can interpret the instructional implications of evaluation results and who may also be one of the other listed members;
• At the discretion of the parent or the agency, other individuals who have knowledge or
special expertise regarding the child, including related services personnel as appropriate,
• Anyone the parent chooses to invite, such as a friend, neighbor or advocate.

Instances When an IEP Team Member May Not Need to Attend:

A member of the IEP team is not required to attend an IEP meeting if the parent and
the public agency agree, in writing, that the attendance of the member is not necessary be-
cause the member's area of the curriculum or related services is not being modified or dis-
cussed in the meeting.

A member of the IEP team may be excused from attending an IEP meeting when the
meeting involves a modification to or discussion of the member's area of the curriculum or
related services, if:
• The parent, in writing, and the public agency consent to the excusal; and
• The member submits, in writing to the parent and the IEP team, input into the devel-
   opment of the IEP prior to the meeting.

Inviting Representatives from Early Intervention Services:

For a child who was previously served under Part C of the
IDEA (Early Start, "Early Intervention"), an invitation to the
initial IEP meeting must, at the request of the parent, be sent to
the Early Intervention service coordinator or other
representatives of the Early Intervention system to assist with
the smooth transition of services.

Requirements When Transition Content Must Be Included
In an IEP Meeting Notice:

For a child with a disability who will be turning 16 during the year that the IEP is in
effect, (or younger if determined appropriate by the IEP team) the notice must:
• Indicate that a purpose of the meeting will be the consideration of the postsecondary
goals and transition services for the child, that the agency will invite the student; and
• Identify any other agency that will be invited to send a representative.

Amending The IEP Without Another Meeting:

If changes need to be made to a student’s IEP after the IEP meeting, the parent(s)
and the school district may agree to develop written amendments or modification to the stu-
dent’s current IEP rather than convene an IEP meeting for the purposes of making those
changes. If changes are made to student's IEP, the IEP team must be informed of those changes. Upon request, a parent must be provided with a revised copy of the IEP with the amendments.

**Review and, as Appropriate, Revision of the IEP:**

Each school district must ensure that the IEP team reviews the child's IEP periodically, but not less than annually, to determine whether the annual goals for the child are being achieved and revise the IEP, as appropriate, to address:

- Any lack of expected progress toward the annual goals and in the general education curriculum, if appropriate;
- New (updated) annual goals;
- The results of any re-evaluation;
- Information about the child provided to, or by, the parents, as related to evaluations and re-evaluations;
- The child's anticipated needs; or
- Other matters.

A regular education teacher of the child, as a member of the IEP team must participate in the review and revision of the IEP if the student is receiving services in the general education classroom.

**Alternative Means of Meeting Participation:**

When conducting IEP team meetings and placement meetings and carrying out administrative matters (such as scheduling, exchange of witness lists, and status conferences), the parent of a child with a disability and a school district may agree to use alternative means of meeting participation, such as video conferences and conference calls.
# IEP Checklist for Parents

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| Present Levels of Educational Performance: | 1. What areas are covered?  
2. Does it describe how your child’s disability affects his/her involvement and progress in the general curriculum?  
3. Is it based on current information and states more than just test scores?  
4. Do the assessment results correspond to your knowledge of your child’s ability?  
5. Do the results describe your child’s abilities as well as the specific areas of need? |
| Annual Goals:                          | 1. Are they based on assessment(s) of your child’s present performance?  
2. Do the academic goals address state grade level standards?  
3. Are positive behavior supports needed and if so, are they included?  
4. Given your knowledge of your child, are the goals appropriate? |
| Short-term Objectives:                 | 1. Will they help your child reach the stated goals?  
2. Can your child’s progress on each objective be measured?  
3. How will you know if your child had mastered an objective or reached a benchmark? |
| Evaluation and Review Date:            | 1. How will your child’s program be measured?  
2. When will the IEP team meet to review the IEP? |
| Reporting of Progress:                 | 1. When and how will your child’s goals and objectives be reviewed?  
2. How will progress be reported to you? |
| Placement Recommendation:              | 1. What makes this placement appropriate for your child’s needs?  
2. Has this teacher ever worked with a child under an IEP with a similar diagnosis? If not, who will educate the staff about students with special needs in general and yours in particular?  
3. How will your child participate in the general education curriculum?  
4. What program modifications are included?  
5. If modifications are included, will they affect a high school student’s eligibility to graduate? |
| Special Education & Related Services: | 1. What services does your child need?  
2. Where will they be provided?  
3. Who is responsible for providing the services?  
4. When will the services begin and end?  
5. How often will they be provided?  
6. How long is each session?  
7. How will the school district make up for sessions lost due to school holidays? Therapist absences?  
8. How will your child’s classroom work be made up with he/she is out for services?  
9. Does your child need/qualify for extended school year (ESY) services? |
| Participation in Statewide/District wide Assessments: | 1. Will your child participate in Statewide/District wide assessments?  
2. Are modifications required to do so?  
3. If so, how will the assessments be modified?  
4. If your child will not participate, how will progress be assessed? |
| High School Graduation: | 1. Will your child graduate with a diploma (which will end special education services) or will he/she receive a certificate of completion (which will allow special education services to continue until age 22)?  
2. If your child is on the diploma track, will he/she be required to take the California State High School Exit Exam (CASHEE)? |
| Statement of Needed Transition Services (at age 16): | 1. What transition services are necessary?  
2. Are interagency linkages needed?  
3. Who will provide transition services? |

From Sacramento City Unified School District Community Advisory Committee (CAC) Handbook
Questions to Ask When Considering a Program Placement

The following list is things to consider when deciding about your child’s school or classroom placement. Even though you may visit a placement prior to agreeing to it, sometimes it is difficult to make a decision based upon one visit. Parents are encouraged to ask the IEP team’s opinion of the placement and ask if other parents whose children are enrolled are available to answer questions. After all that, it is still possible to place your child in a school or classroom that is not a "good fit". After giving your child a reasonable amount of time to get comfortable, if you still feel that the placement is not appropriate, you can contact your child’s program specialist (program manager) to discuss change of placement.

☆ Are all of the students in the class in special education or are there also general education students?
☆ Are they the same age as my child?
☆ How many students are in the class? ☆ What is the student to teacher (aide) ratio?

☆ Will my child be provided with transportation to and from school?
☆ How long will my child be on the bus?

☆ How many days per week and hours per day will my child be in school?
☆ Do they go during the summer? ☆ Will I have to pay for my child to go to this school?

☆ Is the classroom safe for my child? ☆ Is the outside area fenced?
☆ Is the play equipment safe and accessible for my child? ☆ Are the children well supervised?

☆ Will my child need to be toilet-trained to go to school?
☆ Will they work on potty training while my child is there?
☆ How do they handle wet or messy pants or changing diapers?
☆ Is there adequate staff to help with toileting and feeding?

☆ Is there a happy, relaxed feeling in the classroom?
☆ Are the children busy with learning activities?
☆ Does the staff speak to the children with caring and respect?

☆ How will they handle my child’s special medical or diet needs?
☆ Can I send special food or medicine?
☆ What will happen if my child gets sick at school?
☆ If my child needs to be fed, who will do it?

☆ Can I visit the school whenever I want to?
☆ Will the teacher let me help in the class if I want to?
☆ What does the teacher expect from me in order to help my child reach his/her goals?
☆ Is the curriculum the same for all the children or do they have individualized (differentiated) instruction?
☆ How much time is spent in structured versus unstructured activities?
Preparing for the IEP Meeting

Being prepared for the IEP meeting will go a long way toward helping you feel part of the IEP team. Preparation does not have to be time consuming, especially for parents who have monitored their student’s progress throughout the school year. The following are suggestions of ways to help make your child’s IEP meeting more productive (and less stressful) by preparing for it:

• Talk to your child, your child’s teacher(s), and other professionals who are providing services, i.e. speech therapy. Ask each how things are going with the current plan and what recommended changes may be.

• Visit the classroom.

• Write your own ideas for the IEP, and your expectations for your child. You are to be fully involved in the development of your child’s program and this step is appropriate, even if you have not done so in the past. (There are worksheets in this booklet to help with this.)

• Find out who will be participating in your child’s IEP meeting. Your child’s teacher or program specialist can give you this information.

• Get a copy of your child’s current assessments and review them before the IEP, making sure you understand what is contained in the reports. If you need help understanding the assessment(s), contact the person who conducted them and ask for help. If your child’s school has a Resource Specialist Teacher (RST), he/she can also help you to understand your child’s assessment(s).

Obtaining and reading the assessment(s) prior to the IEP meeting serves two purposes:

1. Knowing the contents and recommendations of the members of the team will help you to formulate your own goals and expectations for your child;

2. Parent(s) may have emotional reactions to reading these reports and many agree that it is easier to take in the information and digest it in the privacy of their own home rather than during the meeting with team members who might be virtual strangers.

• Review your child’s current IEP.

• Remember that you do not have to go to the meeting alone. It is helpful to have someone with you to take notes or help you ask questions.

• You can tape record the meeting if you wish. Recording must be done openly, with the knowledge of all meeting participant. You must notify school district 24 hours before the meeting of your intent to use a tape recorder.
At The IEP Meeting:

- Although team members might write drafts of goals prior to the meeting, you still must agree to the goals that were written. You are to be part of the IEP development team.

- If the district staff declines to include a service, program or goal you feel is necessary, have them clarify whether they think it is not needed, or if it is needed but not available. Try to get supportive participants to state their opinion and take detailed notes to document the conversations.

- Placement or related services should be discussed only after the goals and objectives are completed.

- Do not sign the IEP until you have considered it carefully. You are not required to sign it at the meeting, and may take it home to consider, with the promise to return it in a timely manner.

- If you disagree with the school district, you may write a dissenting statement and attach it to the IEP. Only components with which you agree can be implemented.

- Always discuss your child's educational needs. Never discuss district budget, availability of services or the schedules of district personnel.

- Always, always, always ask questions if you don’t understand something. This is your child and it is your right and responsibility to understand his/her proposed education plan.

- You are the expert on your child. (However, it is important to also acknowledge the expertise of the team members who have worked with many, many children.)

Goals - What Are They?

Goals are statements about things we want to do, get or become. Setting goals for ourselves and systematically working toward them is a way of turning an ambition or desire into a reality. If you know what you want, you are more likely to get it.

Setting educational goals for pupils is an important part of planning an appropriate instructional program. Educational goals are statements that tell what skills (academic or behavioral) the teacher and pupil are aiming for.

Annual goals, such as "will be able to dress himself...,” represent a specific set of skills that the child will work toward over the school year.
Developing Annual Goal Areas

- Considerations:
  - Primary concerns stated on the initial referral,
  - Amount of time the student has left in school and the age of the student,
  - Skills needed to progress to the next level of performance,
  - Skills needed to be successful in the regular classroom,
  - Behavior/skills that will improve with modifications,
  - Strengths of the student,
  - Scope and sequence of the skills, curriculum or behaviors to be addressed,
  - Student's learning style (visual, auditory, tactile),

Goals/Benchmarks/Objectives

Parents can contribute to the goal writing process by sharing the goals they feel are important to their child. You are not expected to be an expert goal writer but you do know what non-academic areas your child needs to work on and how your child might be most successful in achieving educational goals.

Goals are major milestones; short-term objectives are measurable, intermediate steps that move the student toward achieving the (annual) goals. They are to be measured and accomplished over an extended period of time, such as a school quarter or grading period.

