Claymont City Schools

Special Services

Handbook



Preparing Every Child for a Lifetime of Success

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**Introduction**

This manual is intended to be used as a general guide for the role of an intervention specialist, general education teacher or administrator at Claymont City Schools. Quality documentation is the center point of our work with students, as the information that we keep has the potential to significantly improve a student’s progress. The ETR, IEP, and other related forms exist to ensure that students with disabilities transition from one classroom to the next with minimal loss of valuable instructional time. A well-documented educational plan acts as a guide to what works, and what does not, for the individual. On the other hand, parents and students have the right to review and analyze the hard work and dedication that our staff contributes to each student’s individual needs. When disagreements, or complaints arise, documentation of services provided will be a major deciding factor in the resolution. Therefore, all documentation must be a thorough and accurate representation of your work with students with special needs. Please understand this handbook is not all-encompassing and does not supersede the requirements as indicated by [Chapter 3301-51 of the Ohio Revised Code](http://codes.ohio.gov/oac/3301-51) and [Ohio’s Operating Standards](http://education.ohio.gov/getattachment/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance/2014-Ohio-Operating-Standards-for-the-Education-of-Children-with-Disabilities.pdf.aspx). If you have questions or concerns, please do not hesitate to contact the director of special services, Heather O’Connor at (740) 922-5478 ext. 12012.

**FERPA**

The Family Educational Rights and Privacy Act (FERPA) protects all students’ privacy and educational records information from disclosure to anyone who **does not play a direct role** in the student’s education. Before sharing information about your students, please consider the following:

Do all who might hear or see this information work directly with this student?

Will sharing this information benefit the student?

Is it necessary to disclose the student’s name?

Is it necessary to disclose the disability?

**MTSS Process**

For the full MTSS Handbook, please follow the link: [MTSS Handbook](https://docs.google.com/document/d/1BbN1WT890gq_Q8FshK5XjJhgh9nqm6BczcFKfjfR474/edit)

**Intervention Assistance Team**

IAT usually becomes involved at the request of the student’s classroom teacher, but can also be requested by the student’s parents/guardians if there is sufficient evidence for concern.

Uses the Problem-Solving Model (the scientific method) to:

* Define what is difficult for the student (academically, behaviorally, socially)
* What skills need to improve
* Collaborate on how to help the student- What research based interventions to to try
* How to collect information to decide whether the intervention is actually helping the student.

Sometimes more than one plan is needed to help the student experience success. Using a series of interventions is part of “Response to Intervention.”

If the approaches offered through the IAT are effective, the student will experience educational success within the General Education Program.

**Response to Intervention**

The Response to Intervention (RTI) is a scientific process used to increase student skill mastery. It is grounded in the core curriculum and used by the general education teachers. The goal of RTI is to provide effective and appropriate instruction to ensure the success of all students by:

1. Having a strong focus on delivering high quality, scientifically-supported instruction to all students

2. Using frequent and early assessments to identify student difficulty

3. Using data to decide the type and amount of support to give struggling students

4. Providing help as early as possible to prevent/decrease future difficulties by using research-based interventions to improve student skillsas soon as possible

5. Systematically increasing student support and assistance to meet student needs while balancing their independence and self-sufficiency

RtI uses a series of levels or “tiers” to provide increasing levels of support to students, whether academic or behavioral, in the classroom. Students move between the tiers based on how quickly their skills improve. The more intervention the student needs, the higher the tier of support

**IAT Steps:**

1. The problem is identified and in measurable terms **(when academics or behavior)** . The student's concerns are brought to the building IAT. Meetings should be scheduled on a regular basis so that data and interventions can be discussed. If you have multiple students - you may want to stagger when they first begin collecting data so that the meetings are not really long. Also, please Prioritize these students. The students with the most need should be the top priority.

2. The team meets, discusses the student and concerns, decides if interventions are needed, identifies areas of need with a goal and brainstorms interventions to try. Once interventions begin - document in DATA MAP. **Below are three links** to good Intervention websites. Schedule when this student will be discussed again in 4-6 weeks

3. Schedule a meeting with the parents to discuss the concerns and interventions (there is a parent note further in the handbook)

4. Follow up meeting - discuss the student's progress - are the interventions working? If so, great - keep providing the support. If not, discuss other intervention options and then collect data - in DATA MAP, over the new interventions being assessed. Schedule when this student will be discussed again in 4-6 weeks (invite Special Services Director to the follow up)

5. Follow up meeting -discuss the results of the interventions, take another overall look at the student and then make a decision on the next step. The goal is to help the student, not just get an IEP. A referral is for the students we suspect have a disability, not a student who is a C/D student or a student who is a bit behind for other reasons.

