Student Assistance Manual









The Roman Catholic Archdiocese *of* Washington

Catholic Schools

3rd Edition

2022



"**You** formed my inmost being;

You knit me in my mother's womb.

I praise **You**, because I am *wonderfully* made;

wonderful are **Your** works!"

- Psalm 139: 13-14

Mission Statement

The Catholic Schools in the Roman Catholic Archdiocese of Washington, rooted in Gospel values and the teaching mission of the Catholic Church, are learning communities of faith and service dedicated to educational equity and excellence for all students.

Vision Statement for Inclusion

To embrace a respectful and inclusive culture in our Catholic schools where all students contribute to the learning environment, develop positive social relationships, and participate fully in our community. Made in the image and likeness of God, all students make unique and worthwhile contributions and deserve the best Catholic education possible.

The Role of Special Educators in Our Schools

Special educators take on many roles in our schools. These roles are often in addition to teaching classes. The information below is a snapshot of the work they do and the value and expertise they bring to the school community.

Student Support

- Supports students with special learning needs through instruction, interventions, and formal plans
- Plans, develops, maintains, and monitors the Catholic Accommodation Plan (CAP) and Individual Catholic Education Plan (ICEP)
- Administers informal assessments to identify student needs
- Identifies and provides testing accommodations for students with CAPs and ICEPs
- Counsels students when academic and adjustment problems arise
- Teaches and models social skills, organization, advocacy, and academic skills
- Works with students one-on-one or in small groups to provide remediation
- Co-teaches in an inclusive setting
- Provides early interventions in primary grades in reading and math

School Support

- Collaborates with school administration to provide resources and support to students
- Communicates with teachers and staff regarding student strengths and needs, accommodations, best practices, and instructional/behavioral strategies
- Plans, implements, and/or facilitates professional development for school staff regarding student learning
- Attends Student Assistance Team (SAT) meetings

Family/Community Support

- Acts as liaison and serves as school representative with the local public school system and private evaluators/consultants
- Confers with parents and students regarding progress and issues
- Collaborates with parents and teachers on strategies to promote growth

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Superintendent for Schools

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The Roman Catholic Archdiocese *of* Washington

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August 2022

Dear Colleagues,

Our Catholic schools have talented and dedicated faculty and staff with a true passion and commitment to our faith. Including children with disabilities or other specialized learning needs, is a way of putting our faith into visible action in our school buildings. When we open our doors to students with special needs, all students experience the benefits through effective classroom instruction, increased social interactions, and personal growth.

When we speak of a "Faith-Based Education that Lasts a Lifetime," our Catholic schools can be proud to say that statement includes a diverse student population. Working towards the inclusion of our students with disabilities and providing for our students who are currently attending our schools, is evidence that we are living the principles laid out in Catholic social teaching and actively engaging in the mission of our Catholic Church.

This manual, the *Student Assistance Manual*, is designed to guide faculty and staff in meeting all students' needs. In addition, the focus is to support students, teachers, and families as they navigate educating children in today's world. Our work with students must encompass the whole child and recognize the human dignity of everyone in our classrooms. Our classroom communities are richer with members who have specialized learning needs, and we have an opportunity to empower those individuals to learn and grow. All students, with or without documented disabilities, can benefit from many of the strategies and practices of special education.

Christ opened his arms to children. In Matthew 19:14, Jesus said, "*Let the children come to me, and do not prevent them; for the kingdom of heaven belongs to such as these*." Our Catholic schools exist for children to encounter Christ through the Gospel and our daily interactions with others. Our goal is to provide opportunities for children to be valued members of our school communities and the Body of Christ. May we remember this in our school practice as we embark on the journey towards inclusion.

Thank you for being so committed to Catholic education.

Sincerely in Christ,

Kelly Branaman
Secretary for Catholic Schools
Superintendent for Schools

Section 1: *Introduction: Catholic Identity in Regards to Children with Special Needs*

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"Whoever receives one child such as this in my name receives me."

(Matthew 18:5)

Best Practices

The following are best practices which should be utilized when working with children with special needs in our schools, and which will be specifically addressed throughout this manual.

- **Infuse our Catholic values, traditions, and wisdom** into all our work with children with any special needs by referencing such Catholic teachings as the dignity of the human person, solidarity with the marginalized, and a deep respect for life.

- **Identify as early as possible** children who need more support, or specific intervention, in order to succeed. This includes children whose needs arise to the level of a disability, as well as children whose needs are significant but do not meet the criteria of a "disability." This may include children who have a chronic health problem, children who suffer a traumatic experience (such as the death of a parent), or children with identified conditions such as AD/HD, hearing loss, or a learning disability.
- **Communicate effectively** with parents and appropriate staff members regarding a child's specific strengths and needs.

- **Follow an in-school process** to track the effectiveness of school-based interventions.

- **Develop appropriate paperwork and documentation** so that information can be effectively shared with anyone outside of the school, including public school employees, specialist in the community, tutors, and independent Catholic high schools.

- **Understand** when a child needs to be referred for evaluation, and when he or she does not.

- **Explain clearly to parents** when the child needs to be referred for evaluation, and what the evaluation options are.

- **Provide effective follow-up** once evaluation results are available to the school.

- **Develop an in-school plan** for accommodations or modifications as necessary.
- **Access professional research** on various specific disabilities and specialized learning needs.
- **Ensure that the interventions and strategies used with children with special needs are effective,** both in terms of outcome and cost. This includes efforts to keep current with research regarding effective instructional techniques for children with special needs.

This manual will incorporate the following principles:

- **Our Catholic identity must permeate all aspects of our schools.** This is particularly true of our work with students who may have special needs or who struggle in school.
- **Effective communication is essential** to working with children who may have special needs, as situations are not often resolved within a single school year.

- **Paperwork should be kept to a minimum,** and should dovetail with the forms required by local public schools as much as possible to prevent duplication of paperwork for those parents seeking evaluation from the public schools. However, appropriate paperwork is important for the child's future ability to qualify for accommodations in high school and on tests such as the SAT and ACT.

- **Terminology used must be clear and professionally accurate** in order for the good work done in our Catholic schools to be appropriately respected in this arena.

- **Parents must have an integral part in the planning process** for children who have specific needs, academic weakness, or disabilities. Helping parents to access professional information, so that they may grow in their understanding of their child's needs and abilities, is one of the important services that Catholic schools can provide.

Welcome and Justice for Persons with Disabilities

A Framework of Access and Inclusion

A Statement of the United States Catholic Bishops

Twenty years ago we issued a statement calling for inclusion of persons with disabilities in the life of the Church and community. In 1982 the National Catholic Office for Persons with Disabilities, now the National Catholic Partnership on Disability, was established to promote this ministry. In 1995 we strengthened our commitment with passage of the *Guidelines for the Celebration of the Sacraments with Persons with Disabilities*.

This moral framework is based upon Catholic documents and serves as a guide for contemplation and action. We hope that the reaffirmation of the following principles will assist the faithful in bringing the principles of justice and inclusion to the many new and evolving challenges confronted by persons with disabilities today.

1. We are a single flock under the care of a single shepherd. There can be no separate Church for persons with disabilities.

2. Each person is created in God's image, yet there are variations in individual abilities. Positive recognition of these differences discourages discrimination and enhances the unity of the Body of Christ.

3. Our defense of life and rejection of the culture of death requires that we acknowledge the dignity and positive contributions of our brothers and sisters with disabilities. We unequivocally oppose negative attitudes toward disability which often lead to abortion, medical rationing, and euthanasia.

4. Defense of the right to life implies the defense of all other rights that enable the individual with the disability to achieve the fullest measure of personal development of which he or she is capable. These include the right to equal opportunity in education, in employment, in housing, and in health care, as well as the right to free access to public accommodations, facilities, and services.

5. Parish liturgical celebrations and catechetical programs should be accessible to persons with disabilities

and open to their full, active and conscious participation, according to their capacity.

6. Since the parish is the door to participation in the Christian experience, it is the responsibility of both pastors and laity to assure that those doors are always open. Costs must never be the controlling consideration limiting the welcome offered to those among us with disabilities, since provision of access to religious functions is a pastoral duty.

7. We must recognize and appreciate the contribution persons with disabilities can make to the Church's spiritual life, and encourage them to do the Lord's work in the world according to their God-given talents and capacity.

8. We welcome qualified individuals with disabilities to ordination, to consecrated life, and to full-time, professional service in the Church.

9. Often families are not prepared for the birth of a child with a disability or the development of impairments. Our pastoral response is to become informed about disabilities and to offer ongoing support to the family and welcome to the child.

10. Evangelization efforts are most effective when promoted by diocesan staff and parish committees that include persons with disabilities. Where no such evangelization efforts exist, we urge that they be developed.

We join the Holy Father in calling for actions which "ensure that the power of salvation may be shared by all" (John Paul II, *Tertio Millennio Adveniente*, no. 16). Furthermore, we encourage all Catholics to study the original U.S. bishops and Vatican documents from which these principles were drawn.