IEP goals are referred to as annual goals because they are usually written for one year. They are based on the present level of educational performance and can be set in many different areas, but most of them are in one of the following categories:

- Academic Skills (e.g., reading, writing, spelling, math. Academic goals should be linked to state grade level standards. It can be very helpful if parents share insight about how their child learns and what sorts of things interest him/her.)
- Self-help Skills (e.g., eating, dressing, bathing, shopping)
- Leisure and Recreational (e.g., learning to use community resources)
- Communication (e.g., speaking or other means to understand and respond to others)
- Motor Skills (e.g., movement, balance, muscle strength and coordination)
- Social/Behavioral (e.g., maintaining relationships, learning appropriate behaviors)
- Prevocational/Vocational (e.g., following directions, task completion, vocational training)
- Medical (While not generally written under goals, a student may have medical needs that must also be addressed/monitored, such as blood sugar testing and insulin administration for the student with diabetes.)
The following worksheets may be helpful as you begin planning for your child’s IEP.

**STUDENT PROFILE - Parent Form**

1. Some things my child can do now:
2. Two or three things my child is working to learn now:
3. What my child is interested in:
4. Things my child is ready to learn:
5. My child is best at:
6. My child needs the most help with:
7. Help my child has received in the past:
8. Problems/challenges with my child’s current program:
9. Possible alternatives and/or additions to my child’s current program:
10. Services that my child needs:
11. Special concerns I have about my child:
12. Suggestions I have about working with my child:
13. Strengths my child has in the area of:
   - Academics:
   - Speech:
   - Motor:
   - Social/Behavior:
   - Vocational/Prevocational:
   - Self-Help:
   - Self-Advocacy Skills:
14. Concerns I have for my child in the following areas:
   - Academics:
   - Speech:
   - Motor:
   - Social/Behavior:
   - Vocational/Prevocational:
   - Self-Help:
   - Self-Advocacy Skills:
## Goal Setting Worksheet

(A goal describes a skill or behavior you would like to see your child learn or do better)

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Strength / Interest</th>
<th>Current Level of Performance</th>
<th>Goal</th>
<th>1-4 Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Math</td>
<td></td>
<td></td>
<td></td>
<td>1. Critical</td>
</tr>
<tr>
<td>2. Language Arts</td>
<td></td>
<td></td>
<td></td>
<td>4. Not critical right now</td>
</tr>
</tbody>
</table>
| 3. Self-Help/Independent Living Skills  
(Dressing, grooming, organizing personal belongings, money management, mobility (i.e.: public transportation) | | | | |
| 4. Communication Skills  
(Ability to express needs, wants, etc.) | | | | |
### Goal Setting Worksheet, Continued

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Strength / Interest</th>
<th>Current Level of Performance</th>
<th>Goal</th>
<th>1-4 Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Social/Behavior Skills (Attitude, behavior)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Pre-vocational/Vocational</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Following directions, task completion, organization of work)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Physical Activity/Motor Skills (Hand-eye coordination, balance, ball playing, bike riding, games, swimming)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Recreational Skills (Leisure time, games, sports)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Medical (Medication administration, equipment use, i.e., braces, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This material is adapted from materials provided by Nancy Johnson, Educational consultant, NC Dept. of Public Instruction and IEP Training, Northern California Coalition, DREDF, Matrix and Parents Helping Parents, 1998.
Parent Report for IEP

Because you know your child best, your input during the IEP is vital, including your contribution to the goals that are being written. Below is an example of a parent report:

Parent Report for “Carl Vespoli”  Age: 14 years  Date: 10-25-2005

<table>
<thead>
<tr>
<th>Carl's Strengths:</th>
<th>Carl’s Interests:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reading</td>
<td>• Music</td>
</tr>
<tr>
<td>• Spelling</td>
<td>• Science</td>
</tr>
<tr>
<td>• Large vocabulary</td>
<td>• Reading</td>
</tr>
<tr>
<td>• Friendly, thoughtful, polite</td>
<td>• Cooking</td>
</tr>
<tr>
<td>• Desire and willingness to learn</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Curriculum/Area of Need</th>
<th>Proposed Goals and Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td>Use Carl's interest in cooking to re-enforce math skills and concepts.</td>
</tr>
<tr>
<td>Reading</td>
<td>Give Carl reading assignments which focus on his interests, such as science and cooking.</td>
</tr>
<tr>
<td>Communication</td>
<td>Encourage appropriate conversation and keep Carl on topic.</td>
</tr>
<tr>
<td>Organization/Task Completion</td>
<td>Develop strategy to encourage Carl to keep track of his personal belongings, school assignments and school supplies. Develop strategy to help Carl stay on task and complete assignments in class. If assignments are not completed, send them home with him.</td>
</tr>
<tr>
<td>Social Skills</td>
<td>Encourage Carl to maintain appropriate personal space and gender interaction. Develop strategy to include Carl in group activities. Develop strategy to reduce self-stimulation activities (hand flapping, rocking).</td>
</tr>
<tr>
<td>Vocational/Prevocational Skills</td>
<td>Carl will participate in Independent Living Skills training, including use of public transportation.</td>
</tr>
</tbody>
</table>

Least Restrictive Environment (LRE) and Placement

One of the basic rights under IDEA is for a child to be educated as much as possible with peers who do not have disabilities. Placement in the general education classroom with supplementary “aids, services and other supports that are provided in the regular education class or other education related settings to enable children with disabilities to be educated with non-disabled children to the maximum extent appropriate...” is the first option the IEP must consider when discussing a student’s placement.
The IEP team must take into consideration what, if any, aids and services might be needed to ensure that the student’s IEP can be appropriately implemented in the regular classroom. If the team decides that the student cannot be educated in the regular classroom, even with supplementary aids and services, then the consideration must still be the (next) least restrictive environment.

The school’s “Resource” program is taught by a specially credentialed special education teacher (a Resource Specialist Teacher or RST) who provides individual or small group instruction either in the regular classroom or in a Resource Center. The student can spend up to 49% of the day in the Resource Program. If that amount of time is not sufficient to help him/her make progress on academic goals, then the next step would be to a Special Day Class (SDC).

School Placement from Least Restrictive to Most Restrictive:

• Regular Classroom (with supports)
• Resource Program (for up to 49% of the school day)
• Special Day Class (SDC) or Self Contained Classroom (SCC)
• Non-Public School
• Home / Hospital Instruction

If a placement other than the regular classroom is chosen, the IEP must include a statement of the extent to which the student will not participate with non-disabled peers in the course of the day and how the student will be provided with opportunities to be included with non-disabled peers (e.g., recess, lunch time, community based instruction, etc.).

Least Restrictive Environment Worksheet

1. Can your child’s needs be met in the general education classroom without additional supports?

   Academic □ Yes □ No
   Self Help □ Yes □ No
   Communication □ Yes □ No
   Behavioral □ Yes □ No
   Medical □ Yes □ No

2. Can your child’s needs be met in the general education classroom with additional supports?

   Academic □ Yes □ No If yes, what type of support?
   Self Help □ Yes □ No If yes, what type of support?
   Communication □ Yes □ No If yes, what type of support?
   Behavioral □ Yes □ No If yes, what type of support?
   Medical □ Yes □ No If yes, what type of support?
3. Can your child's needs be met in the next, more restrictive placement with the services currently in place? □ Yes □ No

4. Can your child's needs be met in the next, more restrictive placement with additional supports or modifications? □ Yes □ No

Additional Opportunities for Inclusion:

- During the school day during recess, lunch, physical education class, etc.,
- At a different school,
- After school,
- Community activities,
- Employment or job training opportunities,
- Other

Adapted from Negotiating the Special Education Maze, Woodbine House, 1997

School Discipline and Placement Procedures for Students with Disabilities

*Suspension and Expulsion*

Being the parent of a student who has been suspended or expelled from school is extremely stressful. When the student is also receiving special education services, it can also be confusing because some parents believe that because a child is receiving special education, he or she cannot be suspended or expelled.

A student with an IEP *can* be suspended or expelled from school and the grounds for suspension or a recommendation of expulsion are the same for children with and without disabilities. The permissible grounds for taking disciplinary action under California Education Code Section 48900 (excerpted) are:

1. Causing or threatening physical danger to another;
2. Possessing a knife, gun, or other dangerous object without school authorities' permission, or furnishing such an object;
3. Unlawfully possessing, using, or furnishing a controlled substance or alcoholic beverage, or being under the influence of such a substance or beverage;
4. Offering or furnishing a substance misrepresented to be a controlled substance or alcoholic beverage;
5. Committing robbery or extortion;
(6) Damaging or attempting to damage school or private property;
(7) Stealing or attempting to steal school or private property;
(8) Possessing or using tobacco in an unauthorized manner;
(9) Committing an obscene act or engaging in habitual profanity or vulgarity;
(10) Dealing in drug paraphernalia;
(11) Disrupting school activities or otherwise willfully defying school authorities;
(12) Knowingly receiving stolen school or private property;
(13) Possession of an imitation firearm that appears to be real;
(14) Commission or attempt to commit a sexual assault, commission of a sexual battery;
(15) Harassment, threat, or intimidation of a pupil who is a witness in a school disciplinary proceeding;
(16) Engaging in sexual harassment which a reasonable person of the same gender as the victim would consider ... to have a negative impact on such a victim's academic performance or to create an intimidating, hostile, or offensive educational environment;
(17) Causing, attempting to cause, threatening to cause, or participating in acts of hate violence... because of the person's or a perception of the person's, race, color, religion, ancestry, national origin, disability, gender, or sexual orientation;
(18) Intentionally engaging in harassment, threats, or intimidation, directed against a pupil or group of pupils that is sufficiently severe to disrupt class work, create substantial disorder, and invade the rights of the pupil or group by creating an intimidating or hostile educational environment;
(19) Making terrorist threats against school officials or school property...

Suspension or expulsion for any of these acts must be related to school activity or attendance. This includes misconduct which occurs on school grounds, while going to or coming from school, during lunch (whether on or off campus), during a school sponsored activity, or while going to or coming from a school sponsored activity.

Suspension is appropriate only after other means of correction fail to bring about proper conduct. A student may be suspended on a first offense only for reasons (1) through (5) above, or because her presence causes a danger to persons or property, or threatens to disrupt the educational process.

The California Education Code requires that a principal or superintendent recommend expulsion if the student commits any of the following acts (unless he finds that expulsion is inappropriate due to the particular circumstance):

(1) Causing serious physical injury to another, except in self-defense;
(2) Possession of any knife, explosive, or other dangerous object of no reasonable use;
(3) Unlawful possession of a controlled substance;
(4) Robbery or extortion; or
(5) Assault or battery.

The California Education Code requires that a principal or superintendent must immediately suspend, and a school board must expel a student if any of the following acts have been committed:

(1) Possessing, selling or furnishing a firearm;
(2) Brandishing a knife at another person;
(3) Selling a controlled substance; or
(4) Committing or attempting a sexual assault or committing a sexual battery.

If a student who has an IEP is suspended for more than 10 days (total or consecutive) in a school year, a meeting must be held to determine if the student’s behavior (which caused the suspension) is a “manifestation” of his/her disability.

**Manifestation Determination**

<table>
<thead>
<tr>
<th>Meeting with relevant members of IEP team within 10 days of district’s decision to suspend student more than 10 days.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is behavior that resulted in suspension a manifestation of the student’s disability and was the result of the school’s failure to implement the IEP?</td>
</tr>
</tbody>
</table>

If “YES”, to either then child cannot be expelled and change of placement would require consent of parent. (Or order from hearing officer.) Student returns to original placement. (Except in the case of certain serious offenses.) School must do a behavior assessment or modify the student’s existing behavior plan to address the behavior which caused the suspension.