Intervention website links:

[www.interventionhero.com/](http://www.interventionhero.com/)

[https://www.interventioncentral.org/​](https://www.interventioncentral.org/%E2%80%8B)

[https://ies.ed.gov/ncee/wwc/​](https://ies.ed.gov/ncee/wwc/%E2%80%8B)

**ETR Review Process and Links**

Referral Process

* SS Director/School Psych/Designee complete Referral for Evaluation (PR-04)

upon request for an evaluation. A teacher, parent/guardian, other educational staff member may request an evaluation.

(sign as receiving referral, title and date received).

-Forward completed form to SS Director/School Psychologist

\*within 30 days of referral, determine if disability suspected (use this time to collect additional information from teachers, providers, etc)

- If disability is not suspected, School Psych/designee sends PR-01 to parents stating actions and reasons the district refuses to initiate eval.

-If disability is suspected, SS Director/Designee complete PR-04.

**\*If** the district team determines the need to conduct an evaluation, a PR-04 will be completed. The date of the referral is the date the team decided an evaluation should be conducted.

**School Psychologist or SLP:**

-Schedule meeting/phone conference to develop School-Age Planning Form with parent and team (not all team members need to be present)

-Obtain Consent for Evaluation (PR-05) following development of a plan with parent input.

-Establish meeting time for eligibility determination meeting and send PR-02 to parent

\*60 day timeline for completion of evaluation and holding a meeting with the team.

- Notify all team members responsible for gathering and/or reporting of data as outlined in the plan.

Team members complete the Individual Evaluator’s Assessment page according to the Planning Form (boxes checked on the IEA should match the planning form) 2 weeks prior to scheduled meeting.

-Provide teachers additional needed forms (email, hard copy)-checklists, rating scales

School Psych or SLP completes Team Summary based on all information provided by team members.

**During the Meeting:**

Each individual assigned a role on the planning form will review their Individual Evaluator’s Assessment (IEA) report and complete with signature and date

Based on the findings the team will determine if the student is eligible for services.

All members of the ETR team who attend the meeting signs, dates and checks whether they agree or disagree.

**\***Any member who is not in agreement with the determination, shall submit a statement of disagreement.

Re- Evaluation Process

Re-evaluations must be conducted in the event of the following:

* Required **3 year** reevaluation is due.

*\*Building Principals, School Psychologists, Related Service Personnel and Intervention Specialists will receive a list of students requiring a reevaluation during the upcoming school year.*

* Team member requests a reevaluation (including teacher or parent).
* Preschool Student qualifying under Developmental Delay category transitioning to kindergarten.
* Change in disability category.
* Exit from Special Education Services

Special Services Secretary will provide School Psychologists and Building Principals with ETR Timeline documents to ensure all RETRs are completed by required timeframes. ETR Timeline documents will be used by the Special Services Director to monitor compliance as part of regularly scheduled Special Education Meetings.

**PRIOR TO THE MEETING:**

The School Psychologist or Speech Language Pathologist (SLP) will:

* Initiate the re-evaluation by emailing the ETR/IEP team to identify new needs or concerns since the last ETR and/or IEP to begin developing the evaluation plan. This does not require a face to face meeting with all team members at the same time.
* Review of existing data and additional data needed using the appropriate Planning Form (School-Age or Preschool).

*\*Review evaluations/information provided by the parent, current assessment data (classroom, district-wide, state), observations, progress monitoring data, data from previous intervention, relevant trend data beyond past 12 months.*

* Make arrangements with the parent to get their input in the development of the Evaluation Planning Form.
* Complete Consent for Evaluation following the development and review of the plan (60 day timeline does not apply in the case of the re-evaluation) with the parent. If the parent is unable to meet face to face, get parent input by phone and review the assessment needs and activities outlined on the planning form. In this case, mail the Planning Form and Parental Consent for Evaluation PR-05 form for signatures.

*\*Parent consenting to assessments/activities outlined in the Planning Form.*

* Also send parents Prior Written Notice (PR-01) outlining assessment activities outlined in the plan as part of the reevaluation before conducting assessments.
* Document all attempts to obtain consent from the parent using OP-9 Attempts to Obtain Parent Participation form.
* In the event that reasonable efforts to obtain consent and the child’s parent has failed to respond, the team will proceed with the re-evaluation.
* Reasonable efforts will include verbal notice (when the phone call placed by School Psychologist), written notice (School Psychologist mailed Planning Form and PR-05), and Intervention Specialist (IS)/SLP send Planning form and consent home with student.