For consultation and assistance contact:

National Catholic Partnership on Disability
415 Michigan Avenue, NE
Washington, DC 20017-4501
(202) 529-2933 telephone
(202) 529-4678 fax (202) 529-2934 tty
e-mail: ncpd@ncpd.org

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NCPD Board Statement

on the Provision of Catechetical and Academic Instruction to Catholics with Disabilities

"All persons with disabilities have the capacity to proclaim the Gospel and to be living witnesses to its truth [.]"1 Christ calls the Church to provide for the spiritual, intellectual, and emotional needs of all her people as they journey toward maturity in the faith. Catechetical and academic instruction are essential components of that journey. Catholics with disabilities are equally entitled with all the faithful to such instruction appropriate to their needs.

Our Gospel values and Church teaching call us to address the catechetical and instructional needs of persons with disabilities within the Catholic community. Often our efforts do not measure up to this calling. Too frequently, children and youth with disabilities are missing from catechetical classes or parochial classrooms. For example, those with unique learning styles or emotional difficulties are often misperceived as posing challenges surpassing the capacity of the faith community to address. Thus, they tend to be excluded from those efforts to foster the education of children and youth that is called for by our Catholic faith. Catechetical programs and parochial classrooms bereft of such individuals are symptomatic of a culture that denies children and youth with disabilities their rightful place within the faith community.

Catechetical programs vastly under serve the needs of adults with disabilities. The U.S. bishops have ranked the catechesis of adults as a priority the Church must address. Only rarely, however, do adults with disabilities receive the attention and tailored catechetical services that will enhance their faith lives. It is imperative that the Church address these needs as it seeks to enrich the parish experience for all its members.

The foundational basis for responding to these needs is a realization that each individual is a unique gift of God to the faith community, imposing responsibilities for nurturing and care that cannot be ignored or minimized. Recognizing each person as a unique gift, NCPD commits to the following:

- To increase awareness of the unique catechetical and academic needs of children and adults with disabilities within diocesan and parish communities;
- To identify and promote best practices that most effectively address such needs;

1 *National Directory for Catechesis*, Par. 49.

- To share success stories of parishes and Catholic educational institutions around the country, to demonstrate that progress in this area can be achieved without highly specialized knowledge, extensive training, and significant financial investment;

- To promote catechetical and academic instruction tailored to address unique learning needs through differentiated instruction and other appropriate modifications utilizing adaptation, innovation, and flexibility;

- To demonstrate that providing instruction through a variety of methodologies and delivery systems, rather than following one educational ideology or methodology, best serves the needs of all; and

- To advocate that people with disabilities and their families be included in the discussions and decision making to implement these programs and services.

Ultimately, what is essential is a commitment to one body, one baptism, one Church, and one God.

When persons with disabilities are excluded from catechetical and academic programs, a piece of the Body of Christ is missing. NCPD is committed to fulfill its mission to make the Body whole by ensuring that Catholics with disabilities receive the catechetical and academic instruction essential for their full and equal membership in the Church community.

Approved
NCPD Board of Directors
May 14, 2010

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NATIONAL CATHOLIC PARTNERSHIP ON DISABILITY
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www.ncpd.org

Called to Inclusion

As Catholic educators we are called to inclusion. This timeline outlines inclusion efforts promoted by the Church over the past six decades and outlines for us a call to action.



1965

Gravissimum Educationis promulgated by Pope Paul VI, "All children, in virtue of their dignity as human persons, have an inalienable right to education, adapted to their ability."

1978

NCCB issued a Pastoral Statement on the Inclusion of Persons with Disabilities calling "for a broader integration of persons with disabilities into the full life of the Church."

1982

Establishment of the National Catholic Partnership on Disability to implement the 1978 Pastoral Statement in parishes and dioceses throughout the United States.

1988

US Catholic Bishops reaffirm the 1978 Pastoral Statement "call to fully and actively participate in the sacramental life of the Church."



1995

Guidelines for the Celebration of the Sacraments for Persons with Disabilities provides guidance on "providing fuller access to the sacraments."

1998

USCCB Publication – A Welcome and Justice for Persons with Disabilities highlights "there can be no separate Church for persons with disabilities."

2004

Pope John Paul II – "…Integration must become an attitude and a culture…" Apostolic Letter for the 40th Anniversary of Spiritus et Spansa





2005

USCCB publication - National Directory of Catechesis as a Companion to the General Directory for Catechesis: "They [persons with disabilities] are not just the recipients of catechesis – they are also its agents" (par. 49).

2008

Pope Benedict XVI - "No child should be denied his or her right to an education in faith, which in turn nurtures the soul of a nation." Pope Benedict's Address to Catholic Educators at CUA

2015

Pope Francis – "…I called for inclusive education which makes room for everyone and avoids elitism in selecting the beneficiaries of its commitment." Pope Francis' Address to the Association of Catholic School Parents in Italy

2017

Seven Themes of Catholic Social Teaching @ www.USCCB.org

NCEA
National Catholic Educational Association

Philosophical Support for Educating Children with Special Needs in a Catholic School

While public school services and public laws (as well as private services available in the community) are important for parents and educators to understand, it is naïve to assume that simply copying such systems is best for children attending a Catholic school. Catholic schools must develop their own services, based on the needs of the children *in the Catholic school environment* and incorporating Catholic values such as respect for the dignity of the human person, and recognition of the parent as the primary educator of the child.

The services that Catholic schools offer to children with disabilities and/or special needs must maintain a **Catholic identity** *in order to be true to the vision of a Catholic education.*

For example, public law (IDEA 2004) requires offering students with identified disabilities an "appropriate" education. This does not necessarily mean the "best" education, nor does it mean that there is always only one way in which to offer an appropriate education. Catholic schools must keep this in mind as they plan for students with identified disabilities. Often, helping parents to understand their child's needs is the greatest service that Catholic schools can provide to a child.

Catholic schools will reserve the right to interpret and implement any materials/evaluations/ recommendations that are presented by the parent, whatever their source. The professionals at the Catholic school are in the best position to apply theoretical test results to the practical, everyday experience of the child in that particular school. It is not unusual for there to be some disagreement about what is in a child's best interest - schools must maintain their proper role of planning and implementing strategies for children, and not delegate this role to outside testers, evaluators, therapists, or tutors. While the information from such professionals outside of the school can be extremely valuable, it is only a part of what must be considered in order to provide the best services possible.

The opportunity to work with children with special needs offers the prospect of doing the ***work of*** **the Church** *in many far-reaching and important ways.*

By effectively intervening in the lives of children with special needs, teachers have the opportunity to support the Church's work in many important areas. This includes working with children who have disabilities as well as children who have different gifts. Examples include:

Emphasizing the dignity of the human person. Those among us who vary from what we consider to be typical are constant reminders that every human person, in all aspects, is loved by God and thus worthy of complete respect and welcome. All children have God-given talents and gifts that must be nurtured and encouraged if they are to flourish for the good of all of us.

Choosing the preferential option for the poor. Students with any disability, including mild learning disabilities, are statistically less likely to graduate from high school, and subsequently to earn substantially less than their adult peers. (For example, one study indicated that adults with learning disabilities earn as little as 58 cents for every dollar that their peers earn.) Other disabling conditions can cause problems with finding accessible and affordable housing, reliable transportation, or other basic necessities of adult life. The best defense against these issues is a good education leading to secure employment.

Working for justice. Children with disabilities are much more likely to be denied employment as adults, and to experience social isolation. Access to education is a key component to preventing these outcomes.

Seeking peace. Children with disabilities are statistically at higher risk for experiencing violence and abuse; they are in greater need of being included in a loving and supportive community.

Supporting adoption. Children who are adopted are statistically more likely to be identified as having a disability than their peers who are not adopted. (The specific reasons for this are not clear from current research.) Families who adopt deserve the opportunity to have their children attend Catholic school as a concrete sign of our community's support of their decision to adopt.

Effectively working with children with special needs involves accepting them as complete, not incomplete, individuals. They are complete unto themselves, as God has created them and has allowed them to develop. While everyone is naturally moved by the perceived suffering of any child, we must be careful that we do not cause suffering due to any implication that a child is deficient or undesirable. We also must be careful not to assume that circumstances we believe to be burdensome are in fact burdensome to another individual. As a Eucharistic people who believe in an incarnate God, Catholics must strive to fully live the reality that God is present to us in all people, regardless of our imperfect perception of a person's abilities or deficits.

Children with disabilities and exceptionalities have important and unique contributions to make to the welfare of learning communities. Including them in the life of the school is not a matter of pity, but rather a matter of **respect**.