If “NO”, the school district may take disciplinary action, such as expulsion, in the same manner as it would for a child without a disability. If the parent disagrees, he/she may request an expedited due process hearing, which must occur within twenty (20) school days of the date on which the hearing was requested.

Regardless of the setting, the school district must continue to provide FAPE for the student. Alternative educational settings must allow the student to continue to participate in the general curriculum and ensure continuation of services and modifications detailed in the IEP.
Making it Work

After the annual IEP is completed, it may be tempting for you to think that since your child’s program is set up, and nothing further needs to be done until the following year’s annual review. This is a common reaction and it generally happens for a couple of reasons. One, taking part in the IEP process is very stressful for some parents and when it is over, they want nothing more than to forget about it. Two, parenting your child with special needs usually means that there are other things, beyond parenting, that you have to deal with at home, such as multiple medical appointments, behavior problems, sibling issues, etc. and sometimes the other concerns must take precedence over the monitoring of your child’s education program. However, putting the IEP away and ignoring it may lead to problems that could be avoided with careful attention and frequent communication with the education staff.

This booklet has already covered what information the IEP should contain. However, it’s important for you to make sure you understand what information it contains. Read the IEP carefully and don’t be afraid to ask questions. It’s your child! (One helpful strategy is not to sign the IEP right after the meeting. Take it home and read it carefully. If you have questions, have them answered before you sign the document.)

As you monitor your child’s IEP, questions that you might want to ask frequently are:

- Are the designated instructional services (speech, occupational therapy, adaptive P.E., etc.) being provided as written in the IEP?
- Is everyone working on the goals that were written into the IEP, i.e., speech, classroom teacher, resource specialist?
- Is your child making progress on those goals? If not, why not?
- Is the current classroom placement still appropriate?
- Does your child’s teacher have the materials and/or needed support to implement the IEP?
- How can the skills that your child is learning at school (including speech, occupational therapy, etc.) be reinforced outside of the school setting?

Remember, it’s also important to know what is working. This supports the efforts of everyone involved with your child’s educational plan. Keep in touch with the members of your child’s team! (Note, it can be helpful when the members of the team are still at the IEP meeting to agree on how to keep and touch and how frequently, i.e., weekly emails, daily notes in a log book, etc. If you make the process as easy as possible, the team members are more likely to communicate with you more frequently and effectively. Ask that the strategy which is agreed upon be written into the IEP so that there is no confusion or misunderstanding.)
Strategies for Successful Communication

Both parents and education professionals often dread IEPs because of the stress involved. There can be misunderstandings and mistrust on both sides. It might be helpful if you, as the parent, think of the IEP as an opportunity for you to help the school to help your child more effectively. The IEP is your child’s school’s way of designing a program specifically tailored to your child’s needs and abilities (according to IDEA). An IEP meeting is your opportunity to share the special knowledge that you have about your child that (school staff) may not know and it is an opportunity to work creatively with your child’s teachers and support staff.

It is important to understand that:

• Conflict is common in the IEP process (sometimes because of misunderstandings and emotion),
• We often associate conflict with stress and/or discomfort, and
• Conflict presents the opportunity for change that comes from differing points of view.

“Conflict” Does Not Have To Mean “Adversarial”!

Everyone approaches conflict differently. There are no right or wrong ways to deal with conflict, however, some responses are more productive and appropriate than others.

Some of the responses to dealing with conflict are:

• Avoidance
• Confrontation
• Problem Solving

For example, a parent might feel that when the teacher sends his/her child to the school principal for not paying attention to a lesson, it sends the message that not paying attention in class is a good way of avoiding classroom work. The parent might deal with this conflict in different ways:

• Avoidance. The parent might choose not to address his/her concerns with the teacher. He or she might think "Oh, it’s almost the end of the semester and then he’ll be out of Mr. Smith’s class and it won’t matter." or "Mr. Smith is the teacher, he must know best."

• Confrontation. The parent might choose to confront the teacher. Confrontation may mean the direct approach of "Mr. Smith, may I speak with you regarding you sending my son to the principal when he does not pay attention in class?" or it might be "I don’t know what you’re thinking when you send my son to the principal for not paying attention."
I’m going to call the principal and put a stop to that right now." It's easy to see that one approach opens up discussion and the other is a verbal attack. Not many people would respond positively to the latter.

- **Problem Solving.** In contrast to the two previous examples, problem solving provides the opportunity to define the problem and its effects. It allows the participants to talk and brainstorm possible ways of solving the problem after examining it in a collaborative way. In the example above, the parent might say, "Mr. Smith, may I speak with you regarding you sending my son to the principal when he does not pay attention in class? I’m concerned that when that happens he learns that not paying attention is a good way to escape the whole lesson. I’d like to suggest some alternative consequences that don’t involve removing him from the classroom."

**The Conflict Resolution Process - Six Steps to Win/Win Solutions**
*(From "IEP Training Manual" Northern California Coalition, DREDF, Matrix and Parents Helping Parents, 1998)*

1. **Cool Off:** Conflicts happen when emotions are high, such as after things have gone wrong. It is important for the good of the outcome to cool off for a day or two before opening discussions. You might call to schedule a meeting or express you concern but it its best to wait for the discussion until feelings have settled.

2. **Lay the Groundwork:** Let those with whom you will be meeting know that you want to work for a win/win outcome. Remember some basic ground rules to use for the discussion:
   - No interrupting,
   - Be respectful of each other,
   - Work to solve the problem.

3. **Describe the Problem From Multiple Points of View:** Describe the problem from your perspective, using "I" messages to avoid putting the other side on the defensive and to show that you own your part. For example, "I _________(your feelings) when _________(specific behavior of concern) because _________(how it affects you)."

4. **Brainstorm Solutions:** Together, develop as many solutions as possible. The more ideas, the better. Write ideas down so you can discuss them later. Do not judge ideas during the brainstorming process.

5. **Choose the Solution That Is Best for All:** Review each idea until all understand it, discard the ones that no one likes and work the others until you have a solution that all can support.

6. **Make the Plan (Be Specific) and Implement It:** Be specific about the agreements; and write it like a contract. Include who is responsible and for what, when and how will it look. Include when it should be reviewed to see if things are working and how you will know if they are.
**Informal Channels**

It is always best to begin problem solving as close to the source of the issue as possible. For instance, if you are concerned about the amount of homework that your student is bringing home each day, it makes sense to start with the teacher to discuss your concern and a possible solution. If the two of you are not able to reach an acceptable compromise, then you might go to the principal or the program manager...then to the Director of Special Education, Superintendent, etc. As a general rule, everyone benefits from concerns being aired and settled in this informal manner. Is this always possible? No.

If informal resolution of conflict does not work and a parent proceeds to use formal channels (due process and compliance complaints), it will be important to indicate that informal measures to resolve the conflict were tried and failed. You should make it a habit to document who you met with informally and when and take notes on what was discussed.

**Procedural Safeguards**

California Department of Education  
Special Education Division  
Procedural Safeguards Referral Service  
1430 N Street, Suite 2401  
Sacramento, CA 95814  
800-926-0648 (Fax: 916-327-3704)

**Notice of Procedural Safeguards**  
Excerpted from California Department of Education, Revised January 2007

**What is the Notice of Procedural Safeguards?**

This information provides you as parents... of children with disabilities from three (3) years of age to age twenty-two (22) and students who have reached age eighteen (18), the age of majority, with an overview of your educational rights or procedural safeguards.

The Notice of Procedural Safeguards is required under the Individuals with Disabilities Education Act (IDEA) and must be provided to you:
- When you ask for a copy;
- The first time your child is referred for a special education assessment;
- Each time you are given an assessment plan to evaluate your child;
- Upon receipt of the first state or due process complaint in a school year;
- When the decision is made to make a removal that constitutes a change of placement.
What is the Individuals with Disabilities Education Act?

IDEA is a federal law that requires school districts to provide a "free appropriate public education" (FAPE) to eligible children with disabilities. A free appropriate public education means that special education and related services are to be provided as described in an individualized education program (IEP) and under public supervision to your child at no cost to you.

May I participate in decisions about my child’s education?

You must be given opportunities to participate in any decision-making meeting regarding your child’s special education program. You have the right to participate in IEP team meetings about the identification (eligibility), assessment, or educational placement of your child and other matters relating to your child’s FAPE.

You have the right to participate in the development of the IEP and to record electronically the proceedings of the IEP team meetings on an audiotape recorder. (You must however, provide the school district with 24 hours notice of your intention to tape record proceedings.)

Your rights include information about the availability of FAPE, including all program options, and all available alternative programs, both public and nonpublic

Where to get more help

When you have a concern about your child’s education ... contact your child’s teacher or administrator to talk about your child and any problems you see. Staff in your school district or Special Education Local Plan Area (SELPA) can answer questions about your child’s education, your rights, and procedural safeguards. Also, when you have a concern, this informal conversation often solves the problem and helps to maintain open communication. Additional resources are listed at the end of this document to help you understand the procedural safeguards.

Notice, Consent, Assessment, Surrogate Parent Appointment, and Access to Records

Prior Written Notice

Prior written notice must be given when the school district proposes or refuses to initiate a change in the identification, assessment, or educational placement of your child with special needs or the provision of a free appropriate public education.

The school district must inform you about proposed evaluations of your child in a written notice or an assessment plan within fifteen (15) days of your written request for evaluation. The notice must be understandable and in your native language or other mode of communication, unless it is clearly not feasible to do so.
What will the notice tell me?

The Prior Written Notice must include the following:
1. A description of the actions proposed or refused by the school district;
2. An explanation of why the action was proposed or refused;
3. A description of each assessment procedure, record, or report the agency used as a basis for the action proposed or refused;
4. A description of other options that the IEP team considered and the reasons those options were rejected;
5. A description of any other factors relevant to the action proposed and refused, and
6. A statement that the parents of a child with a disability are protected by the procedural safeguards.

What Are Parents’ Rights in California Special Education?

Parents and students over age eighteen have the right:

• To Participate:
  Parents have the right to refer their child for special education services, to participate in the development of the IEP and to be informed of all program options and alternatives, both public and nonpublic.

• To Receive Prior Written Notice:
  Parents have a right to receive prior written notice, in their native language, when the school district initiates or refuses their request to initiate a change in their child's identification, assessment, or educational placement in special education.

• To Consent:
  Parents must provide informed, written consent before their child is assessed or provided with any special education services. Parental consent must also be provided before any change in special education services may occur. The district must ensure that parents understand proceedings of the IEP team meeting including arranging for an interpreter for parents with deafness or those whose native language is other than English.

• To Refuse to Consent:
  Parents may refuse to consent to an assessment or the placement of their child in special education.

• To Be Given a Nondiscriminatory Assessment:
  Children must be assessed for special education through the use of methods that are not culturally biased or discriminatory.

• To Receive Independent Educational Assessment:
  If parents disagree with the results of the assessment conducted by the school district, they have the right to ask for and obtain an independent educational evaluation (IEE) at public expense.
The parent is entitled to only one IEE at public expense each time the public agency conducts an evaluation with which the parent disagrees. When a parent requests an IEE at public expense, the school district must, without unnecessary delay, either ensure that an IEE is provided at public expense, or request a due process hearing if the district believes their assessment was appropriate and disagrees that an IEE is necessary. The school district also has the right to establish the standards or criteria (including cost and location) for IEEs at public expense.

- To Access Educational Records:
  Parents have a right to inspect... and obtain copies of their child’s educational records.

- To Stay in the Current Program If There is a Disagreement About Placement:
  If parents disagree with the district regarding their child’s special education placement or a proposed change in placement, the law requires the student to “stay put” in the current program until the dispute is resolved.