* As part of the initial contact with the parent to develop and review the Planning Form, establish meeting time to review the Evaluation Team Report (no later than 1 week of the due date) and send PR-02 Parent Invitation to the parent.
* In the event that the student is a Non-Resident Open Enrolled, send PR-02 to District of Residence Contact.
* In the event that the student is a Non- Resident Foster Placed Student, send PR-02 to District of Residence Contact and Surrogate Parent.

\**Special Services* *Director will appoint the Surrogate Parent.*

* Notify (email) all team members responsible for gathering and/or reporting of data as outlined in plan with due date (1 weeks prior to scheduled meeting) for completing their Individual Evaluators Assessment page.

*\*Email with* ***Read Receipt*** *to each team member. Building Principal serves as District Representative.*

* Provide teachers additional needed forms (email, hard copy)-checklists, rating scales etc.
* Team members complete Individual Evaluator’s Assessment (IEA), Section 1 according to the (Planning Form) 2 weeks prior to the scheduled meeting. (Boxes checked on the IEA must match the planning form).
* See template for additional guidance.

*\*All 3 sections must be addressed.*

* Complete the Team Summary, Section 2 based on all information provided by team members.
* Send an email reminder of an upcoming meeting to the ETR Team.

**DURING THE MEETING**

* Each individual assigned a role on the planning form will review their IEA, Section 1 report and complete with signature and date.
* Based on the findings, the team will determine if the student continues to be eligible for Special Education Services.
* All members of the ETR/IEP team who attend the meeting signs, dates and checks whether they agree or disagree.

*\*Any team member (including the parent) who is not in agreement with the determination, shall submit a statement of disagreement (This statement will be attached to the ETR).*

* Others who provided input (nurse) and related service personnel (for all categories with the exception of SLI) who completed an assessment, and signed and dated the IEA page, but did not attend the meeting are not required to sign Section 5.
* If the student is exiting special education, the School Psychologist/SLP will provide parents a PR-01 at the conclusion of the meeting outlining that the team determined that the student is no longer eligible for special education as a result of the re-evaluation process.

*\*The parents must receive the PR-01 notice before exiting the student from services.*

Link to Universal Supports for ETRs and IEPs

[Universal Support Materials | Ohio Department of Education](https://education.ohio.gov/Topics/Special-Education/Special-Education-Monitoring-System/IDEA-Onsite-Reviews/OEC-Monitoring-Training-Materials)

**IEP Process and Links**

Individual Education Plan Process

Building Principals, Related Service Providers and Intervention Specialists will receive due dates for students identified on an IEP at the beginning of the school year to ensure timely completion of IEP meetings. Tracking lists will be provided by the Special Services Secretary.

Building special education teams will verify dates on the **IEP Tracking lists match the dates on the ETR and IEP** documents maintained at the building. Building Special Education Contacts will notify the Special Services Secretary by **September 1** of any discrepancies. IEP Tracking sheets will be updated accordingly.

Related Service Providers and Intervention Specialists will develop IEPs using the Same Goal: IEP Anywhere software.

* Intervention Specialists are provided an IEP Review Compliance Review sheet to assist in IEP writing.
* Staff will provide the Special Service Director and the Special Services Secretary with a Draft copy of the IEP at least **two days** prior to the meeting to ensure compliance. The Intervention Specialist/Related Service Provider will be notified of any errors or concerns that are identified in order to fix prior to the meeting.
* Draft IEPs are sent home to parent/guardian(s) at least **two days** prior to the scheduled meeting for review.
* IEP review meetings are to be scheduled **two weeks prior** to the review date to ensure timely reporting of required information. Initial IEP meetings must be held within 30 days of eligibility determination (Evaluation Team Report-ETR meeting).
* Invitations are to be sent to the following individuals when appropriate:

-Parent/Guardian

-District Special Education Director for students open enrolled to Claymont

-Surrogate (appointed by the Special Services Director)

-Student

-Assigned Support Services Administrator with Tuscarawas County Board of DD

-Vocational Rehabilitation Counselor with OOD

* Appropriate Prior Written Notice is created in the system to support the IEP and also document the IEP meeting.
* Parents must be provided copies of the IEP, Procedural Safeguards which includes Scholarship information, Prior Written Notice, and Vision Resources (Initial IEP) following the meeting.