Ministry to children with special needs involves ministry to the ***entire*** **family**, *including the child, the child's parents, and the child's siblings.*

Parenting a child with special needs can involve significant stress, and can carry a significant financial burden. Parents of children with disabilities often must spend more time teaching and supervising their children, as compared to siblings or same-age peers. The simple fact of having all of one's children in the same school can be a real blessing to parents who already may be stressed. Beyond this, parents are seeking community support for their child. Parents of children with disabilities have often encountered tremendous rejection and suffering, perhaps even in regard to their decision to parent the child. Siblings of children with disabilities are often overlooked as being in need of community support. By welcoming all members of a family to a school, schools are providing an important service to all family members, and are helping the family to function more effectively as a unit.

While it is true that there are real costs to this work, the evidence of Catholic schools across the country has clearly established that educating children with disabilities is an achievable goal. Those members of the community who have had little experience with people with disabilities may feel an initial reluctance to take on this work, or believe that it is impossible. Those who have not had experience with students who are highly gifted, or exceptional in some other way, may feel that it is not the school's responsibility to support and welcome the highly unique child. Because our schools have continually improved their services, we now have the evidence not only of our faith, but also of countless success stories to show that such work is not only desirable, but also possible.

The ***greatest*** **barriers** *to effectively working with children with special needs in the Catholic school are* **ignorance** *and* **fear**.

All members of the community must strive to ***speak*** **gently** ***and*** **humbly** *about the special needs of children with exceptionalities, despite the emotions that such conversations can arouse.*

The stress of parenting a child who has been injured by an illness; the stress of spending a long school day with a child who is poorly behaved; the stress of the perception that an atypical classmate is getting "all the attention" - these are just a few of the experiences that can tempt anyone involved in Catholic schools to speak stridently about exactly "what needs to be done" to educate a child with a special need. As with all matters, it is important to realize that there is rarely one "best" answer, and that disagreement does not mean disinterest.

Developing a clear, professional process for observing and responding to the special needs of children within the school is a responsibility of every Catholic school. This will ensure that the energies of teachers and parents to help children are directed as effectively as possible, and will save precious time when determining a child's needs. It is important to acknowledge that even with the best of efforts and intentions, some conditions take a long time, if ever, to identify completely or resolve.

Discerning the appropriate educational response for children with special needs can be a time-consuming, lengthy, and labor-intensive process. **Patience** ***and*** **efficiency** *are of prime importance.*

Humility demands that we also acknowledge that failure to succeed in school is sometimes the fault of the educational system, not the child. Yes, it is crucial to identify the child who may need special interventions as early as possible so that they do not become overwhelmed by failure or miss opportunities at critical times. But it is equally as crucial to accept that academic, behavioral, and social problems can grow out of educational approaches that are tolerant of differences, lacking in developmental foundation, and too eager to see dysfunction in anything that is atypical. Therefore, the process described in this manual is not only to help students who do have identifiable conditions, but also to help teachers grow in the pedagogical skills so that the broadest range of students can succeed.

A child's failure to succeed in school is ***sometimes the fault of the school*** *or the educational system.*

Children with exceptionalities comprise a very wide and diverse group. Even children with the "same" diagnosis, condition, or situation may present with very different needs. Each child must be considered as an individual. This, although time-consuming, is an extremely important and valuable process.

Those who speak on behalf of the children within the school who do not appear to have special needs at the present time deserve a voice, and must not be accused of being opposed to the children with identified disabilities or exceptionalities, or to their families. Honest dialogue is important in order to be sure that legitimate concerns are addressed, erroneous assumptions are corrected, and balance is achieved in terms of striving to meet the needs of all children as much

It is appropriate to ***weigh the needs of all children*** *in a school community when making educational decisions, including the real needs of children without exceptionalities.*

There are a plethora of materials, "remedies," approaches, strategies, and interventions for every known disability or educational need. Some of these have been carefully and clearly researched, with publication in peer-reviewed journals, while others have been developed simply to make their creators wealthy or famous. Still others are put forward by well-meaning individuals, but have not been substantiated by experimental design. What is trendy or fashionable, or receives the most advertising, is not necessarily what is effective. Sometimes, even "common sense" approaches are actually not in a child's best interest when looked at from a developmental perspective. Parents, as well as teachers, who are naturally eager to help a child succeed can easily fall victim to approaches that do not have any research basis to their existence. The time lost to such endeavors, as well as the money spent and the hopes that are dashed, is considerable.

__Approaches, strategies,__ or __interventions__ used with all children - but particularly with those who have specific weaknesses or disabilities - should be __research-based__ insofar as such research exists.

It is important to give primary consideration to the *research* surrounding any intervention, material, or strategy used. If no research exists, it is vital to consider whether there is a conflict of interest inherent in the recommendation (i.e., is this approach being marketed by a high-powered company that wants to make money?); or, if there is any potential risk to the child. *Schools can play an important role in gently helping parents be wary of quick fixes by continually encouraging them to read information from nationally recognized organizations that promote research.*

There is no mystery to special education - it involves good teaching practices that will be beneficial to most children, and essential for some. There are certainly specific behavioral or instructional techniques that may not be readily known by the typical classroom teacher, but these can be taught and modeled. Once one has learned to look at skills behaviorally and from a development perspective, it is possible to use this knowledge to improve the education of all children, not just children with special needs. It is not surprising that schools which make a commitment to work with children with exceptionalities find that the overall academic standing of their school *improves* rather than declines. Good teaching is good teaching—period.

Working effectively with children with special needs is a __professional skill__ - just like any other - __that can be taught to educators__ given sufficient good will and time.

Section 2: Categories of Disability under IDEA 2004 and Resources

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"For as in one body we have *many parts*, and all the parts do not have the same function, so we, though **many**, are **one body in Christ** and individually parts of one another."

- Romans 12:4-6

There are two laws that relate to children with special needs in American schools. The first, the Rehabilitation Act of 1973, was passed to ensure that public schools make reasonable accommodations for children with health problems or other disabling conditions. This law did not require that a child receive any particular services – it simply requires that the child be accommodated. If the child cannot be accommodated under this law, then very likely the child needs more than just accommodations, and therefore will qualify as having a disability under the second law, IDEA 2004, discussed next.

In 1975, public law 94-142 was passed, mandating that all public schools in America must offer a free and appropriate public education (FAPE) to all children. This was an historic occasion, which more than thirty-five years later has culminated in a clear understanding among the general population that ***all*** children deserve an education.

However, in order to accomplish this mission, the original law (reauthorized in 1997 and 2004, and now referred to as **IDEA 2004** or **IDEIA 2004** – **Individuals with Disabilities Education *Improvement* Act**), postulated 13 categories of disabling conditions. These disabilities were defined, and *children who met the legal criteria for the definition of a disability were able to obtain special services in school.*

Please note: A child may meet the criteria for more than one condition, disability, or special need at a time.

A great many problems, in addition to the obvious benefits, have come from this system. While such categorization is probably necessary in a public system in order to clarify who will receive what can be very expensive services, *there is no necessity for a Catholic school system to adopt this rigid, "categorical" thinking.* Interestingly, the reauthorization of IDEA in 2004 contains language that begins to reject the idea of categorization by encouraging schools to implement a tiered Re-sponse to Interventions" or "RTI" approach, which would be offered to all children who are struggling without requiring an initial "diagnosis."

In addition, over time it has become customary to differentiate between children who receive special services under IDEA 2004 and children who receive only accommodations under section 504 of the Rehabilitation Act of 1973. Children who receive services under IDEA 2004 are given a written plan called an Individual Education Program (IEP) if they attend public school. Children who receive accommodations only are given a 504 plan if they receive accommodations under the Rehabilitation Act of 1973. While we do not have to provide services outlined on an IEP, we should familiarize ourselves with the information they can provide us, as we work to serve students.

It is important to remember that individuals in the general public (and parents in particular) have at least a cursory understanding of these two laws and their application in public schools. Therefore, Catholic school educators need to understand them as well.

Unfortunately, the very vocabulary we use, the way many of us were trained, the written information that we receive from LEAs (Local Educational Agencies, i.e., the local public school system), and the way information is organized for professional distribution can all conspire to reinforce thinking of children as fitting into certain categories as well as qualifying for services or accommodations. This is unfortunate as well as unnecessary. Furthermore, it tends to limit our creativity in responding to the real needs of real children within our schools. Catholic schools will do well, ***as an integral part of our Catholic identity***, to reject such categorical thinking.

On the other hand, it is important to clarify why children receive accommodations and/or services, and to design structures for delivering these that are equitable and educationally sound. In addition, it is important that the procedures which a school uses fit well with the practices of other outside agencies, such as the College Boards, so that parents (and older students) can understand commonly used terminology and obtain needed documentation.

Also, it is useful to identify syndromes, conditions, disorders, delays, etc. common to many children so as to have a precise professional vocabulary. This enables research to be clearly understood and research results to be effectively implemented. Therefore, it makes sense to speak of a "Specific Learning Disability," "Dyslexia," or "Attention Deficit Hyperactivity Disorder – Inattentive Type" in a professional context. It does *not* make much sense to call a child "Learning Disabled," because a professional who hears a child referred to as learning disabled still knows very little about the child or his needs. A non-professional (such as a parent, sibling, or classmate) who hears the child referred to in this way can only be hurt or reminded of negative stereotypes that do nothing to improve a child's education.