- To Be Given a Hearing Regarding Disagreements About an IEP:
  Parents have the right to present a complaint relating to the provision of a FAPE for their child; to have an attorney, an advocate, and the student, if appropriate, present at the due process hearing; and to make the hearing public. Under certain conditions, the hearing officer may award, reduce, or deny the reimbursement of attorneys’ fees and fees paid to nonpublic institutions by parents in the settlement of a case. To request a due process hearing or to receive a complete notice of procedural safeguards related to a due process hearing, contact the Office of Administrative Hearings (see contact information below).

- To Receive Mediation:
  Parents are encouraged to consider settling disagreements regarding their child’s special education program through voluntary mediation, a process through which parties seek mutually agreeable solutions to disputes with the help of an impartial mediator. Parents may seek mediation alone or separate from due process, or they may participate in mediation pending a due process hearing. Mediation cannot be used to delay parents’ right to a due process hearing.

- To File a Complaint against Your School District:
  If parents believe their child’s school district has violated the law, they may file a complaint with the California Department of Education. The Department must investigate complaints alleging violations of noncompliance with IDEA, state special education laws, or regulations, and issue a written report of findings within 60 days of receiving the complaint.

  The CDE has 60 calendar days from receipt of your complaint to investigate and resolve the complaint. If the CDE does not intervene directly, it must send the complaint immediately to the local education agency (LEA) involved. The CDE must notify you that the complaint has been transferred to the LEA and that it is requesting local resolution.
• To Be Informed of School Discipline and Alternative Placement:
  There are specific rules regarding the suspension and expulsion of students with IEPs. Generally, a student with a disability may be suspended or placed in an alternative educational setting to the same extent that these options apply to students without disabilities. If the student with a disability is in such a placement for more than ten days, an IEP meeting must be held to consider the appropriateness of the child’s current placement and the extent to which the disability is the cause of the misconduct. Regardless of the child’s placement, the district must provide FAPE.

• To Be Informed of Policies Regarding Children Who Attend Private Schools:
  School districts are responsible for identifying, locating and assessing students with disabilities enrolled in private schools by their parents. However, school districts are not required to provide special education or related services to these students. There is no entitlement for services, though some private schools and students attending private schools may receive some services from the school district.

**Due Process**

The term “due process” is often used to describe any legal process that is being followed when there is disagreement about whether legal requirements are being followed, in this case, under IDEA. However, in special education a “due process hearing” is held if there is disagreement about what should be included in a student’s IEP or a student’s placement. A “compliance complaint” is filed with the California Department of Education (CDE) when the education agency has not followed special education law or has not implemented what has already been included in the student’s IEP.

**Compliance Complaint**

To file a compliance complaint with CDE you can write to:

California Department of Education  
Special Education Division  
Procedural Safeguards Referral Service  
1430 N Street, Suite 2401  
Sacramento, CA 95814  
800-926-0648 (Fax: 916-327-3704)

Or you can download the "Request for Complaint Investigation" Form from the CDE website at:  
http://www.cde.ca.gov/sp/se/qa/documents/cmflntnsvrgst.doc

**Hints When Filing a Compliance Complaint Through CDE:**  
(Condensed from CDE’s website)

• If your complaint alleges failure to implement an IEP, attach a copy of the IEP, indicate what part of the IEP was not implemented and include the date(s) the IEP was not implemented.
Example: "The IEP dated April 8, 2006 says that my child is supposed to receive speech therapy three times per week but the XXX School District did not provide any speech therapy between September 10, 2006 and October 14, 2006."

- If your complaint involves a request for special education testing, attach a copy of the written request. If you don’t have a copy, indicate that and include the date(s) you requested the testing.

  Example: "I asked for special education testing on September 2, 2006. It’s been more than 15 days and I still have not received a proposed assessment plan from XXX School District."

- If your complaint alleges that an IEP meeting has not been held within required timelines, attach a copy of the signed assessment plan or a copy of your written request for an IEP team meeting, whichever one applies. If you do not have a copy of the document involved, indicate that in the complaint and include the date you signed the assessment plan or the date you asked for an IEP team meeting.

  Example: "On October 8, 2006, I asked for an IEP team meeting. It’s been more than 30 days now and the XXX School District still has not held a meeting." Note: If you are alleging that a review of your child’s IEP was not held within one year of the last IEP team meeting, or that a triennial review was not held within three years, attach a copy of the last signed IEP and attach a copy of the date a meeting should have been held.

- If your complaint involves a request for copies of your child’s school records, attach a copy of your written request. If you do not have a copy of the request, or if you asked verbally and there is nothing in writing, indicate that in the complaint and include the date(s) you asked for the records.

  Example: "I asked for a copy of my child’s school records on November 10, 2006. It’s been more than 5 days and the XXX School District has not given me the copies."

You should file a compliance complaint first through your LEA unless you are requesting a direct investigation by CDE. You can request a copy of your school district’s complaint investigation process from the office of the Superintendent of Schools or the Director of Special Education. The LEA has 60 calendar days after receiving your complaint to complete and investigation.

**504 Plan Complaints**

If your complaint involves issues around your child's 504 Plan, you can file a complaint with the Office of Civil Rights (OCR). For more information, call:

U.S. Department of Education, Office of Civil Rights
Region IX Office, Old Federal Building
50 United Nations Plaza, Room 239
San Francisco, CA 94102
415-556-4275
**Due Process Hearing**

A due process hearing is held when the parent(s) of a student with a disability and the LEA disagree about the student’s eligibility, placement, program needs or related services and either side can make the request. Both sides present their case to a hearing officer who decides what programs (or services) are appropriate.

Except for certain circumstances, such as if the student has engaged in a weapons or drugs offense or if the student’s continued presence in the current placement poses potential for injury to the student or someone else, your child must remain in his or her current educational placement from the time you request a hearing until the due process hearing is completed. This is referred to as "stay put".

**Mediation and Alternative Dispute Resolution**

A request for mediation may be made either before or after a request for a due process hearing is made. You may ask the school district to resolve disputes through mediation or alternative dispute resolution (ADR), which is less adversarial than a due process hearing. ADR and mediation are voluntary methods of resolving a dispute and may not be used to delay your right to a due process hearing.

**Pre-Hearing Mediation Conference**

At the pre-hearing mediation conference, the parent or the school district may be accompanied and advised by non-attorney representatives and may consult with an attorney prior to or following the conference. However, requesting or participating in a pre-hearing mediation conference is not a prerequisite to requesting a due process hearing.

All requests for a pre-hearing mediation conference shall be filed with the superintendent. The party initiating a pre-hearing mediation conference by filing a written request with the superintendent shall provide the other party to the mediation with a copy of the request at the same time the request is filed.

The pre-hearing mediation conference shall be scheduled within fifteen (15) days of receipt by the superintendent of the request for mediation and shall be completed within thirty (30) days after receipt of the request for mediation unless both parties agree to extend the time. If a resolution is reached, the parties shall execute a legally binding written agreement that sets forth the resolution. All discussions during the mediation process shall be confidential. All pre-hearing mediation conferences shall be scheduled in a timely manner and held at a time and place reasonably convenient to the parties. If the issues fail to be resolved to the satisfaction of all parties, the party who requested the mediation conference has the option of filing for a due process hearing.
Due Process Rights

The parent of the student has the right to:
1. Have a fair and impartial administrative hearing at the state level before a person who is knowledgeable of the laws governing special education and administrative hearings;
2. Be accompanied and advised by an attorney and/or individuals who have knowledge about children with disabilities;
3. Present evidence, written arguments, and oral arguments;
4. Confront, cross-examine, and require witnesses to be present;
5. Receive a written or, at the option of the parent, an electronic verbatim record of the hearing, including findings of fact and decisions;
6. Have your child present at the hearing;
7. Have the hearing be open or closed to the public;
8. Receive a copy of all documents, including assessments completed by that date and recommendations, and a list of witnesses and their general area of testimony within five (5) business days before a hearing;
9. Be informed by the other parties of the issues and their proposed resolution of the issues at least ten (10) calendar days prior to the hearing;
10. Have an interpreter provided;
11. Request an extension of the hearing timeline;
12. Have a mediation conference at any point during the due process hearing; and
13. Receive notice from the other party at least ten days prior to the hearing that the other party intends to be represented by an attorney.

Filing a Written Due Process Complaint

The request for a due process hearing must be submitted in writing and must include the following information:

Name of the child;
1. Address of the residence of the child;
2. Name of the school the child is attending;
3. In the case of a homeless child, available contact information for the child and the name of the school the child is attending; and
4. A description of the nature of the problem, including facts relating to the problem(s) and a proposed resolution of the problem(s).

Federal and state laws require that either party filing for a due process hearing must provide a copy of the written request to the other party.

Prior to filing for a due process hearing, the school district shall be provided the opportunity to resolve the matter by convening a resolution session, which is a meeting between the parents and the relevant members of the IEP team who have specific knowledge of the facts identified in the due process hearing request.
Resolution Session

Resolution sessions shall be convened within fifteen days of receiving notice of the parents’ due process hearing request. The sessions shall include a representative of the school district who has decision-making authority and not include an attorney of the school district unless the parent is accompanied by an attorney. The parent of the child may discuss the due process hearing issue and the facts that form the basis of the due process hearing request.

The resolution session is not required if the parent and the school district agree in writing to waive the meeting. If the school district has not resolved the due process hearing issue within thirty days, the due process hearing may occur. If a resolution is reached, the parties shall execute a legally binding agreement.

Child’s Placement During the Proceedings

The child involved in any administrative or judicial proceeding must remain in the current educational placement unless the parent and the school district agree on another arrangement. If the parent is applying for initial admission of the child to a public school, the child will be placed in a public school program with the parent’s consent until all proceedings are completed.

Appealing the Decision

The hearing decision is final and binding on both parties. Either party may appeal the hearing decision by filing a civil action in state or federal court within 90 days of the final decision.

Attorneys’ Fees

In any action or proceeding regarding the due process hearing, the court may award reasonable attorneys’ fees as part of the costs to the parent of a child with a disability if the parent is the prevailing party in the hearing. Reasonable attorneys’ fees may also be made following the conclusion of the administrative hearing, with the agreement of the parties.

To obtain more information or to file for mediation or a due process hearing, contact:

Office of Administrative Hearings
Attention: Special Education Division
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231
(916) 263-0880
FAX (916) 263-0890
Independent Educational Assessments

If the parent disagrees with the results of the assessment conducted by the school district, he/she has the right to ask for and obtain an independent educational assessment for the student from a person qualified to conduct the assessment at public expense.

The parent is entitled to only one independent educational evaluation at public expense each time the public agency conducts an evaluation with which the parent disagrees.

The school district must respond to the parent’s request for an independent educational assessment and provide information about where to obtain an independent educational assessment.

If the school district believes that the district’s assessment is appropriate and disagrees that an independent assessment is necessary, the school district must request a due process hearing to prove that its assessment was appropriate. If the district prevails, the parent still has the right to an independent assessment but not at public expense. The IEP team must consider independent assessments.

District assessment procedures allow in-class observation of students. If the school district observes the student in his or her classroom during an assessment, or if the school district would have been allowed to observe the student, an individual conducting an independent educational assessment must also be allowed to observe the student in the classroom.

If the school district proposes a new school setting for the student and an independent educational assessment is being conducted, the independent assessor must be allowed to first observe the proposed new setting.

Access to Educational Records

The parent has the right to inspect and review all of his/her child’s education records without unnecessary delay, including prior to a meeting about the child’s IEP or before a due process hearing. The school district must provide access to records and copies, if requested, within five (5) business days after the request has been made orally or in writing.
It's the person first—then the disability

What do you see first?  
The wheelchair?  
The physical problem?  
The person?