Creating a new IEP in IEP Anywhere:

Intervention Specialists/Related Service Provider need to have ownership in order to create a new document for the student.

* Conduct a search of the student.
* Click “Create New” drop down and select IEP
* Click the “Create” button
* Complete sections of the IEP and use the “Check” link to verify that require
* After the IEP has been developed and any changes made during the IEP meeting, complete the IEP under the Documents tab by clicking the box by the document and selecting “Complete” under the “Actions” tab.

Completed IEPs and other special education documents (as outlined on the compliance review sheet) will be forwarded l to the Special Services Secretary within **3 days of the meeting**. Please send the documents to the Special Services Secretary even if you are waiting on signatures. Also, all signatures can be obtained online- even the parents.

The Special Services Secretary will review student IEP records to ensure timelines and content for compliance.

IEP Forms and Links

The Office for Exceptional Children has directed school districts to use universal support found on the ODE website ([click here](http://education.ohio.gov/Topics/Special-Education/Comprehensive-Monitoring-System/IDEA-Onsite-Reviews/OEC-Monitoring-Training-Materials)) for training purposes. These documents and videos offer guidance on the new forms and compliance. You can also find these resources by going to the Ohio Department of Education website and enter “universal support materials” in the search field. The [dynamic IEP form (revised July 2018)](http://education.ohio.gov/getattachment/Topics/Special-Education/Federal-and-State-Requirements/Ohio-Required-and-Optional-Forms-Updated/IEP-PR-07-form.pdf.aspx?lang=en-US) can also be downloaded from the ODE website by searching “IEP required forms”. The dynamic form includes popup windows which share important information regarding compliance.

IEP Compliance and Best Practices

[**2022 IEP Compliance Review Sheet - WORD Doc.**](https://docs.google.com/document/d/1nqgj4oLW1pSCvea-KaoMwKOErHkDc4Z3kvm6X9inVP8/edit)

**IEP Amendment Process**

When changes are made to an Individual Education Program (IEP) after an IEP meeting, the amendment(s) can be made as part of a phone conference or face to face meeting:

Implement the following steps:

1. Designated staff (Intervention Specialist/Related Service) will contact the parent by phone or face to face meeting, to discuss proposed changes and ask if the changes can be made.
2. If the parent agrees, the designated staff will make the needed change(s) to the IEP in IEP Anywhere.

Locate the IEP to be amended in the documents tab for the student.

* Make sure that IEP has been marked complete.
* Locate the lock in the top right hand corner and drop down to amend (this creates the formal amendment of the IEP)
* Change the meeting type to Amendment.
* The meeting date, start and end dates **do not change** in IEP Anywhere.

Make needed changes in the appropriate sections of the IEP.

Complete the Amendment Section (table) on the cover of the IEP to reflect the changes including:

* Add a new row to the Amendment Table on the bottom of the Cover Page.
* IEP Section Amended: Reference the section number and pages of IEP.
* The School District and Parents Have Agreed To Make the Following Changes to the IEP: Include a summary describing changes.
* Date of Amendment: Use the date the parent was called and the meeting was held.
* Participant and Role: List names and titles of those involved in the amendment including the parent.
* Obtain signatures of the participants involved in the amendment on the signature page - please add more lines and use the Amendment date for those signatures.

Mark the IEP complete.

1. Designated staff (Intervention Specialist/Related Service) will send the parent a Prior Written Notice (PR-01) with a copy of the amended IEP outlining the changes that were made and how the amendments were done (i.e. over the phone, face to face). Under the Relevant Factors section, indicate when (date) other IEP team members (list team members by name and role) were notified of the changes.
2. If needed, changes to the Accommodation/ Modification forms will be made and the forms will be redistributed to the student’s teachers.
3. Designated staff (Intervention Specialist/Related Service) will email all other team members (who were not involved or not participants of the amendment process) of the amendments to notify them that changes have been made.
4. Designated staff (Intervention Specialist/Related Service) will print the completed EMIS At a Glance page and attach to the AMENDED SECTIONS of the IEP and send it to the Special Services Secretary within 5 days of the meeting.
5. A new copy of the IEP will need to be placed in the building folder.
6. The Special Services Secretary will unlock the Amendment to import the documents into IEP Anywhere.

**Progress Reporting Procedures**

Requirements through OEC:

There is instructional data collected for each measurable annual goal for each measurable annual goal AND there is sufficient evidence that the data was ANALYZED TO INFORM FUTURE INSTRUCTION AND there is evidence that the progress data reported ALIGNS to measurements used in the annual goal.