It is useful to identify syndromes, conditions, disorders, delays, etc...so as to have a precise professional vocabulary.

There is significant disagreement in the professional community about exactly what constitutes a disabling condition, particularly in regard to such conditions as learning disabilities, reading disorders, and problems with regulating attention. IDEA 2004 has codified a definition for 13 categories, but that does not mean all professionals agree with those definitions or the standards for them. Because many children in Catholic schools will have been tested - and perhaps diagnosed - by their LEA, it is necessary to refer to the IDEA 2004 system for categorization described in this manual. **It is also important to note that the LEA will provide Eligibility Codes for services, while those in the medical profession will provide a diagnosis.**

There is often newer terminology (other than that which is used in IDEA 2004) which may be more acceptable to some parents. *This suggested terminology is given next to the IDEA 2004 term.*

The resources mentioned throughout this manual include research-based non-profit organizations with national reputations for disseminating information on particular disabling conditions. Due to the nature of various disabilities, as well as the scientific knowledge available, recommendations may change as new discoveries are made. ***Parents and educators are strongly advised to use the resource information provided in this manual as a springboard for discussion with appropriate professionals.*** General information from a national organization cannot be construed as being appropriate for every child, or every circumstance.

All educators are *strongly* encouraged to use the terms **"learning difference"** or **"learning need,"** or **"learning goals"** whenever possible, and to avoid terms that refer to disabling conditions except when it is necessary to do so for educational clarity. For example, *"Due to John's specific learning need, he receives 50% extra time on all of his written assessments*" conveys the same educational information as *"Due to John's learning disability, he receives 50% extra time on all of his written assessments."* The first sentence is preferred because it encourages listeners to focus on John's needs. It helps John understand that extra time is something he needs in order to demonstrate what he knows, just as he may need glasses, a hearing aid, etc. It avoids terms that have come to have multiple meanings outside of a professional context. Such terms as "learning disability," "hyperactivity," "reading disorder," "dyslexia," etc. are often used imprecisely by non-professionals, and this poor usage contributes to many misunderstandings.

All educators are strongly encouraged to use the terms ***learning difference*** or ***learning need*** whenever possible.

However, it would be appropriate, in the context of a private meeting with parents, for a professional such as a special educator or school psychologist to clarify that John meets the criteria for having a "Written Output Disorder," and that his parents would be well-advised to read more about this condition.

People First Language

People First Language is a respectful, objective way of speaking about people with disabilities. It emphasizes the person first. It acknowledges the person has a disability and it recognizes that the person is **not** the disability. Some groups and individuals do not prefer people-first language as it conflicts with their identity. Overall, avoid labels. Describe behaviors and specific challenges using explicit language. General examples of People First Language are listed below.

Say This	Not This
Child with a learning difference	Handicapped child or disabled; slow; low achieving kid, lazy
People without disabilities	Normal, healthy, whole, or typical
She uses a wheelchair	Confined or restricted to a wheelchair; wheelchair bound
Person with a physical disability	Crippled, lame, deformed, invalid, spastic
Person with an intellectual, cognitive, developmental disability	Retarded; mentally defective
He has epilepsy	Epileptic
Child with autism	The autistic
Person unable to speak	Dumb, mute
Student has a learning disability	Learning disabled
Person with an emotional or behavioral disability	Crazy, insane, psycho, mentally ill, emotionally disturbed, demented

The Categories of Disability under IDEA 2004 have their place, but *in Catholic schools it* ***must be a limited*** **and** ***well-defined place.***

Categories of Disability Under IDEA 2004

Autism

Deaf-Blindness

Emotional Disturbance

Deafness

Hearing Impairment

Intellectual Disability

Multiple Disabilities

Orthopedic Impairment

Other Health Impairment (includes ADHD)

Specific Learning Disability

Speech or Language Impairment

Traumatic Brain Injury (TBI)

Visual Impairment (includes Blindness)

1. Autism

"…means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects educational performance." (*NICHCY General Resources: General Information on Disabilities*)

Schools may find that students who have a diagnosis of "Asperger's Syndrome" or "Pervasive Developmental Disorder - Not Otherwise Specified" (PDD-NOS) from their physicians will be served under the label of Autism.

The Diagnostic and Statistic Manual V (DSM-V) no longer lists Asperger's Syndrome and PDD-NOS as diagnostic categories. Instead, students are diagnosed with the coding for "autism spectrum disorder".

Resources on Autism:

- Autism Society of America – www.autism-society.org
- Autism Speaks - www.autismspeaks.org/
- Asperger Syndrome OASIS – www.aspergersyndrome.org
- Maryland Autism Waiver - http://marylandpublicschools.org/programs/Pages/Special-Education/autismfactsheet.aspx

(Families should contact the Autism Waiver Registry at 866-417-3480 to be eligible to apply to the Autism Waiver when a vacancy occurs. The Registry is a list of individuals interested in Waiver services.)

2. Deaf-Blindness

"…means concomitant (simultaneous) hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness."

Resources on Deaf-Blindness:

- American Speech-Language-Hearing Association – www.asha.org
- National Center on Deaf-Blindness— www.nationaldb.org
- National Coalition of Auditory Processing Disorders – www.ncapd.org
- National Institute on Deafness and Other Communication Disorders– www.nidcd.nih.gov
- Xavier Society for the Blind— www.xaviersocietyfortheblind.org

3. Emotional Disturbance

"…means a condition exhibiting one or more of the…characteristics [listed below] over a long period of time and to a marked degree that adversely affects a child's educational performance."

- An inability to learn that cannot be explained by intellectual, sensory, or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems

This term includes schizophrenia. There are many childhood conditions that may be included under the umbrella category of "Emotional Disturbance." These include, but are not limited to: anxiety disorder, bi-polar disorder, depression, dysthymia, obsessive-compulsive disorders, oppositional defiant disorders, and phobic disorders.

Children receive a label of "emotionally disturbed" when and if one of the above conditions significantly adversely affects a child's academic performance. Note that many of the above conditions can occur in conjunction with other disorders or conditions.

The term "Emotionally Disturbed" should be used ONLY when speaking of the legal definition. The term "Behavior Disorder" is now the preferred professional term under all other circumstances. A teacher would do best to use whatever term is used by the child's parents to describe the condition.

Resources on Emotional Disturbance:

- Anxiety Disorders Association of America – www.adaa.org
- The Balanced Mind Parent Network - www.thebalancedmind.org
- Depression and Bipolar Support Alliance – www.dbsalliance.org
- Federation of Families for Children's Mental Health – www.ffcmh.org
- National Alliance on Mental Illness www.nami.org
- Mental Health America – www.nmha.org
- International OCD Foundation – www.ocfoundation.org

4. Deafness and 5. Hearing Impairment

"*Deafness* means a hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification that *[sic]* adversely affects a child's educational performance."

"*Hearing Impairment* means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of deafness."

To the professional, and under this law, children who are "Deaf" and children who are "Hearing Impaired" have very different circumstances and needs. However, the two are discussed together here because those unfamiliar with these conditions tend to use the terms interchangeably. It is important that teachers of children with any degree of hearing loss learn to use the correct terminology.

To understand the differences between the needs of children who are Deaf and who are Hearing Impaired, it is important to focus on several features. These are:

- Deafness indicates a more significant hearing loss than Hearing Impairment.
- Amplification (use of aids or other devices) may be of significant benefit *linguistically* to a child who has a Hearing Impairment. Some children who are Deaf may also use aids, but the purpose is more to make use of some sounds in the environment but not speech. There is a direct relationship between the severity of a child's hearing loss and his/her ability to easily acquire speech
- Because of the phonemic nature of written English, children with any degree of hearing loss often find the acquisition of reading skills to be difficult. The degree of difficulty increases with the level of hearing loss.
- Children who have a Hearing Impairment will be able to use speech as their typical method of communication. Children who are Deaf will not be able to use speech as their typical method of communication *unless there are special plans made for them by their parents to do so.*

Information on Deafness:

- The Washington, DC area has the largest percentage of deaf individuals in the country. This is due to the presence of Gallaudet University and the federal government, which employs many deaf individuals. Many deaf adults have children who are hearing. A teacher's first introduction to the deaf community may be when meeting the deaf parent of a hearing child enrolled in the school. (Note: Hearing children who have deaf parents are referred to as "KODA" kids – Kids of Deaf Adults. They usually have special educational needs of their own, particularly when they are first becoming familiar with the typical school environment while in pre-school or kindergarten.)

  Teachers should know that interpreting services for deaf parents and support for KODA students is available by contacting the Catholic Schools Office (Special Education). It is particularly important that deaf parents be offered the courtesy of interpreting services for all typical events such as parent-teacher meetings, school plays and concerts, Home and School meetings, etc.