Consider how you would introduce someone who doesn't have a disability. You would give her name, what she does or what she is interested in - that she likes swimming, or eating Mexican food, or watching movies.

Why say it differently for a person with a disability? Few people want to be identified only by their ability (or inability) to play tennis, that they have autism, or by their love of fried onions.

Remember that people with disabilities are like everyone else—except they happen to have a disability. Therefore, here are a few tips for improving your language related to people with disabilities.

* Speak of the person first, then the disability. (Better yet, is the disability relevant? Why not just say, “I went to the basketball game with my friend Debbie” rather than saying, “I went to the basketball game with my friend Debbie who uses a wheelchair.”?)

* Emphasize abilities, not limitations.

* Do not label people as part of a disability group.

* Don't give excessive praise or attention to people with disabilities.

* Choice and independence are important. Let the person do or speak for him or herself as much as possible.

* A disability is a functional limitation that interferes with a person’s ability to walk, hear, talk, learn, etc.

These suggestions may seem cumbersome and overly “politically correct” but the way we, as a culture, refer to people frequently directs how we treat them. Referring to people with disabilities respectfully and as people first will help us to think of them that way.

Finally, parents of children with special needs face many emotional challenges while raising them. Using “person first” language when talking about their children can help to make them feel less vulnerable and more supported by society.
### Say...  
**child with a special needs**  
**person with cerebral palsy**  
**person who is deaf or hard of hearing**  
**person with epilepsy or seizure disorder**  
**person who has...**  
**without speech, nonverbal**  
**developmental delay**  
**emotional disorder or mental illness**  
**uses a wheelchair**  
**person with Down syndrome**  
**typically developing**  
**has a physical disability**  
**seizures**  
**cleft lip**  
**mobility impaired**  
**paralyzed**  
**has quadriplegia (paralysis of both arms & legs)**  
**has paraplegia (loss of function of lower body)**  
**of short stature, little person**  
**accessible parking**  
**child with autism**

### Instead of...  
**special needs, disabled or handicapped child**  
**cp or spastic**  
**deaf or dumb**  
**epileptic**  
**afflicted, suffers from, or victim**  
**mute or dumb**  
**slow or retarded**  
**crazy, insane, or mentally ill**  
**confined to a wheelchair**  
**Mongoloid or retard**  
**normal or healthy**  
**crippled**  
**fits or spells**  
**hare lip**  
**lame**  
**invalid or paralytic**  
**quadriplegic**  
**paraplegic**  
**dwarf or midget**  
**handicapped parking**  
**autistic child**

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**Parent’s Vision for Their Children**

We want our children to be happy.  
We want our children to progress developmentally.  
We want our children to be safe from ridicule.  
We want our children to have appropriate social skills.  
We want our children to have friends who love them for who they are.  
We want our children to be invited to birthday parties.  
We want our children to feel loved and accepted by our community.  
We want our children to reach their greatest potential.  
We want our children to be involved in after school activities with friends.  
We want our children to have similar opportunities as their... peers and siblings.

*From Handbook on Family Involvement in Early Childhood Special Education Programs*
The Impact of Childhood Disability: The Parent’s Struggle by Ken Moses, PhD

(This has been excerpted due to space limitations. To read the entire essay, please call WarmLine at 916-922-9276 and ask for a copy.)

Dr. Moses was a psychologist who devoted himself to helping people deal with crisis, trauma & loss.

"I was taught that the way to deal with adversity or pain was to "tough it out". If you could avoid showing the pain, then you had...dealt with the problem competently. I am a psychologist who works with people who are grieving over profound losses. Few would argue that facing the devastating and continuing loss of having an impaired child is among the most painful experiences that a person can confront. After working with parents of the impaired for many years, I have come to...believe that pain is the solution, not the problem.

Parents, all parents, attach to their children through dreams, fantasies, illusions, and projections into the future. Children are our second chance, our ultimate "life products"....What happens when this core experience is marred irreversibly by disability? How does a parent survive the devastation of a handicap in their child that shatters their heartfelt dream? How do they go on? How can they help their child, their other children, themselves?

Before I started working in this field, I noted that people who faced adversity basically became better or worse: none stayed the same. What made the difference? Some parents seem to pull their lives together around their child’s impairment, others go to pieces. Over fifteen years ago, I ran my first parent group comprised of mothers of children with special needs. I began the group using traditional group psychotherapy methods, an approach designed to intervene on psychopathology. That approach did not work for a simple reason: those mothers were not suffering from pathologies; they were reeling from the impact of having disabled children. Gradually, I let go of the old ways of doing things and permitted myself to listen and learn from this courageous group of parents. Slowly, a pattern emerged that surprised me. It became evident that these people were manifesting a grieving process. This left me confused. It was clear that they were alternately anxious, angry, denying, guilty, depressed or fearful, but they were not internally "disturbed" people. Conversations focused on experiencing regrets, being overwhelmed, and other feelings common to people who are bereaved.

What followed was a remarkable process. The group members struggled with a number of concepts that led us all to some powerful contemplations about parental grief. Is it the loss of a "normal" child? Is it the disruption of one’s "normal" lifestyle? Is it the sense of shame or humiliation that is experienced with family, friends, or other peers? Is it the profound disappointment that some experienced with the ineffective responses of their ostensible support group? We might have shared such thoughts endlessly, until I formulated a key question that helped to bring these diffused feelings and thoughts into focus. It came out innocently enough: "Think back to when you were anticipating the birth of your child. Who (or what) was this child to have been for you? What followed was a remarkable outpouring of poignant, anguish human sharing that,
to this day, serves as the foundation for understanding and working with parents of impaired children.

Parents attach to children through core-level dreams, fantasies, illusions.... Disability dashes these cherished dreams. The impairment, not the child, irreversibly spoils a parent’s fundamental, heart-felt yearning. Disability shatters the dreams, fantasies, illusions...Parents of impaired children grieve for the loss of dreams that are key to the meaning of their existence, to their sense of being. Recovering from such a loss depends on one’s ability to separate from the lost dream, and to generate new, more attainable, dreams.

As disability...shatters the dreams, parents face a complicated, draining, challenging, frightening, and consuming task. They must raise the child they have, while letting go of the child they dreamed of. They must go on with their lives, cope with their child as he or she is now, let go of the lost dreams, and generate new dreams. To do all this, the parent must experience the process of grieving.

...The grieving states that facilitate separation from a lost dream are as follows: denial, anxiety, fear, guilt, depression, and anger.

...The premise that grieving should move through a specific order is flatly inaccurate. A consistent pattern is not evident in people dealing with loss! Secondly, the concept of acceptance is totally unfounded. In almost twenty years of working with bereaved people, as well as dealing with my own losses, I have never seen anyone achieve acceptance of loss, only acknowledgment. Belief in the concept of acceptance leads parents into feeling like failures for not being able to attain it.

Though the feeling states of grieving do not adhere to any strict order, there is a loose pattern ... Denial is always first, but may reemerge again and again, as often as the parent needs to experience it. Anxiety generally follows denial, but it can follow other feeling states as well. It is not uncommon for two or more feeling states to be experienced at the same time. ...

It is clear that this... grieving process is central to the well-being of the child and parent alike. It is the only way that one can separate from a lost, cherished dream. Many people do not make it. They have their dreams shattered by disability and collapse emotionally under the assault....They can range from the selfless crusader to the deserter, from the alcoholic to the workaholic, from the outrageously high-strung to the person who barely moves or talks. However they manifest their stickness, these are the people who have become worse, not better, in response to loss. These are the people who could not or would not experience the feelings of grieving. Many of them resisted the process because their subculture (their family, neighbors, church, schools, and friends) sent out a consistent message: the feelings of grieving are not acceptable! Others foundered because they were stuck emotionally before they had their impaired child. Regardless of background, people become worse if they resist experiencing and sharing the spontaneous feelings of grieving. Each feeling stage, no matter how negative, serves a specific and helpful function. To separate from a lost dream, one must experience and share denial, anxiety, fear, guilt, depression and anger in whatever order or manner the feelings surface.
The Feeling States of Grieving

Denial
People who deny are considered stupid, obstructionists, dull or deliberately irradiating.... None of that is true. Parents of impaired children manifest denial as a normal course of trying to deal competently with loss... Denial buys the time needed to blunt the initial impact of the shattered dream, to discover the inner strengths needed to confront what has really happened, and to find the people and resources needed to deal with a crisis for which one could not be prepared.

Anxiety
...To deal with having an impaired child, parents go through dramatic changes that affect their attitudes, priorities, values, and beliefs, as well as altering day-to-day routines. Such changes require a great deal of energy. Anxiety mobilizes the energy needed to make these changes. Further, it gives focus to that energy so that the changes can be actualized. Anxiety is the inner source of the need to act.

Fear
As anxiety mobilizes people to deal with change, fear is a warning that alarms the person to the seriousness of the internal changes that are demanded. The parents experience the terror of knowing that they will be required to change on a fundamental level, against their will....

Significant losses produce a profound sense of abandonment and vulnerability. Each person must find their own (ways) to confront the sense of abandonment and vulnerability generated by a significant loss. Most parents experience the fear of vulnerability about having more children after they have had an impaired child, or about "over-protectionism," the gut-wrenching fear of permitting their impaired child to do anything that feels risky....

Guilt
Parents of impaired children manifest guilt through the normal course of grieving and are often criticized for doing so. Guilt is a feeling state that has become so identified with being neurotic that people feel guilty about feeling guilty. Since sharing such feelings often evokes negative judgments, it can be difficult for a sophisticated parent to talk about guilt freely....

Human beings begin to question the "why" of things from very early on in their lives... After a loss such questions cannot be answered in an ordinary fashion. Rather, they must be addressed through the kind of grief-related struggles addressed here. When people confront a loss, the beliefs they held regarding cause and effect, right and wrong, and their impact upon life are deeply shaken. The order of things is totally upset when an innocent child suffers. The parent experiences deep pain...Guilt, in this sense, helps one to redefine the issue of cause and responsibility in the light of loss.
Depression

A common response to loss often is characterized by profound and painful sobbing. Parents report that at times it feels as though the tears will never stop. ...When people display such feelings, they are often told to "cheer up", given medication, or offered distractions. Such responses are inappropriate, for depression is part of normal, necessary, and growth-full grieving.

When parents are confronted with an impaired child, whatever definitions they held for competency, capability, value, and potency usually no longer apply. How does a mother feel competent when she has a disabled daughter? She can’t use the measures of her peers, like having a daughter graduate from college, or become homecoming queen. What is the worth of a father who cannot "fix" what is broken in his impaired son? Faced with loss, a parent feels unable to act effectively (helpless), unable to imagine that things will ever get better (hopelessness), and unable to believe that their lives are touched by good luck (hapless).

Such feelings are terrifying for both the parents and those around them. Depression is the medium that helps parents come to new definitions of what it takes to be a competent, capable, valuable and strong people, even though their child has impairments that they cannot cure.

Anger

Anger, for many people, is the most disconcerting of the feeling states. It too is a natural and necessary part of the grieving process. Parents feel anger at the harm done to their child and the shattering of their dreams. When one encounters a significant loss, it is likely that one’s internal sense of justice is severely challenged.

Unfortunately, anger is an emotion that is actively rejected by the culture at large and by people closest to the parent. The angry parent experiences rejection by others, confusion about feeling anger and acting out the feeling, the feeling of being out of control. All of this makes it very difficult for this important feeling to run its course.