Reporting Process

Progress Reports must include quantitative data (NOT just the % of the grade)

* 1. This data MUST reflect the goal.

Examples:

Goal: When given no more than 2 prompts the student will return to her seat 90% of the time in 4 out of 5 trials by the end of this IEP.

Data: Student was consistently provided with 3 prompts in order to return to her seat. She returned 75 % of the time.

Goal: When provided a ‘Wh” questions the student will answer correctly 100% of the time in 4 out of 5 trials by the end of this IEP.

Data: The student was provided with 10 wh questions over several stories. He was able to answer 6 of 10 (3 out of 5) correctly with 100% accuracy.

Progress Reports must be completed each nine weeks within one week of grades being due.

* 1. The IEP states that progress will be reported each nine weeks

Data from Progress monitoring and/or recent evaluations drives decisions to modify the IEP. After data analysis, the decision was made to adjust instruction to promote increased student learning. Rationale for instructional adjustment is documented. The IEP details the instructional adjustments in relevant sections.

* IF goals are met early in the IEP - we need to adjust the IEP to increase the goal.
* Challenge our students
* Have expectations
* IF they do not meet their goal or are on track to NOT meet their goal
  + Provide documented interventions
  + Adjust instructional strategies
  + Adjust the goal in a timely manner if none of the above helps

**\*\*\*You must have data showing that you are using progress reports to monitor progress and make adjustments when needed.**

**Students with Behavioral Needs**

Students with Behavioral concerns should be brought to the Intervention Assistance Team (IAT) Meetings. This can include students identified as having a disability as well as students who are not identified as having a disability.

Functional Behavior Assessment (FBA)

If the IEP team determines that the student is exhibiting behavior concerns that may be a manifestation of the disability a Functional Behavior Assessment (FBA) will be completed. If you have never completed an FBA please consult the director of special services. The FBA form is found in Same Goal. A minimum of three separate observations must be completed, ideally by more than one observer. The district frequently utilizes Tuscarawas Board of Developmental Disabilities Outreach Program for support with FBAs and BIPs if the student qualifies for their services. We also have district support.

Behavior Intervention Plan (BIP)

Once the FBA is completed, the IEP team along with Behavior support will develop a Behavior Intervention Plan (BIP). The BIP may be completed during the IEP Annual Review, or an IEP Amendment meeting.

The BIP will be drafted by the IS/ Behavior Team prior to the IEP team meeting

Send a draft copy of the FBA and BIP to the director of special services at least 2 school days prior to the meeting for review

Once scheduled, send an invitation and PR01 to the parent and all team members (note: if the student is of transition age, they must be invited)

After the meeting, provide a copy to the parent and all team members.

Send the original signed copy to central office

**Violations of Student Code of Conduct**

Manifestation Determination

When addressing discipline for violations of the student code of conduct, students with disabilities must be held to the same consequences as their same age peers, unless the conduct is a manifestation of their disability. In other words, in determining the consequence for negative behavior of a student with disabilities, the team must determine if the behavior was caused by, or had a direct and substantial relationship to the disability. If the behavior is not caused by, or related to the disability, the student should face the same consequences as his or her non-disabled peers. If the behavior is related to the disability, the IEP team must address the behavior through a Functional Behavior Assessment and Behavior Intervention Plan (see above).

The “10 Day Rule”

Once a disability is identified under the Individuals with Disabilities Education Improvement Act (IDEIA) under no circumstances can the student be restricted from receiving their legally guaranteed special education services. This includes suspension and expulsion regardless of the manifestation determination. According to the Ohio Revised Code (Paragraph (K)(20)(b)(i)), up to 10 days of suspension are permitted for students with disabilities without addressing a change of placement. If the student may face a long-term suspension or expulsion, or the number of cumulative suspensions for the school year exceeds 10 days, the IEP team must convene to discuss a potential change of placement.

Manifestation Determination Hearing Procedure:

Once it is determined that a student with a disability will be recommended for expulsion, or will be issued a suspension (OSS) greater than 10 days (total for the school year), a PR01 must be sent with an invitation to a manifestation determination hearing, Procedural Safeguards, and the suspension or expulsion notice. Note: The parent may request a different date for the meeting, however, the meeting must be held within 10 days of the notice. (Student may need to return to school during this time). Note: If the incident involved serious bodily injury, drugs, or weapons, they may be suspended up to 45 days with services provided through home instruction.