- Most deaf children are born to hearing parents. Parents will have to make a decision about the communication system(s) that their child will use. Most deaf adults feel strongly that deaf children should have the opportunity to learn and use American Sign Language (ASL) as their primary language. However, some hearing parents may choose an Oral approach for their child, meaning that the child will learn to speak and lip read using an intensive process over the course of many years.

- In recent years, some children who are Deaf have become candidates for a particular surgery – Cochlear Implant Surgery. By having a surgical implant, a child's cochlear nerve can be stimulated by sound vibrations. *This is **not** the same as the sensations that those who are hearing experience.* However, Cochlear Implants do allow some children to find sound a useful sensory option for acquiring speech. The success of surgery depends on many factors, including the age at which the child receives the surgery. Most professionals (and many parents) will still refer to their child as Deaf, even post-surgically.

- In 1993, a limited decision by the US Supreme Court [*Zobrest v. Catalina Foothills School District,* 509 U.S. 1 (1993)] stated that public school systems *must* pay for an ASL interpreter in the classroom for children who attend Catholic school.

Information on Hearing Impairment:

- Note that this category includes children whose hearing loss fluctuates, perhaps due to fluid in the ears. Teachers are reminded to always have children referred for a routine hearing screening if inattention is observed. Also refer children who suddenly begin to speak more loudly, consistently have the volume increased on the TV and other devices, or who routinely ask speakers to repeat what they have said.

- Children with Hearing Impairments often use aids or other devices. They also will benefit greatly from speech and language therapy which may be available from the local public school system, even when the child is enrolled in a Catholic school.

Resources on Deafness and Hearing Impairment:

- American Speech-Language-Hearing Association (ASHA) – www.asha.org
- National Institute on Deafness and other Communication Disorders (NIDCD) – www.nidcd.nih.gov.
- International Catholic Deaf Association - www.icda-us.org

6. Intellectual Disability

"…means significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance."

Children with intellectual disabilities experience a wide range of functioning abilities as well as disabilities. (Note: Some parents and professionals prefer the term "developmental disability." However, "intellectual disability" is the terminology used in IDEA 2004.

Intellectual disabilities can be caused by a genetic disorder, as in the case of Down Syndrome or Fragile X, or by a trauma during the birth process or in early infancy.

Children who have problems with cognitive functioning due to an accident or illness at later stages of childhood are usually coded (found to be eligible for services by the LEA) under the category of "Traumatic Brain Injury," not "Intellectual Disability."

Resources on Intellectual Disability:

- University Center for Excellence in Disabilities - www.temple.edu/instituteondisabilities
- National Association for Down Syndrome - www.nads.org
- National Down Syndrome Congress - www.ndsccenter.org
- National Down Syndrome Society - www.ndss.org
- The Arc of Maryland, The Arc of DC http://www.thearcmd.org/find-a-chapter/; https://arcdc.net/
- The National Fragile X Foundation - www.fragilex.org
- The LeJeune Foundation USA - www.lejeuneusa.org
- American Association on Intellectual and Developmental Disabilities - www.aaidd.org

7. Multiple Disabilities

"…means concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness."

This category is used as an acknowledgement that children can have two or more disabling conditions at the same time. The impact of two conditions can be greater than the sum of its parts, and requires very specialized planning.

Recommended Resources on Multiple Disabilities:

- Parents and educators should be able to get basic information by referring to the appropriate individual categories discussed in this manual and contacting national organizations. For example, The Arc of the United States would be able to provide information on individuals who have an intellectual disability and also have a sensory impairment, such as blindness.

8. Orthopedic Impairment

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

Children with orthopedic impairments often need to have the following considered:

- Does the child tire easily? How can this be accommodated?
- Is this child mobile? How will s/he be evacuated in an emergency?
- Can the PE curriculum be adapted for maximum participation?
- Are there adaptations that should be made to the typical activities at recess?
- Does the child require a special desk, or other orthopedic supports?

Children whose orthopedic impairments result from trauma (such as a fire or car accident) or serious illness may benefit from emotional support via group or individual counseling.

Resources on Orthopedic Impairment:

- United Cerebral Palsy— www.ucp.org
- Orthopedic Impairments: Project Ideal http://www.projectidealonline.org/v/orthopedic-impairments/

9. Other Health Impairment

Includes ADHD

"…means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that

(i) is due to a chronic or acute health problem such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(ii) adversely affects a child's educational performance.

This is a large category that incorporates a variety of disparate conditions that do not have much in common with one another. The law is organized this way because some children who have chronic or acute health problems do not find that their health issues impact their schooling, while others do.

It is important for Catholic school educators to note that this is the category under which children with Attention Deficit Hyperactivity Disorder (ADHD) are diagnosed and provided with services in the public school. Simply because a child has ADHD does not qualify the child for services under IDEA 2004 – there must be a specific impact on the child's education. Some children with ADHD respond very well to medication and so their ADHD does not appear to affect them in the classroom. Others, with mild inattention or hyperactivity, may still perform well in a classroom that happens to have a structured teaching environment with excellent use of "hands-on" methods.

Resources on ADHD:

- Attention Deficit Disorder Association – www.add.org
- Children and Adults with Attention Deficit / Hyperactivity Disorder – www.chadd.org
- Understood - https://www.understood.org/en

Resource on Epilepsy:

- Epilepsy Foundation – www.epilepsyfoundation.org

Resource on Tourette Syndrome (TS)

- Tourette Association of America - https://tourette.org/

Resource on Other Health Impairments (OHI)

- National Institutes of Health website for information –www.nih.gov.

10. Specific Learning Disability

"...means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage."

While learning disabilities do often occur in the area of language and reading, it is important for educators to understand that a specific learning disability can exist in the area of mathematics as well. Currently, there is disagreement among various professionals as to whether in some cases a reading disorder constitutes a learning disability or is the symptom of poor reading instruction. However, for the purposes of finding professional information, those organizations that work with children with reading disorders are listed below.

Learning disabilities can occur in children of average, above-average, or superior intelligence. Since one primary indicator that a learning disability is present is the lack of academic progress in one or more subject or skill areas, learning disabilities are usually not diagnosed until children are school-age. Classroom teachers have a primary responsibility to understand their role of observing children and referring them for possible evaluation.

Resources on Specific Learning Disabilities:

- All Kinds of Minds – www.allkindsofminds.org
- LD Online – www.ldonline.org
- Learning Disabilities Association of America – www.ldaamerica.org
- National Coalition of Auditory Processing Disorders -www.ncapd.org
- National Center for Learning Disabilities – www.ncld.org
- The International Dyslexia Association – https://dyslexiaida.org/



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

This category of disability represents the largest number of children served under IDEA 2004 in the United States. Parents and educators should be careful to distinguish between children who have *articulation problems,* indicating a difficulty with pronunciation, and children who have *language issues,* which involve significant difficulty with processing speech and/or expressing oneself effectively using language. *Language problems* may be indicative of a more significant problem such as a specific learning disability. Children who do not progress in the reading process despite speech and language therapy should be watched carefully for a possible learning disability or reading disorder. **Not all students whose speech sounds different will have a Speech and Language Impairment. It is important to take into account the developmental age of the child and remember that different languages have different dialects.**

Resources on Speech or Language Impairment:

- The American Speech-Language-Hearing Association - www.asha.org
- The National Institutes of Health – www.nih.gov
- The Stuttering Foundation – www.stutteringhelp.org (*This organization has an excellent online video for teachers on how to help children who stutter feel more comfortable in the classroom.*)

12. Traumatic Brain Injury (TBI)

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

This category is used to provide services for children who were developing within normal expectations, and then suffered a trauma to the brain, perhaps because of a car accident, a fall from a tree, or other such event.

Children with Traumatic Brain Injury (TBI) need careful observation and intervention. First, the nature of this disability can cause other emotional issues for the child and his/her family which require specific intervention. Secondly, the nature of the injury and the part of the brain affected will determine the child's functioning level; this can be very unique and difficult to determine. Thirdly, although children with TBI can *look* like children with a specific learning disability in terms of their school performance, methods that may be appropriate for children with LD have not necessarily proven effective for children with TBI. Finally, the brain is an organ that recovers slowly from injury, and thus a child's initial functioning after an accident may substantially improve over time.

Resources on Traumatic Brain Injury:

- Brainline – www.brainline.org
- Traumatic Brain Injury & Concussion - www.cdc.gov/traumaticbraininjury
- Brain Injury Association of America - www.biausa.org

13. Visual Impairment Including Blindness

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

This category covers a very wide range of functioning. Children with partial sight may be able to perform in the regular classroom quite easily, as long as they have the support of specific technology to greatly magnify their textbooks, and material presented on the board or overhead. Children who are blind, however, will need alternative methods of instruction. Due to the existence of e-books, advances in scanning technology, text-to-speech programs, and dictation software, educators differ as to whether it is still necessary for children who are blind to learn Braille for complete literacy development. However, research supports the fact that children who learn Braille reach a higher level of literacy than children who do not. Children with little or no vision will also need mobility training.