Anger also poses other dilemmas. Unlike the other feeling states of grieving, anger is directed toward someone or something. Who (or what) is the object of parental anger? This question deeply distresses most parents because the honest answer is often so troubling that many people avoid asking themselves the question. The unacceptable answer, of course, is that the impaired child is the object of anger.

...How can one be reasonably angry at this child?” If the child is blameless, then it must be unreasonable to feel anger toward the child—even though one does! The conflict between what parents feel and what they can permit themselves to express can cause a return to denial. Another outcome of this conflict is that the parent can displace the anger onto others. Spouses, non-impaired siblings of the impaired child, and professionals are all possible targets of this displaced anger....
The parent of an impaired child separates from dreams that were shattered by impairment through grieving. Denial, anxiety, fear, depression, guilt, and anger all emerge. If they are shared with other people, these feelings help parents grow and benefit from what might be the worst tragedy of their lives. Yielding to the grieving process helps parents find the inner strength and external support needed to face profound loss, to mobilize and focus the energies needed to change their lives; to reattach to new dreams and loves in spite of feeling abandoned and vulnerable; to redefine their criteria for competence, capability, value, and potency; to reassemble their sense of significance, responsibility, and impact upon the world around them. The culturally rejected feeling states of denial, anxiety, fear, depression, guilt, and anger may be used in surprisingly positive ways when the feelings are fully shared.

Ironically, it was not until I myself had a child with impairments that I began to take the advice that I had so freely given to other parents. I started to yield to the natural and necessary process of grieving. Like everyone else, I discovered that only now am I growing with the impact of the loss. I will continue to grieve and to grow as my child and I develop and experience new losses and new strengths.

This article by Dr. Ken Moses is reprinted with Permission from WAYS MAGAZINE, Spring 1988

The "Good Grief Cycle"

The grief associated with having a child with special needs is not linear. Parents do not go through "stages" and then "get over it". Many of the emotions that parents experience are lifelong and the parent may cycle through them again and again. The emotions may be triggered by events such as birthdays, IEPs, missed developmental milestones, etc. It is important for parents (and providers of services) to understand that these are typical reactions to having a child with special needs and treat them like the "episodes" that they are and know that the painful emotions will recede with time (but that it is normal and O.K. for them to resurface periodically).

Shock: The handicap is diagnosed
Depression: "I can't go on - what's the use?"
Denial: "This can't be happening to me!"
Guilt: "If only I had not..."
Shame: "What will people think?"
Anger: "Why did this happen to me?"
Isolation: "My child has issues, we can't just take off and go out like other families."
Panic: "What will happen to my child? What will I do?"
Bargaining: "Just let my child be better, and I won't ever ask for anything else."
Hope: "Perhaps we will make it through this!"
Acceptance: "There will be days filled with anger and grief, but also days filled with the joy and love that I have for my child and his or her accomplishments."
Commons Terms and Acronyms Used in Special Education

**ADA Allowances: Average Daily Allowances:** the state of California pays districts based on the total ADA for all students.

**ADD/ADHD:** Attention Deficit Disorder (ADD) and Attention Deficit/Hyperactivity Disorder (ADHD): diagnoses applied to individuals who consistently display certain common behaviors which fall into three categories: inattention, hyperactivity, impulsivity. If these students don't qualify for special education services, a 504 plan may be appropriate.

**Aphasia:** a weakening or loss of the ability to send and/or receive verbal and/or written messages; not connected with diseases of the vocal cords, eyes, or ears.

**Academic Performance Index (API):** measures the academic performance and growth of schools on a variety of academic measures.

**Appropriate Placement:** a school placement in which the IEP of a student can be implemented.

**Aptitude Test:** a test which measures someone's capacity to learn something.

**Assessment/Evaluation:** testing and diagnostic process leading up to a development of an appropriate, individualized educational program and placement for a student with exceptional needs.

**Assistive Technology:** any item, piece of equipment, product or system, whether acquired commercially, modified or customized, that is used to increase, maintain or improve the functional capabilities of students with disabilities.

**Audiological Exam:** a test of a person's hearing ability.

**Auditory Comprehension:** the ability to understand what one hears.

**Auditory Discrimination:** the ability to detect subtle differences between sounds (cap-cup, tap-tup).

**Auditory Memory:** the ability to remember what is heard (words, numbers, and stories).

**Autism:** a neuro-developmental disability which significantly affects verbal and nonverbal communication and social interaction.

**Behavior Intervention:** positive behavior support strategies that do not cause pain or trauma and which respect the student's individual needs and dignity.

**Behavioral Objectives:** objectives which are written to describe what a child will be able to do as a result of some planned instructions. Behavioral objectives are usually interpreted as objectives that can be measured in some definitive or quantitative way. e.g. "Given a list of ten three letter words, Johnny will orally read eight of the ten words correctly within 90 seconds."

**Community Based Instruction (CBI):** instruction in the skills needed to function in community settings. Instruction takes place both in the community and in the classroom.

**Cognitive:** the act or process of knowing. Analytical or logical thinking.
Communicatively Handicapped (CH), Communicatively Impaired (CI): includes students who are deaf, hard of hearing (HOH), aphasic, severely language impaired, or who have other speech and/or communication disorders.

Community Advisory Committee (CAC): a group of parents, community members and school staff that advises the local education agency (school district or county) in the development and implementation of the Local Plan for special education. It also assists in parent education, review of programs, etc.

Coordination, Fine Motor: pertains to usage of small muscle groups (writing, cutting, etc.).

Coordination, Gross Motor: pertains to usage of large muscle groups (jumping, running, etc.).

Coordination, Visual Motor: the ability to relate vision with movements of the body or parts of the body.

Clinical Observations: opinions about, or interpretations of behavior, made by the person assessing the student, which are based on professional experience and expertise. The interpretations may relate to behaviors not tested directly during the assessment--such as "fear of failure," or "desire to please."

Culturally Appropriate Assessment: assessment tools and methods which are "fair" to the student in the sense that they are given in his native language; given and interpreted with reference to the child's age, socioeconomic, and cultural background; given by trained persons; and appropriate, even if the child had a physical, mental, speech, or sensory disability.

Deaf: a student with a hearing loss so severe that it inhibits language processing and affects education performance.

Decoding: ability to change sounds or symbols into ideas.

Developmental Delay: difference between a person's development and behavior and the typical development and behavior expected of people of the same age. Developmental delay is a preferable term to "mentally retarded".

Differentiated Instruction: teaching strategy that addresses the needs of individual students rather than “one size fits all”.

Designated Instruction and Services (DIS) (Also known as Related Services): services provided by specialists that are necessary for the student to benefit from the curriculum. These services may include, but should not be limited to:

- Language/speech assessment, development, and remediation
- Audiological services
- Aural rehabilitation, including auditory training and speech reading
- Mobility instruction
- Instruction for the visually handicapped
- Instruction in the home or hospital
- Adaptive physical education
- Coordination and/or provision of physical therapy and occupational therapy
- Specialized driver training instruction
- Career preparation, work-study, occupational training
- Counseling and guidance, behavior management
- Parent education
- Transportation

Due Process: the legal procedural safeguards of (IDEA) assuring parental informed consent regarding special education programs offered; provides for mediation and state hearings to resolve major disagreements.
ELL (English Language Learner): limited English proficient students acquiring English and speakers of non-mainstream language forms acquiring mainstream English.

Emotionally Disturbed (ED): describes students who display one or more of the following characteristics over a long period of time:

- Inability to learn which cannot be explained by ability, health, vision, or hearing deficits
- Problems in relating to other children and adults
- Inappropriate behaviors or feelings (e.g. extreme anger reactions)
- Severe depression or unhappiness
- Tendency to develop physical symptoms or fears about personal or school problems

Evaluation, Psychological: an assessment to determine the level of functioning through the use of group and/or individual tests. The tests determine the level of functioning in three areas:

- Cognitive -- how much one knows in certain areas, how one thinks
- Affective -- pertains to feelings or emotions
- Perceptual-motor-control -- control, coordination, and appropriate responses from all parts of the body

Expressive Language Skills: skills required to produce language for communicating with other people such as speaking and writing.

FAPE (Free Appropriate Public Education): by federal law, every disabled child is entitled to an education which meets his individual needs, whether in a public school setting or in a private school at public expense, if a public program is not available or appropriate.

Fine Motor Coordination: development & control of small muscles such as those used to cut, hold a pencil, etc.

Goals and Objectives, IEP: step by step plan built into the IEP which sets out specific skills the team believes the student should attain and the strategic steps to attaining those goals.

Grade Equivalent: the score a student obtains on an achievement test, translated into a standard score which allows the individual student's score to be compared to the typical score for students in his grade level. A "grade equivalent" score of 6.0 means the score that the average beginning sixth-grader makes; a "grade equivalent" score of 6.3 means the score that the average student who has been in sixth grade for three months makes.

Gross Motor Coordination: the development and awareness of large muscle activity. Coordination of large muscles in a purposeful manner such as walking or jumping.

Health Impaired: students who have persistent medical or health problems which adversely affect their educational performance.

Hughes Bill: state legislation regarding management of serious behavior problems of disabled students.

IEP (Individualized Educational Program): a written statement, developed by the IEP team (school administrator, child's special education teacher, child's general education teacher(s), parent(s), child's DIS professional(s), and child), which provides a practical plan for instruction and delivery of services. The IEP is a written agreement between the parents and the school about what the child needs and what will be done to address those needs. The IEPs must be drawn up by the educational team for the exceptional child and must include the following:

- The student's present levels of academic performance,
- Annual goals for the student,
- Short-term instructional objectives related to the annual goals,
The special education and related services that will be provided,
- The extent to which the child will not participate in regular education programs,
- Plans for starting the services and the anticipated duration of services,
- Plans for evaluating, at least annually, whether the goals and objectives are being achieved,
- Transition planning for older students (16-22 years).

ITP (Individualized Transition Plan): a yearly plan designed for every child receiving special education services from age 16 and is centered on the child and his desires for the future. Routinely addressed in the ITP: vocational interests, educational plans, and cultural and social concerns.

Inclusion: participation by students in a general education classroom for specified amounts of time during the school day. Also known as "mainstreaming" or “integration”.

Informal Assessment: assessment procedures such as classroom observations, interviewing, or teacher-made tests.

Integrated Program: See “Inclusion”

Interim Placement: placement of a student in a special education program or service comparable to one he/she attended in the last school of residence. An IEP meeting must be held within 30 days to develop new goals and objectives or recommend a different setting.

Intelligence Test: a standardized series of questions and/or tasks designed to measure mental abilities - how a person thinks, reasons, solves problems, remembers and learns new information. Many intelligence tests rely heavily on the use or understanding of spoken language.

I.Q. -- Intelligence Quotient: the score obtained on a test of mental ability; it is usually found by relating a person’s test score to his age.

Language, Expressive: speaking and writing.

Language, Receptive: listening and reading.

LD (Learning Disability): 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 an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

Least Restrictive Environment (LRE): a learning environment that most closely approximates the learning environment of non-disabled peers (general education classrooms) AND provides for the most appropriate educational opportunities for the disabled child.

Local Plan: each Special Education Local Plan Area (SELPA) develops a plan for delivery of programs and services to meet the educational needs of all eligible students with exceptional needs in that area.

Low Incidence Disability: includes the diagnoses of hearing impairment, vision impairment, severe orthopedic impairment or a combination thereof.

Mainstreaming: See “Inclusion”

MR (Mental Retardation): based on three criteria: intellectual functioning level (IQ) is below 70-75; significant limitations exist in two or more adaptive skill areas; and the condition is present from childhood (defined as age 18 or less). (The term "developmentally delayed" is preferable to "MR" or "mental retardation").