A district representative, general education teacher, parent, and intervention specialist must attend the meeting.

Items to bring to the meeting:

Compliant IEP and ETR

Functional Behavior Assessment and Behavior Intervention Plan

Incident report (with statements from all witnesses)

Prior incident reports

IEP Progress reports

Documentation showing support provided to student

PR-03 Manifestation Determination Review – data may be added prior to the meeting, but will be completed in Infinite Campus during the meeting.

The IEP team will discuss all relevant data and hear new information provided by the parent (including medication, concerns at home, etc.)

The team will review and complete the PR-03 – Manifestation Determination Review form

Once a decision is made, the form is printed and signed by all participants. If a parent disagrees, they may indicate this on the form. They may also appeal through the superintendent’s office or due process.

A PR01 must be completed and given to the parent. Provide parents with [Procedural Safeguards](https://drive.google.com/file/d/0B4ukRDpKPc13QXEyOEI5RGlXYjQ/view?usp=sharing).

Behavior was a manifestation of the disability:

The student will return the following school day.

IEP team must convene to begin the process to conduct FBA and BIP within 10 days

If the incident involved serious bodily injury, drugs, or weapons, they may be suspended up to 45 days with services provided through home instruction.

Behavior was not a manifestation of the disability:

The district may issue the suspension.

The IEP Team may need to convene to consider patterns of behavior and determine if an FBA is the next necessary step.