Resources on Visual Impairment:

- American Foundation for the Blind – www.afb.org
- Columbia Lighthouse for the Blind - www.clb.org
- American Council of the Blind - www.acb.org

Section 3: Meeting a Child's Needs

In this section:

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Response to Intervention (RtI) 42

Understanding the Differences between IDEA 2004 and Section 504 46

Understanding the Difference between IEPs and ISPs 50

Meeting the Needs of All Students 51
(Frameworks and strategies for every school and classroom)

"When children are ***loved***, they live off TRUST;

their bides and *hearts* open up

to those who ***respect*** and *love* them,

who **Understand** and **Listen** to them."

— Jean Vanier, *Becoming Human*

1. Child begins to have a problem at school.

Action: Teacher observes problem and tries simple in-class interventions.

Is the problem resolved?

YES

2a. No other action is needed at this time.

NO

Action: **2b.** The problem persists. Teacher documents the academic or behavioral concern. (*See possible documentation options in the Forms section of this manual (Section 7*)

Is the problem resolved?

YES

3a. Resolution may be temporary; teacher should carefully save documentation.

NO

Action: **3b.** The problem persists. The child's parent(s) are contacted at this time. Parents are asked to provide simple, in-home solutions. Timeline is set to review progress. Teacher continues to document.

Is the problem resolved?

YES

4a. Resolution may be temporary; teacher should carefully save documentation.

NO

Action: **4b.** The problem persists. Using a team approach, the school arranges for more sophisticated, pre-referral interventions to be tried. Depending on the issue and child's age, these may include:

- Review by Student Assistance Team
- Providing more in-class support (RtI, re-grouping, support from other staff, etc.)
- Observation by grade partner, resource teacher, counselor, psychologist, or principal (see SAT Form No. 10 in Sec. 7)
- Information is given to parent, such as reading list, website sources, etc. regarding interventions for home
- Peer tutoring
- Homework assistance
- Organizational help
- Specialized homework to build skills
- Basic physical, vision and hearing check to ensure child is well

Is the problem resolved? (*continue to next page*)

Overview of Process for Meeting a Child's Special Needs

Regardless of what special need a child has, it is possible to describe one specific process for arriving at a plan for meeting that need. This graphic organizer gives an overview of the process.

YES

5a. Problem is resolved—perhaps temporarily—due to limited interventions. If these need to continue for any length of time, serious consideration should be given to referring the child for evaluation.

NO

Action: 5b. Plan to refer the child for an evaluation (see guidelines and details in Section 5 of this manual). Clearly explain assessment options to parents.

If parents need more information to make a decision, refer them to their pediatrician for a second opinion. Be sure parents provide the pediatrician with teacher documentation (see forms in Section 7 of this manual).

Does the parent accept the need for a referral?

YES

Action: 6a. The teacher documents and:

- Completes referral forms for LEA or private examiner. If parents object to this, document. Be sure parents are aware the results may be affected without input from the school.
- Inquires with parent and examiner regarding when results will be available and how the school team will get copy of the evaluation (will parents provide to school, or will a copy be sent directly to the school by the examiner?).
- Provides parents with suggested questions to ask examiner.

Reminder: Parental permission is necessary to release information

- Use ADW Form 19: Release of Student Information
- Some LEAs offer their own release forms that must be filled out

NO

Action: 6b. The teacher documents the parent decision and reason, and:

- Sets timeline to re-visit
- Listens carefully to parent concerns (e.g. cost, stigma, implication)
- Asks parent to read information on consequences of delaying early intervention
- Ensures parents understand that limited interventions (see 5b above) cannot continue without assessment.

No further action is taken at this time.

What happens when the results of an evaluation are received?

Please continue ...

The Results Arrive

Scenario No. 1

Does the child appear to have a special need or disability?

NO

7a. No specific special need or disability is found.

- Be sure that this is what the assessment actually says. (Be careful to distinguish among "special needs," "meeting the criteria for disability," and "qualifying for services.")
- Make sure assessment was comprehensive.
- Review possible conditions that may have been missed.
- Find another professional to read the report and give a second

8a. If there is truly no special need or disability, develop a theory as to why the child was referred. This will reduce needless referrals in the future.

Possibilities:

Inexperienced classroom teacher?

Cultural differences?

9a. Possibility of error exists.

Explain this to the parent at a documented meeting. Be sure to clarify why there is suspicion of error, such as:

Incomplete testing?

Inappropriate test circumstances (e.g., child was ill, tested without regular

End
Scenario No. 1

The Results Arrive

Scenario No. 2

Does the child appear to have a special need or disability?

YES

Action: 9. Review Assessment/Evaluation and Clarify:

- Does the report seem comprehensive and accurate?
- Does the diagnosis seem consistent with the school's experience of the child?
- Do the recommendations seem reasonable and in keeping with the primary diagnosis? (If not, ask parents for permission to contact the evaluator and attempt to clarify.)

Action: 10. Meet with parents to discuss assessments. Review items in No. 9 with parents.

RESERVE THE RIGHT TO IMPLEMENT THOSE RECOMMENDATIONS WITH WHICH THE SCHOOL AGREES, AND IS IN A POSITION TO PROVIDE.
Try to think creatively—would another option be available?

Action: 11. Be sure parents are aware of their home responsibilities that will make any plan that is developed a success. Refer parents to appropriate professional organization for their child's need. (See Resources referred to in Section 2 of this manual.)

Action: 12. The child needs accommodations. These are changes to the environment, such as preferential seating or use of technology, and do not involve special instruction, changes in curriculum, or major changes in assessment.

Action: 13. The child needs Interventions and/or modifications, as well as accommodations. Interventions include special instructional techniques. Modifications include changes to the curriculum.

Action: Develop CAP (Catholic Accommodation Plan—similar to a 504 Plan) or ICEP (Individualized Catholic Education Plan) with parent input.

End Scenario No. 2

Response to Intervention (RtI)



Response to intervention (RTI) integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavioral problems. With RTI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities or other disabilities.

"Response to Intervention" (abbreviated "RTI" or "RtI") describes a way of thinking about why some children struggle in school and what can be done about it. It is not one specific "approach" or "method", but rather a philosophy and a way of organizing instruction, support, and accommodations to make the best use of resources. Understanding RtI at a basic level will help teachers collect the information that will be needed should a child be referred for evaluation. You may hear interventions classified as Multi-Tiered System of Supports, as that has become an overarching term for interventions. RtI is included in the MTSS.

RtI developed from the following beliefs:

- Early intervention is extremely beneficial for resolving many school problems. Waiting for a situation to "magically" resolve itself or for a child to "outgrow" a problem that research suggests they will not outgrow is counterproductive.
- Observing how a child responds to certain research-based interventions or teaching techniques is a valid assessment in and of itself. (For example: John does not make sufficient progress in reading despite having excellent instruction. John is then taught using a specialized reading approach that research shows is very effective with children who have dyslexia; John's reading skills improve rapidly. It is therefore logical to conclude that John may be dyslexic.)
- Some learning conditions previously considered "permanent" have now been found to be transient and open to amelioration. This is particularly true of reading disorders. Children who struggle to learn to read *may* be able to avoid developing a "reading disorder" if they are given proper instructional support when they first begin to struggle.
- "The Categories of Disability" that are included in IDEA 2004 do not adequately describe all children who struggle in school. Using an approach that is open to all children, one that does not require the child to be "labeled" or fall significantly behind before help is offered, just makes good educational sense.

RtI is important to Catholic Schools for two major reasons:

1

Measuring how a child responds to interventions is now a legal method for identifying a learning disability. Children no longer need to necessarily have the cognitive and achievement testing previously required to confirm a diagnosis of a learning disability. This means that some of the children that are referred to an LEA for "diagnosis" of a learning disability may not be tested as they were in the past.

2

LEAs are accustomed to receiving information describing how children have responded to intervention. Simply put, they want to know exactly what has or has not been done for the child up until this point. They want to know that the approaches, techniques, interventions, and methods used are *research-based.* When a Catholic school refers a child to their public school system to see whether the child has a disability with educational impact, that public school is likely to require specific documentation of the student's response to intervention. Thus, a principal or teacher who is working with a child that struggles must keep "RtI" in the back of his or her mind.

Eventually, if that child is referred to the public school, detailed information regarding interventions and results will need to be submitted. (See Catholic Intervention Plan in Section 7.) Systems should be in place at the school to keep accurate records that include the following information:

Q

"*Specifically* what research-based interventions have been offered to this child has for his learning or behavior problem?"

A

***Poor Answer**:* "He has been pulled out of reading for individual instruction twice a week."

***Good Answer**:* "He has had individual instruction provided by the resource teacher."

***Best Answer**:* "He has had individual instruction provided by the reading specialist using *Read Naturally*, a research-based approach.