Neurological Examination: tests to determine disease of, or damage to, the nervous system.
**Norms:** information, provided by the test-maker, about "normal" or typical performance on the test. Individual test scores can be compared to the typical score made by other persons in the same age group or grade level.

**Objectives and Goals, IEP:** refers to the step by step plan built into the IEP which sets out specific skills the team believes the student should attain and the strategic steps to attaining those goals.

**Occupational Therapy (OT):** provided by a therapist acting on a physician's prescription, trained in helping develop (usually) fine motor skills needed for activities of daily living (ADL). O.T.s also provide therapy to help students who have sensory integration dysfunction.

**Operations:** processes involved in thinking:

- Cognition -- comprehension or understanding
- Memory -- retention and recall of information
- Convergent thinking -- bringing together of known facts
- Divergent thinking -- use of knowledge in new ways
- Evaluation -- critical thinking

**Orthopedically Handicapped (OH) or Orthopedically Impaired (OI):** physical impairments resulting from disease, conditions such as cerebral palsy, or from amputations or birth defects which are so severe as to interfere with their educational performance.

**Perceptual-Motor Test:** a test that requires the person to use his skill in receiving and interpreting sensory information for tasks that require actions such as drawing a line between two given lines, copying a circle, etc.

**Perseveration:** Difficulty in shifting from one task to another. Frequently used to describe a phrase or word that is repeated over and over.

**Positive Behavior Support, Positive Behavior Support Plan (PBSP):** support that is specified in a behavior intervention plan that is developed by the IEP team to help a student who has serious behavior problems to change undesirable behavior that interfere with learning. The PBSP relies on data obtained from a functional analysis assessment.

**Physical Therapy:** treatment of disorders of bones, joints, muscles under the direction of a physician.

**Phonetics:** study of all the speech sounds in the language and how these sounds are produces.

**Phonics:** use of phonetics in the teaching of reading. Relating the sound (phoneme) of the language with the equivalent written symbol.

**Psychomotor:** refers to muscle responses including development of fine-motor small muscles (cutting, etc.) and large muscles (walking, jumping, etc.)

**Receptive Language:** receiving and understanding spoken or written communication. The receptive language skills are listening and reading.

**Re-evaluation:** a comprehensive assessment conducted every three years or sooner if a parent or teacher requests, for each student receiving special education.

**Rehabilitation Act of 1973:** Section 504 requires that schools make their programs accessible to disabled persons. Schools that do not comply with 504 can lose federal funds.
Related Services: See "Designated Instructional Services"

Resource Specialist Teacher (RST): a credentialed teacher with advanced training in special education. The RST provides educational assessment of students, does individual and small group instruction, develops instructional materials and teaching techniques for the classroom teacher, assesses pupil progress, and coordinates recommendations in the student's IEP with parents and teachers.

Resource Specialist Program (RSP): a special education setting including a credentialed teacher (and frequently an instructional aide), who provide instruction and services to special education students, consultation and materials to regular education teachers and parents and coordination of special education services with regular school programs for special education students. Students are placed in a RSP by the IEP team for less than 50% of their day.

Response to Intervention (RtI): general education process to help student who is struggling using scientific, research based strategies.

School Psychologist: a person trained to give psychological tests, interpret results, and suggest appropriate educational approaches to students with learning or behavioral problems.

Sensory Processing ("sensory integration" or SI): refers to the way the nervous system receives messages from the senses and turns them into appropriate motor and behavioral responses.

Sensory Processing Disorder (SPD, "sensory integration dysfunction"): exists when sensory signals don't get organized into appropriate responses.

SH (Severely Handicapped): those students who require intensive instruction and training such as developmentally disabled, autistic, emotionally disturbed.

Short-term Objective: included on the student's IEP as a means of measuring progress toward a goal. It includes a series of intermediate steps or training activities designed to take the student from his or her current level of functioning to progress on annual goals.

Special Education Local Plan: a plan, developed by schools and the community, which describes how the responsible local agency will implement the California Master Plan for Special Education.

Special Day Class (SDC): program for students with similar needs and more intensive educational needs than students in the Resource Specialist Program. SDCs most commonly serve students who are severely disabled, or communicatively disabled. Students are placed in this program by the IEP team for more than 50% of their day. Also called Self Contained Classroom (SCC).

Special Education: A set of education programs and/or services designed to meet the individual needs of exceptional individuals whose needs cannot be met in the regular classroom without some support.

Specific Learning Disability (SLD): refers to problems in academic functioning, such as writing, spelling, doing math, or reading, which cannot be explained by ability, vision, hearing, or health impairments.

Speech Pathologist or Speech Therapist: persons trained to provide analysis, diagnosis, and therapy for speech and language disturbances.

Standardized Achievement Test: a test designed to measure facts and information a student has learned in school. Some achievement tests are given to one person at a time and are called Individual Achievement Tests; others (Group Tests) may be given to several students at once.
SST (Student Study Team): a team of school personnel who assess a child who is experiencing difficulties in school. Referral can be made by any professional at the school, the child's parent, or an outside professional connected to the child.

Surrogate Parent: a person who is appointed by the LEA or SELPA to act as a child's parent in all matters related to special education. A surrogate is appointed when a child is a dependent or ward of the court and the court has limited the rights of the parent/guardian to make educational decisions or when a parent cannot be identified or located.

Test of Auditory Perception: a test that tells how well a student perceives or hears specific sounds.

Test of Visual Acuity: an eye examination which tells how well a child can see and recognize symbols in comparison to other children.

Validity: the extent to which a test really measures what it is intended to measure.

Visual Perception: the identification, organization, and interpretation of data received through the eye.

Visually Handicapped: students who are blind or who have partial sight and who, as a result, experience lowered educational performance.

Vocational Aptitude (or interest) Test: a test designed to give an indication of a person's potential to succeed in a particular job or career. The test is usually a questionnaire which asks the individual to describe his own characteristics and preferences.

Word Attack Skills: the ability to analyze words.

**SPECIAL ED. ACRONYMS**

Acronyms are used frequently in both general and special education. Listed below are most of the commonly used.

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<td>ABA</td>
<td>Applied Behavior Analysis</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<td>ADHD</td>
<td>Attention Deficit-Hyperactivity Disorder</td>
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<td>APE</td>
<td>Adapted Physical Education</td>
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<td>API</td>
<td>Academic Performance Index</td>
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<td>AYP</td>
<td>Adequate Yearly Progress</td>
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<tr>
<td>AUT</td>
<td>Autism</td>
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<tr>
<td>BIP</td>
<td>Behavioral Intervention Plan</td>
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<td>CAC</td>
<td>Community Advisory Committee</td>
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<td>CATS</td>
<td>Career and Transition Services</td>
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<tr>
<td>CBI</td>
<td>Community-Based Instruction</td>
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<tr>
<td>CCS</td>
<td>California Children's Services (A state agency that provides physical and occupational therapy for eligible students.)</td>
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<tr>
<td>CDE</td>
<td>California Department of Education</td>
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<tr>
<td>CH</td>
<td>Communicatively Handicapped</td>
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<td>CMH</td>
<td>County Mental Health</td>
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<td>CP</td>
<td>Cerebral Palsy</td>
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<td>D/B</td>
<td>Deaf/Blind</td>
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<td>DD</td>
<td>Developmental Disability</td>
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<tr>
<td>DDS</td>
<td>California Department of Developmental Services</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>DHH</td>
<td>Deaf and Hard of Hearing</td>
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<tr>
<td>DI</td>
<td>Direct Instruction</td>
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<tr>
<td>DIS</td>
<td>Designated Instruction and Services (Educational programs and services not normally provided in a regular classroom, special class, or resource specialist program.)</td>
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<td>DOR</td>
<td>Department of Rehabilitation</td>
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<td>EC</td>
<td>California Education Code</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>ED</td>
<td>Emotionally Disturbed (Previously SED)</td>
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<td>ESL</td>
<td>English as a Second Language</td>
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<tr>
<td>ESY</td>
<td>Extended School Year (Summer School)</td>
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<td>FAPE</td>
<td>Free Appropriate Public Education</td>
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<tr>
<td>FC</td>
<td>Facilitated Communication</td>
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<tr>
<td>HH</td>
<td>Hard of Hearing</td>
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<tr>
<td>HI</td>
<td>Hearing Impaired</td>
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<tr>
<td>IA</td>
<td>Instructional Assistant</td>
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<tr>
<td>IBT</td>
<td>Instructional/Behavioral Technician</td>
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<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
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<td>IEP</td>
<td>Individualized Education Program</td>
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<td>IFSP</td>
<td>Individualized Family Service Plan</td>
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<td>ISGI</td>
<td>Individual and Small Group Instruction</td>
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<td>ITP</td>
<td>Individual Transition Program</td>
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<td>LD</td>
<td>Learning Disabled</td>
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<td>LEA</td>
<td>Local Education Agency</td>
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<tr>
<td>LEP</td>
<td>Limited-English Proficient</td>
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<tr>
<td>LH</td>
<td>Learning Handicapped</td>
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<tr>
<td>LRE</td>
<td>Least Restrictive Environment (An educational placement which permits a pupil to participate as fully as possible with normal peers providing both he/she and they can still be successful.)</td>
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<tr>
<td>LSH</td>
<td>Language, Speech and Hearing (specialists)</td>
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<tr>
<td>MH</td>
<td>Multi-handicapped</td>
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<td>MM</td>
<td>Mild/Moderate</td>
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<td>MR</td>
<td>Mentally Retarded</td>
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<tr>
<td>NPS/NPA</td>
<td>Nonpublic School/Nonpublic Agency</td>
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<tr>
<td>O&amp;M</td>
<td>Orientation and Mobility</td>
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<tr>
<td>OCR</td>
<td>Office of Civil Rights</td>
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<tr>
<td>OH</td>
<td>Orthopedically Handicapped</td>
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<td>OHI</td>
<td>Other Health Impaired</td>
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<td>OSEP</td>
<td>Office of Special Education Programs</td>
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<td>OT</td>
<td>Occupational Therapy/Therapist</td>
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<td>PEC</td>
<td>Picture Exchange Communication</td>
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<td>PH</td>
<td>Physically Handicapped</td>
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<td>PIAT</td>
<td>Peabody Individual Achievement Test</td>
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<td>PS</td>
<td>Program Specialist</td>
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<td>PT</td>
<td>Physical Therapy/Therapist</td>
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<td>ROP</td>
<td>Regional Occupational Program</td>
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<td>RS</td>
<td>Resource Specialist</td>
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<tr>
<td>RSP</td>
<td>Resource Specialist Program</td>
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<td>RST</td>
<td>Resource Specialist Teacher</td>
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<td>RTI</td>
<td>Response to Intervention</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>SCC</td>
<td>Self Contained Classroom</td>
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<tr>
<td>SDC</td>
<td>Special Day Class (Instructional settings in which the student receives special instruction more than 50% of the day.)</td>
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<tr>
<td>SDL</td>
<td>Severe Disorders of Language</td>
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<td>SED</td>
<td>Seriously Emotionally Disturbed (Now called ED)</td>
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<td>SELPA</td>
<td>Special Education Local Plan Area</td>
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<td>SET</td>
<td>Special Education Technician</td>
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<td>SH</td>
<td>Severely Handicapped</td>
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<tr>
<td>SLD</td>
<td>Specific Learning Disability</td>
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<tr>
<td>SLI</td>
<td>Speech and Language Impaired</td>
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<tr>
<td>SLP</td>
<td>Speech and Language Pathologist</td>
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<tr>
<td>SST</td>
<td>Student Study Term</td>
</tr>
<tr>
<td>TBI</td>
<td>Traumatic Brain Injury</td>
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<tr>
<td>TDD</td>
<td>Telecommunications Device for the Deaf</td>
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<tr>
<td>VH</td>
<td>Visually Handicapped</td>
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<tr>
<td>VI</td>
<td>Visually Impaired</td>
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<tr>
<td>VR</td>
<td>Vocational Rehabilitation</td>
</tr>
<tr>
<td>WA</td>
<td>Work Ability</td>
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<tr>
<td>WISC</td>
<td>Weschler Intelligence Scale for Children</td>
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<tr>
<td>WRAT</td>
<td>Wide Range Achievement Test</td>
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<tr>
<td>WJ-R</td>
<td>Woodcock-Johnson Test</td>
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</tbody>
</table>