**Appendix A- Special Education Acronyms**

AAC Augmentative and Alternative Communication Device

AASCD Alternate Assessment for Students with Significant Cognitive Disabilities

ABA Applied Behavior Analysis

ADA Americans with Disabilities Act

ADD Attention Deficit Disorder

ADHD Attention Deficit Hyperactivity Disorder

ASD Autism Spectrum Disorder

ASL American Sign Language

AT Assistive Technology

BVR Bureau of Vocational Rehabilitation

CASE Community Alliance for Special Education

CBI Career Based Intervention/Instruction

CEC Council for Exceptional Children

CF Cystic Fibrosis

COTA Certified Occupational Therapist Assistant

CP Cerebral Palsy

DD Developmental Disabilities

DS Down Syndrome

DSM Diagnostic and Statistical Manual of Mental Disorders

ECE Early Childhood Education

ELL English Language Learner

EMIS Education Management Information System

ED Emotional Disturbance

EI Early Intervention

EOC End of Course Exams

ESY Extended School Year Services

ETR Evaluation Team Report

FAPE Free and Appropriate Education

FAS Fetal Alcohol Syndrome

FERPA Family Educational Rights and Privacy Act

GT Gifted and Talented

HIPAA Health Insurance Portability and Accountability Act

HMG Help Me Grow

IAT Intervention Assistance Team

ID Intellectual Disability

IDEA Individuals with Disabilities Act

IEE Independent Educational Evaluation

IEP Individual Education Program

IS Intervention Specialist

ISP Individual Service Plan

IT Itinerant Teacher

ITP Individualized Transition Plan

KRA Kindergarten Readiness Assessment

LD Learning Disability

LEA Local Education Agency

LRE Least Restrictive Environment

MD Multiple Disabilities

MTSS Multi-Tiered System of Support

OCALI Ohio Center for Autism and Low Incidence

OCD Obsessive Compulsive Disorder

OCR Office of Civil Rights

ODD Oppositional Defiance Disorder

ODE Ohio Department of Education

OEC Office for Exceptional Children

OHI Other Health Impairments

OI Orthopedic Impairment

OLTS Ohio Longitudinal Transition Study

OMJ Ohio Means Jobs

OOD Opportunities for Ohioans with Disabilities

ORC Ohio Revised Code

OT Occupational Therapist

PARA Paraprofessional

PBIS Positive Behavioral Interventions and Supports

PSE Preschool Special Education

PT Physical Therapist

PTSD Post Traumatic Stress Disorder

PWN Prior Written Notice

RIMP Reading Improvement Plan

RTI Response to Intervention

SAS Supplemental Aids and Services

SEA State Education Agency

SLD Specific Learning Disability

SLI Speech and Language Impairment

SLP Speech and Language Pathologist

SOP Summary of Performance

SRBI Scientific Research Based Intervention

SST State Support Team

SUTQ Step Up to Quality

SWD Student with a Disability

TBI Traumatic Brain Injury

VR Vocational Rehabilitation

**Appendix B- Disability Categories with EMIS Code and Number**

**Multiple Disabilities MD ET01**

**Deaf/ Blind DB ET02**

**Hearing Impairment to include deafness HI ET03**

**Visual Impairment to include blindness VI ET04**

**Speech and/ or Language Impairment SI ET05**

**Orthopedic Impairment OI ET06**

**Emotional Disturbance ED ET08**

**Intellectual Disability ID ET09**

**Specific Learning Disability SLD ET10**

**Autism AU ET12**

**Traumatic Brain Injury TBI ET13**

**Other Health Impairment Major OHI Major ET14**

**Other Health Impairment Minor OHI Minor ET15**

**Developmental Delay (Preschool) DD ET16**

**Appendix C- Glossary of Terms**

**Accommodations**: Instructional techniques, additional supports or specialized services to help a student make progress or demonstrate learning.

**Annual Review**: A scheduled meeting of school staff members and parents to develop, review, and revise a student’s IEP goals and objectives and to determine the appropriateness of new or continued services.

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

**Child Find**: Children aged two through twenty-one who may be in need of special education and related services.

**Child (Student) with a Disability**: Those children evaluated and identified, in accordance with regulations governing special education, as having a cognitive disability, hearing impairment, speech or language impairment, autism, traumatic brain injury, visual impairment, emotional disability, orthopedic impairment, other health impairment, severe disability, multiple disabilities, developmental delays, or specific learning disability and who, because of these disabilities, need special education and related services.

**Counseling Service**: Services provided by a qualified social worker, psychologist, guidance counselor, or other qualified personnel.

**Due Process**: A series of steps safeguarded by law (IDEA) that protects the rights of parents and their children with disabilities.

**Early Intervention**: Specialized services provided to children, birth through age two, who are at risk for, or showing signs of, developmental delay. Help Me Grow is the agency that provides this service.

**Eligibility Meeting**: A meeting of professional staff members and the parents that considers the individual needs of a student and determines whether the student is eligible for special education and related services.

**Evaluation**: Procedures used by a multidisciplinary team to determine whether a child has a disability and the nature and extent of the special education and related services the child needs.

**FAPE (Free Appropriate Public Education)**: Special education and related services provided at public expense, under public supervision, and at no cost to parents. These services must meet the standards of the Ohio Department of Education and be provided through your child’s IEP.

**General Curriculum**: Refers to the curriculum that is used with non-disabled children.

**Home School**: The school that is the community in which the child resides.

**IDEA**: Individuals with Disabilities Education Act of 2004.

**IEP (Individualized Education Program)**: A written plan of measurable, annual goals including short-term objectives and developed to meet your child’s needs according to federal and state regulations.

**Itinerant Services for a Preschooler with a Disability**: Services provided by intervention specialist or related services personnel, which occur in the setting where the child, the child and parent(s) or the child and caregiver are located as opposed to services provided at a centralized location.

**Least Restrictive Environment**: The setting determined by the IEP team that gives the child as much time as possible in general education settings and activities while meeting the child’s learning and physical needs. It also means that special classes, separate schooling, or other removal of a child with disabilities from the general education environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

**Local Education Agency (LEA)**: The public school system (i.e. Chesapeake Union Exempted Village Schools).

**Mediation**: A meeting that may be held if efforts to resolve an issue have failed at the school district level or after a due process hearing has been requested. A representative of the Ohio Department of Education may be asked to mediate the dispute.

**Modifications:** A change in what is being taught to the student or expected of the student. Making an adjustment to an assignment so that it is at the student’s level is an example.

**Occupational Therapy**: Services provided by a qualified therapist and includes improving, developing, or restoring functions impaired or lost through illness, injury or deprivation, improving the ability to perform tasks for independent functioning if functions are impaired or lost and preventing through early intervention, initial or further impairment or loss of function.

**Paraprofessional Service**: Services provided by a school, county board or another educational agency who are adequately trained in the provision of special education and related services to children with disabilities. Paraprofessionals work under the supervision of teachers, intervention specialists, and/or related service providers.

**Parent**: A natural or adoptive parent, the parent with legal custody if the parents are separated or divorced, the guardian or custodian but not the state if the child is a ward of the state, a person acting in place of a parent (such as a grandparent or stepparent) with whom the child lives, or a person who is legally responsible for the child’s welfare, a surrogate parent who has been appointed in accordance with paragraph (1) of rule 3301-51-05 of the Administrative Code, or a child at the age of 18 may act on his or her own behalf.

**Physical Therapy**: Services provided by a qualified physical therapist which emphasizes remediation of or compensation for mobility, gait, muscle strength, and postural deficits as it relates to the educational setting.