What distinguishes better answers is their specificity. What training does the person who works with this child have? How do you know an intervention is research-based? (This information should be available from the LEA where your school is located. For more information, also contact the CSO (Special Education)

Q

"How long have these interventions been applied?"

A

Poor Answer: "Since he started in my class"; "For several grades"; "For a long time."

Good Answer: "Daily, since October."

Best Answer: "For 45 minutes per day since October. The child was absent only two school days during that time."

Every LEA is going to expect that children have had a specific intervention for *at least* six weeks before it is determined whether the intervention is successful or not. This assumes that the child was in attendance during those six weeks, that there were no school holidays or vacations during that time, and that instruction was not missed due to assemblies, field trips, band practice, etc.

Q

"How did the child respond to these interventions?"

A

Poor Answer: "He didn't respond well"; "She could not do it"; "He wouldn't cooperate."

Good Answer: "She participated well but did not make adequate progress" or He has learned to skip count, but is still struggling with math facts."

Best Answer: "As you can see from the attached (work sample, data collection chart, etc.), it has taken her six months to make three months' progress despite intensive interventions, regular attendance, and good participation."

You must compile *specific* and *detailed* information. An excellent observation, done at a time when the child was receiving the intervention, will be crucial. Work samples (spaced several weeks apart) that show lack of progress in the particular area should be available. Furthermore, a classroom teacher, present at meetings, must be able to describe how the child responded using measurable, professional terms.

Summary of RtI

Response to Intervention (RtI) is based upon levels of support called tiers. It begins with universal screening of all students. See page 59 for a diagram explaining the 3 tiers.

For More Information:

Intervention Central

https://www.interventioncentral.org/

Resources for academic and behavioral interventions.

Wright's Law

www.wrightslaw.com

Wright's Law contains excellent information on how the law (IDEA 2004) allows for the use of the RtI to diagnose a learning disability.

What Works Clearinghouse

www.ies.ed.gov/ncee/wwc/FWW

The What Works Clearinghouse (WWC) reviews the existing research on different *programs*, *products*, *practices*, and *policies* in education. *The goal* is to provide educators with the information they need to make evidence-based decisions. They focus on the results from *high-quality research* to answer the question "What works in education"

Multi-Tiered System of Support (MTSS) from the American Institutes for Research Center

https://mtss4success.org/

MTSS contains information regarding interventions, supports, progress monitoring, and data management.

Understanding the Differences Between IDEA and Section 504

By: Council for Exceptional Children

An Overview of IDEA and Section 504

Since 1975, every child with a disability has been entitled to a free and appropriate public education (FAPE) designed to meet his individual needs under the rules and regulations of the Individuals with Disabilities Education Act (IDEA). This federal law governs all special education services and provides some funding to state and local education agencies to guarantee special education and related services for those students who meet the criteria for eligibility in a number of distinct categories of disability, each of which has its own criteria.

According to the U.S. Department of Education, approximately 5.5 million children with disabilities receive special education and related services and are protected by IDEA. However, some kids with special needs do not receive services under IDEA, but are served under Section 504 of the Rehabilitation Act of 1973. Section 504, a civil rights law, prohibits discrimination on the basis of disabling conditions by programs and activities receiving or benefiting from federal financial assistance. This statute does not require the federal government to provide additional funding for students identified with special needs, but may allow for individuals who qualify to receive services through the LEA. Schools must provide these children with reasonable accommodations comparable to those provided to their peers under the rulings of Section 504. Although not a financing statute, Section 504 does provide for enforcement of the mandate: A school that is found by the Office of Civil Rights to be out of compliance with Section 504 may lose its federal financing.

For some children, providing the appropriate modifications and accommodations they need is the only way they will be successful in their school experiences. A thorough understanding of the provisions of these two laws and how they differ can help you and your child's teachers plan the most appropriate education for your child.

An Overview of the Differences

The major differences between IDEA and Section 504 are in the flexibility of the procedures. For a child to be identified as eligible for services under Section 504, there are less specific procedural criteria that govern the requirements of the school personnel. Schools may offer a student less assistance and monitoring with Section 504 because there are fewer regulations by the federal government to instruct them, especially in terms of compliance.

In contrast, a child identified for services under IDEA must meet specific criteria. The degree of regulation is more specific in terms of time frames, parental participation, and formal paperwork requirements. IDEA also addresses the special education of students with disabilities from preschool to graduation only (from ages 3 to 21). Section 504 covers the lifespan and safeguards the rights of persons with disabilities in many areas of their lives, including employment, public access to buildings, transportation, and education.

The criteria for identification, eligibility, appropriate education, and due process procedures under IDEA and Section 504 vary. It is important for you and your child's teachers to understand how these laws differ, and how those differences could affect your child's education.

Identification and Eligibility

In order for children with disabilities to receive services, they must by identified and then determined to be eligible for these services. Under IDEA guidelines, school districts are required to identify and evaluate all children suspected of having a disability whose families reside within the district. Section 504 does not have this requirement.

IDEA

- Covers all school-aged children who fall within one or more specific categories of qualifying conditions (i.e., autism, specific learning disabilities, speech or language impairments, emotional disturbance, traumatic brain injury, visual impairment, hearing impairment, and other health impairments).

- Requires that a child's disability adversely affects her educational performance.

Section 504

- Covers individuals who meet the definition of qualified "handicapped" person -- for example, a child who has or has had a physical or mental impairment that substantially limits a major life activity or is regarded as handicapped by others. (Major life activities include: walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.)

- Does not require that a child need special education to qualify. **Note:** Students who are ineligible for services or are no longer entitled to services under IDEA (e.g., kids with LD who no longer meet IDEA eligibility criteria) may be entitled to accommodations under Section 504.

Evaluation

A child with a disability is assessed to determine what services, if any, are needed.

IDEA

- Requires that the child be fully and comprehensively evaluated by a multidisciplinary team.

- Requires informed and written parental consent.

- Requires a reevaluation of the child at least once every three years, or if conditions warrant a reevaluation, or if the child's parent or teacher requests a reevaluation.
- Provides for independent evaluation at the district's expense if parents disagree with first evaluation.
- Does not require reevaluation before a significant change in placement.

Section 504

- Evaluation draws on information from a variety of sources and is documented.
- Decisions about the child, evaluation data, and placement options are made by knowledgeable individuals. Such decisions do not require written consent of the parents, only that the parents are notified.
- Requires "periodic" reevaluation.
- No provisions made for independent evaluation at school's expense.
  Requires reevaluation before a significant change in placement.

Responsibility to Provide FAPE (Free and Appropriate Education):

IDEA

- Requires an Individualized Education Program (IEP).
- "Appropriate" education means a program designed to provide "educational benefit" for a person with disabilities.
- Placement may be any combination of special education and general education classrooms.
- Provides related services, if required. Related services may include speech and language therapy, occupational therapy, physical therapy, counseling services, psychological services, social services, and transportation.

Section 504

- Does not require an IEP, but does require a plan.
- "Appropriate" means an education comparable to the education provided to those students who are not disabled.
- Placement is usually in a general education classroom. Children can receive specialized instruction, related services, or accommodations within the general education classroom.
- Provides related services, if needed.

Due Process Procedures:

Sometimes parents and school districts disagree about how a child with disabilities should be educated. When this happens, there are procedures in place to handle these disagreements.

IDEA

- Must provide impartial hearings for parents who disagree with the identification, evaluation, or placement of the student.
- Requires written consent.
- Describes specific procedures.
- An impartial appointee selects a hearing officer.
- Provides "stay-put" provision (the student's current IEP and placement continues to be implemented) until all proceedings are resolved.
- Parents must receive ten days' notice prior to any change in placement.
- Enforced by U.S. Department of Education, Office of Special Education.

Section 504

- Must provide impartial hearings for parents who disagree with the identification, evaluation, or placement of the student.
- Does not require parental consent.
- Requires that parents have an opportunity to participate and be represented by legal counsel -- other details are left to the discretion of the school.
- A hearing officer is usually appointed by the school.
- No "stay-put" provisions.
- Does not require that parents are notified prior to the student's change of placement, but they still must be notified.
- Enforced by U.S. Department of Education, Office of Civil Rights.

Understanding the Differences Between IEPs and ISPs

Individualized Education Program (IEP) vs Individual Service Plan (ISP)

The IEP and ISP are written and services are provided by the Local Education Agency.

IEP	ISP
A document developed for students who have been identified as eligible for special education services in the public school. The plan ensures the student is entitled to FAPE—Free Appropriate Public Education.	A plan developed by the local education agency (LEA) for students with disabilities parentally placed in a private or religious school. A service plan does not ensure FAPE.
An IEP provides a plan of services, support, and instruction to meet the student's needs in school.	A service plan outlines services the LEA will make available to the student. Students may be required to go to the public school for services. Services are limited.
IEP services are provided to the student with no cost to the family.	ISP services are provided to the student with no cost to the family. However, these are called 'equitable services' and are based on funding available to the LEA
Transportation to the public school is provided, if necessary.	Transportation may be provided if it is part of the proportionate share spending plan. Typically there are not enough proportionate share funds to cover transportation.