**Special Terms used at the SELPA**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Appropriate Placement</td>
<td>A school placement in which the Individualized Education Program (IEP) of a student can be implemented.</td>
</tr>
<tr>
<td>C-Beds Count</td>
<td>A count required by the State of California each October of all school children and staff – provides a basic for determining the percentage of special education students to be served.</td>
</tr>
<tr>
<td>Complaint</td>
<td>This may be filed with the State Department of Education any time anyone feels that a law or rule is being violated; an investigation will ensue.</td>
</tr>
<tr>
<td>Due Process</td>
<td>All procedural safeguards of IDEA and related laws and regulations from the federal and state governments.</td>
</tr>
<tr>
<td>Local Plans</td>
<td>A plan developed by the SELPA &amp; participating districts for delivery of programs &amp; services to meet the educational needs of all eligible individuals with exceptional needs in that area.</td>
</tr>
<tr>
<td>Low Incidence</td>
<td>The conditions are hearing impairments, vision impairments, severe orthopedic impairments, or any combination thereof.</td>
</tr>
<tr>
<td>Nonpublic schools</td>
<td>School which meets standards to allow private placement of students for whom there is no appropriate public school placement available.</td>
</tr>
<tr>
<td>Related Services</td>
<td>Education services which are necessary to meet the needs of a handicapped individual and which are identified in the IEP.</td>
</tr>
<tr>
<td>Title 5 Regulations</td>
<td>The administrative regulations that amplify and interpret the Education Code sections dealing with special education.</td>
</tr>
</tbody>
</table>
Agencies + Groups Helpful For Parents of Children with Special Needs

Advocacy/Family Support/General Information

✓ Area Board 3 (Advocates on behalf of people w/ developmental disabilities in California.)
  www.AreaBoard3.org  916-324-7426

✓ The ARC (Nat’l organization of and for people w/ cognitive & related disabilities.)
  www.thearc.org  800-433-5255

✓ California Association of Family Empowerment Centers (Information, resources, technical assistance, etc. for a statewide network of local FECs, providing family education, empowerment and parent-professional collaborative activities for families of children with disabilities ages 3-22 years old.)
  www.cafec.org  916-285-1801

✓ Capitol People First (Self-Advocates Training Self-Advocates.)
  www.peoplefirstca.org  916- 552-6625

✓ Circle of Inclusion (Supports inclusion of children with special needs)
  www.circleofinclusion.org  (Sp.)

✓ Disability Rights California (Formerly Protection and Advocacy) (Advocating and advancing the rights of Californians with disabilities.)
  www.pai-ca.org  916-488-9950

✓ Disability Rights Education & Defense Fund (DREDF) (Advances the rights of people with disabilities through legal advocacy, training, education, public policy and legislative development.)
  www.dredf.org  800-348-4232 / 510-644-2555

✓ Family Village (For children & adults w/ disabilities & their families, friends & allies.)
  www.familyvillage.wisc.edu

✓ Fathers Network (Supports fathers of children with special needs)
  www.fathersnetwork.org  (Sp.)  425-653-4286

✓ Health Rights Hotline (Free assistance and information about rights in health care.)
  www.hrhh.org  (Sp.)  916-551-2100

✓ Make-A-Wish Foundation (Grants wishes to children w/ life threatening medical conditions)
  www.wish.org  (Sp.)  916-437-0206
✓ **Mothers United for Moral Support (MUMS)** (Nat'l parent match organization)
   www.netnet.net/mums/ 877-336-5333

✓ **National Information Ctr. For Children & Youth w/ Disabilities (NICHCY)** (Info. on disabilities in infants, toddlers, children, and youth, IDEA, No Child Left Behind (as it relates to children with disabilities) and more.)
   www.nichcy.org 800-695-0285

✓ **Placer ARC (Advocacy, Resources & Choices)** Programs for individuals with developmental disabilities.
   www.placerarc.org 916-781-3016

✓ **Sibling Support Project** (Supports the concerns of siblings of people with special needs.)
   www.siblingsupport.org 206-297-6368

✓ **WarmLine Family Resource Ctr.** (Support, resources for families of children w/ special needs)
   www.warmlinefrc.org
   Sacramento: 916-922-9276 / 800-660-7995 (Spanish: 916-922-1490)
   Roseville: 916-782-7147  Davis: 530-759-1127

**Health Services**

✓ **California Children’s Svcs** (Health care for children who qualify & who have an eligible diagnosis)
   www.dhs.ca.gov/services/ccs/Pages/default.aspx  916-875-9900

✓ **Health Rights Hotline** (Provides free assistance and information about rights in health care.)
   www.hrh.org (Sp.) 916-551-2100

✓ **My Friends Pediatric Day Healthcare Center** (Respite care for medically fragile children up to age 21.)
   www.myfriendsonline.org 916-987-8632

✓ **Shriners Hospitals** (Free medical care for children up to 18 years who have orthopedic diagnoses, spinal cord injuries, limb deficiencies, burns or who require plastic surgery.)
   www.shrinershq.org/Hospitals/NorthernCalifornia 916-453-2000

**Developmental Disabilities**

✓ **Alta California Regional Center (ACRC)** (Serves people with developmental disabilities and their families.)
   www.altaregional.org 916-978-6400
✓ California Department of Developmental Services (DDS)

✓ Easter Seals (Developmental services, employment training, adult day programs and warm water therapy)
   www.superiorca.easter-seals.org  916-485-6711

Special Education

✓ Area Board 3 (Advocates on behalf of people w/ developmental disabilities in California.)
   www.AreaBoard3.org  916-324-7426

✓ California Department of Education, Special Ed. Division (State agency overseeing general & special education programs)
   www.dds.ca.gov/spbranch/sed/  916-319-0800 (Procedural Safeguards: 800-926-0648)

✓ Disability Rights California (Formerly Protection and Advocacy (PAI) (Advocacy services for people with disabilities. Excellent publications and resources, including “Special Education Rights and Responsibilities”).
   www.pai-ca.org  916-488-9955 / 800-776-5746

✓ National Information Ctr. For Children & Youth w/ Disabilities (NICHCY) (Info. on disabilities in infants, toddlers, children, and youth, IDEA, No Child Left Behind (as it relates to children with disabilities), and more.)
   www.nichcy.org  800-695-0285

✓ Wright’s Law (Info. about special education law and advocacy.)
   www.wrightslaw.com

Diagnosis/Disability Specific (Alphabetical by Diagnosis/Disease)

✓ Family Village (Links to sites that address many specific diagnoses.)
   www.familyvillage.wisc.edu

✓ Mothers United for Moral Support (MUMS) (Nat’l parent match organization.)
   www.netnet.net/mums/  877-336-5333

✓ Mothers of Asthmatics (asthma)
   www.aanma.org (Sp)  800-878-4403

✓ Families for Early Autism Treatment (FEAT) (autism)
   www.feat.org  916-463-5323
✓ C.H.A.D.D. (ADD/ADHD)
   www.chaddnorcal.org  800-759-9758

✓ Association of Birth Defect Children (birth defects)
   www.birthdefects.org  407-566-8304

✓ American Cancer Society (cancer)
   www.cancer.org (Sp)  916-446-7933

✓ John Tracy Clinic for Preschool Deaf Children (deaf)
   www.jtc.org (Sp)  800-522-4582

✓ NorCal Center for Deafness (deaf)
   www.norcalcenter.org  916-349-7500

✓ National Down Syndrome Society (Down syndrome)
   www.ndss.org  800-221-4602

✓ United Cerebral Palsy, Sacramento (developmental disabilities, cerebral palsy)
   www.ucpsacto.org  916-565-7700

✓ Genetic Alliance (genetic disorders)
   www.geneticalliance.org (Sp)  202-966-5557

✓ Kids with Heart (heart disorders/disease)
   www.kidswithheart.org  800-538-5890

✓ Juvenile Diabetes Research Foundation (juvenile diabetes)
   www.jdrf.org/norcal  916-920-0790

✓ March of Dimes (prematurity, birth defects)
   www.marchofdimes.com  916-922-1913

✓ National Alliance for the Mentally Ill (mental illness)
   www.namicalifornia.org (Sp.)  916-364-1642

✓ Mitochondrial Disease Foundation, United (mitochondrial disease)
   www.umdf.org  800-317-8633

✓ MIND Institute (UC Davis) (neurodevelopmental disorders)
   www.mindinstitute.org  888-883-0961/ 916-703-0280
✓ National Institute of Neurological Disorders and Stroke (neurological diseases)
   www.ninds.nih.gov  800-352-9424

✓ National Organization for Rare Disorders (NORD) (rare disorders)
   www.rarediseases.org  800-999-6673 / 203-744-0100

BIBLIOGRAPHY


• Sacramento City Unified School District, Community Advisory Committee Parent Handbook, 2000

• Northern California Coalition, DREDF, Matrix and Parents Helping Parents, IEP Training Manual, 1998

• Community Alliance for Special Education, Protection and Advocacy, Special Education Rights and Responsibilities, 2005

• National Information Center for Children and Youth with Disabilities (NICHCY) www.nichcy.org

• California Department of Education, Special Education Division, www.cde.ca.gov

• Wright’s Law, California Special Education Programs
# Conference Notes

Date: ___________________  Purpose: ____________________________________________
People attending: ______________________________________________________________

<table>
<thead>
<tr>
<th>Issues, Concerns, Questions</th>
<th>Responses, Solutions, Answers</th>
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Outcome of meeting:
__________________________________________________________________________

Next steps:
__________________________________________________________________________

Things to do or remember:
__________________________________________________________________________

Next meeting date: ______________ With: ________________________________________
Meeting Participants

Date: ____________________________  Topic: ____________________________

Outcome: ____________________________________________________________

____________________________________________________________________

Things to do or remember: _____________________________________________

____________________________________________________________________

Meeting seating chart:

Name:
Title:

Name:
Title:

Name:
Title:

Name:
Title:

Name:
Title:

Name:
Title:
WarmLine Family Resource Center

“Serving Families and Professionals Involved with Children with Special Needs Since 1993.”

Placer County:
151 N. Sunrise Ave., Suite 1307
Roseville, CA 95661
916-782-7147
Spanish: 916-922-1490
placerwl@warmlinefrc.org
www.warmlinefrc.org

Sacramento:
2025 Hurley Way, Suite 100
Sacramento, CA 95825
916-922-9276 / 800-660-7995
Spanish: 916-922-1490
warmline@warmlinefrc.org
www.warmlinefrc.org

Yolo County:
(Located In)
Socially Speaking Office
907 3rd Street
Davis, CA 95616
530-759-1127
Spanish: 916-922-1490
yolowl@warmlinefrc.org
www.warmlinefrc.org

Summer 2010

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