**Re-Evaluation**: A review by the IEP team that is required every three years or more often if necessary. It determines if updated information used to decide continuing eligibility for special education is needed and the types of information needed to determine the individual needs of the student.

**Referral**: The established process whereby the names of children suspected as having a disability condition that may require special education and related services are forwarded to a designated person, in writing, for a multifactored and multidisciplinary evaluation.

**Related Services**: Transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education. It may include speech-language pathology, physical therapy, occupational therapy, school health services, etc.

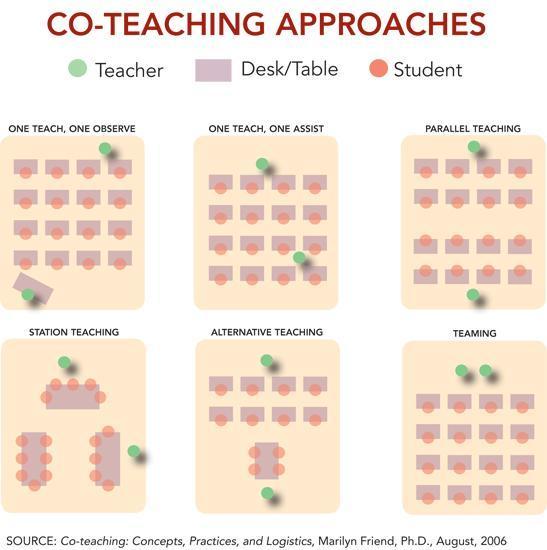
**Special Education**: Specially designed instruction, at no cost to the parent, to meet the unique needs of a child with disabilities, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. The term also includes speech therapy or any other related service and vocational education if they consist of specially designed instruction at no cost to the parent.

**Speech and Language Pathology Services**: Include identification of children with speech or language impairments, diagnosis and appraisal of specific speech or language impairments, referral for medical or other professional attention necessary for the rehabilitation of speech or language impairments, provision of speech and language services for the rehabilitation or prevention of communicative impairments and counseling and guidance of parents, children, and teachers regarding speech and language impairments..

**Transition Services**: A coordinated set of activities for a student with a disability that is designed within an outcome oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing adult services, independent living or community participation.

**Appendix D- Co-teaching Models**

**Co- Teaching Approaches:**



1. **One Teach and One Observe**

In this model, one teacher teaches the lesson and the other teacher conducts careful observations and systematic documentation of those observations. This allows both teachers to gain understanding of their students’ academic, behavioral and social functioning relative to the lesson and the dynamics of the classroom. This is a beneficial practice when you have a disruptive dynamic in a particular class and you are trying to find a seating solution or find the source of the distractions.

2. **One Lead Teach/One Assist**

This model encourages one teacher to assume the lead role in the lesson while the other teacher supports the students in the classroom during the instruction. Teachers should trade off the roles in order to avoid one teacher as being labeled “the real” teacher and the other teacher being seen as a classroom aide. It is very important that both teachers show knowledge of the content area as well as both teachers be seen as positions of authority in the classroom.

3. **Parallel Teaching**

This model the teachers plan and teach the same exact lesson to two different groups of students. This can be beneficial if you see a particular group of kids struggling and may need to go at a slower pace- remember it is the same lesson. Please make sure that this is an academically heterogenous mix of students. There should be NO “your” students or “my” students in inclusion - they are all “our” students.

4. **Station Teaching**

This model encourages the teachers to each take responsibility for planning and teaching a portion of the instructional content. Students move from one station to another for work with each teacher. Stations can also include independent work, peer tutoring and student led activities. This is a great model to allow and foster responsibility to both teachers.

5. **Alternative Teaching**

This model recognizes that sometimes students require different instruction than a large group. Sometimes this is a smaller group to “pre” teach or “re” teach a lesson or to provide enrichment to a lesson. This can look like parallel teaching but it differs in that the same lesson is not being taught. Again try to remember that the students MUST be a heterogenous mix of students.

6. **Team Teaching**

This is the generic term that describes teachers who collaboratively plan and share the instruction of all students in a classroom setting. It can include multiple models of Co- Teaching.

\* It is very important to find what works for you and your Co-Teacher. As regular educator you may find yourself with several different intervention specialist in your classroom. As an intervention specialist, you are more than likely with at least two other regular educators. What works with one teacher may not work with another. What works with one group of students may not work with another group.

* Be flexible
* Try new models
* Mix and match up models for different lessons
* Communicate