Meeting the Needs of All Students

(Framework and strategies for every school and classroom)

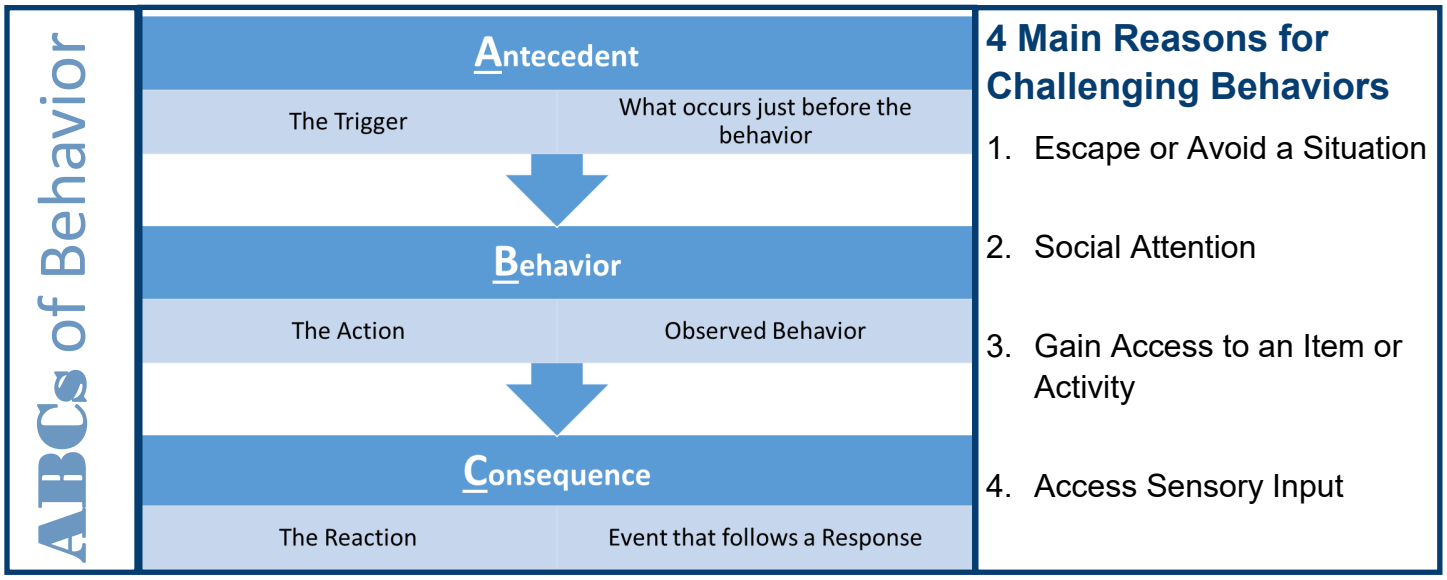
Response to Intervention (RtI) begins with Tier 1 supports in the classroom. These are universal interventions for all students using high quality instruction. Effective classroom practices embrace elements that are evidence-based and designed to support all student learning. This section addresses ways this can be accomplished in the classroom with information on the following:

- Behavioral Interventions
- Creating a Positive Classroom
- Differentiated Instruction (DI)
- Executive Function
- General Strategies to Reach all Learners
- Positive Behavior Interventions & Supports (PBIS)
- Response to Intervention (RtI)
- Responsive Classroom
- Social-Emotional Learning
- Supporting English Learners
- Universal Design for Learning (UDL)

Behavioral Interventions

Behavioral interventions are strategies to help teachers through behavior modification. A Behavior Intervention Plan (BIP) can be created to teach and reinforce positive behaviors. In order to create a BIP, a Functional Behavior Analysis (FBA) must take place. All behaviors have a function. Identifying the ABCs of a behavior helps a teacher design a plan to change an unwanted behavior. The FBA identifies the targeted behavior, the purpose of the behavior and what factors maintain the behavior that interferes with a student's educational progress. There are generally 6 steps to this process:

1. Define the Behavior
2. Develop a Plan to Collect Data
3. Collect and Analyze Information Regarding the Behavior
4. Hypothesize why the Behavior Occurs
5. Develop and Implement a BIP
6. Monitor Progress



Forms available in Section 7

- SAT Form No. 13 - Catholic Intervention Plan
- SAT Form No. 14 - Behavior Support Plan
- Contact the Catholic Schools Office (Special Education) or contact your principal to obtain forms from the Principal Portal.

Creating a Positive Classroom

A positive classroom environment promotes and facilitates student learning. As an educator, giving attention to how you conduct your classroom is a necessary step in setting up your students for success. Consider the following when making decisions about the climate of your classroom.



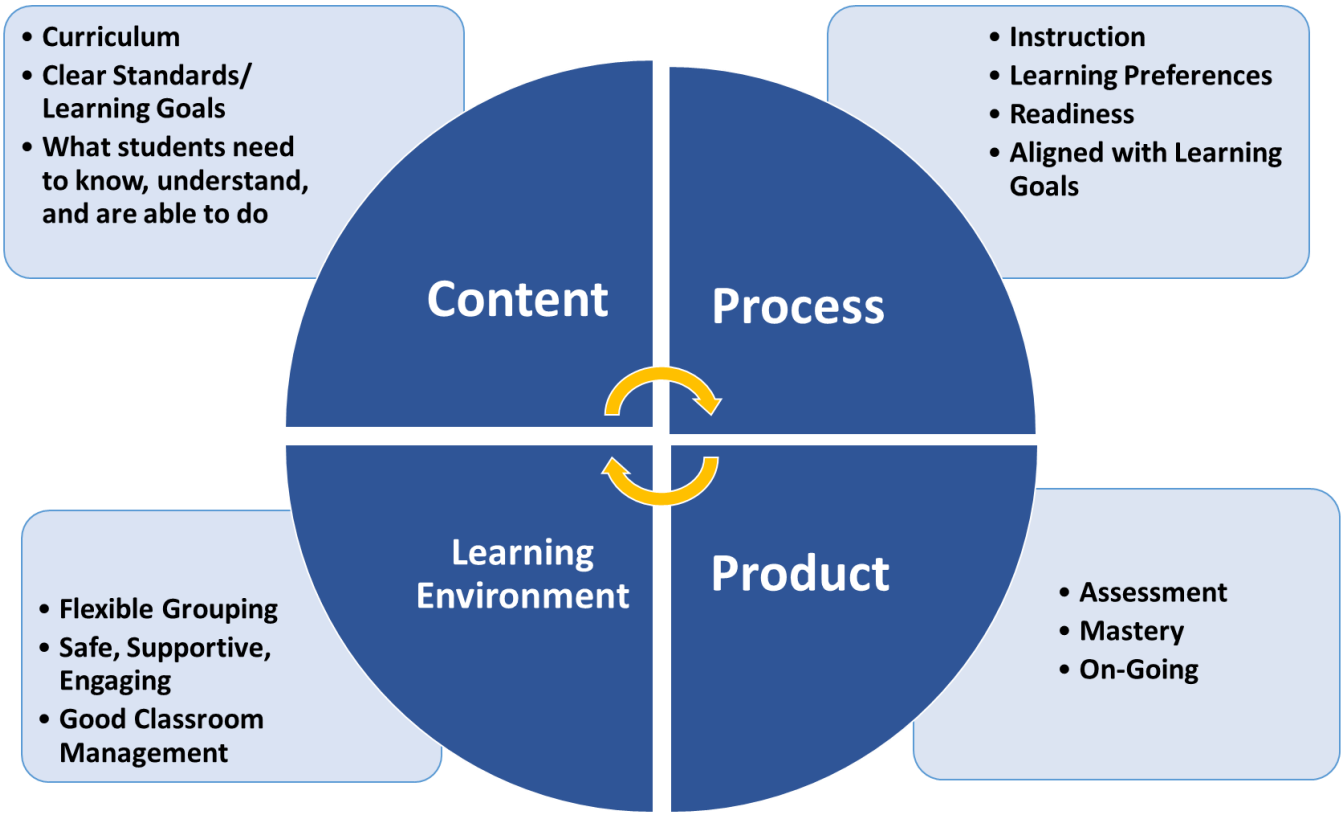
For More Information:

Positive Action
https://www.positiveaction.net/

Six Tips for Creating a Positive Learning Environment in Your Classroom
http://inservice.ascd.org/six-tips-for-creating-a-positive-learning-environment-in-your-classroom/

Differentiated Instruction

Differentiated Instruction (DI) is not a strategy but a way of thinking about teaching and learning. DI recognizes students' varying level of readiness, prior knowledge, interest, and learning preferences. It embraces on-going assessment including pre-assessment, a focus on learning goals, and the intention to maximize student growth. The graphic below addresses elements of Differentiated Instruction.



For More Information:

Institutes on Academic Diversity - University of Virginia

http://differentiationcentral.com/

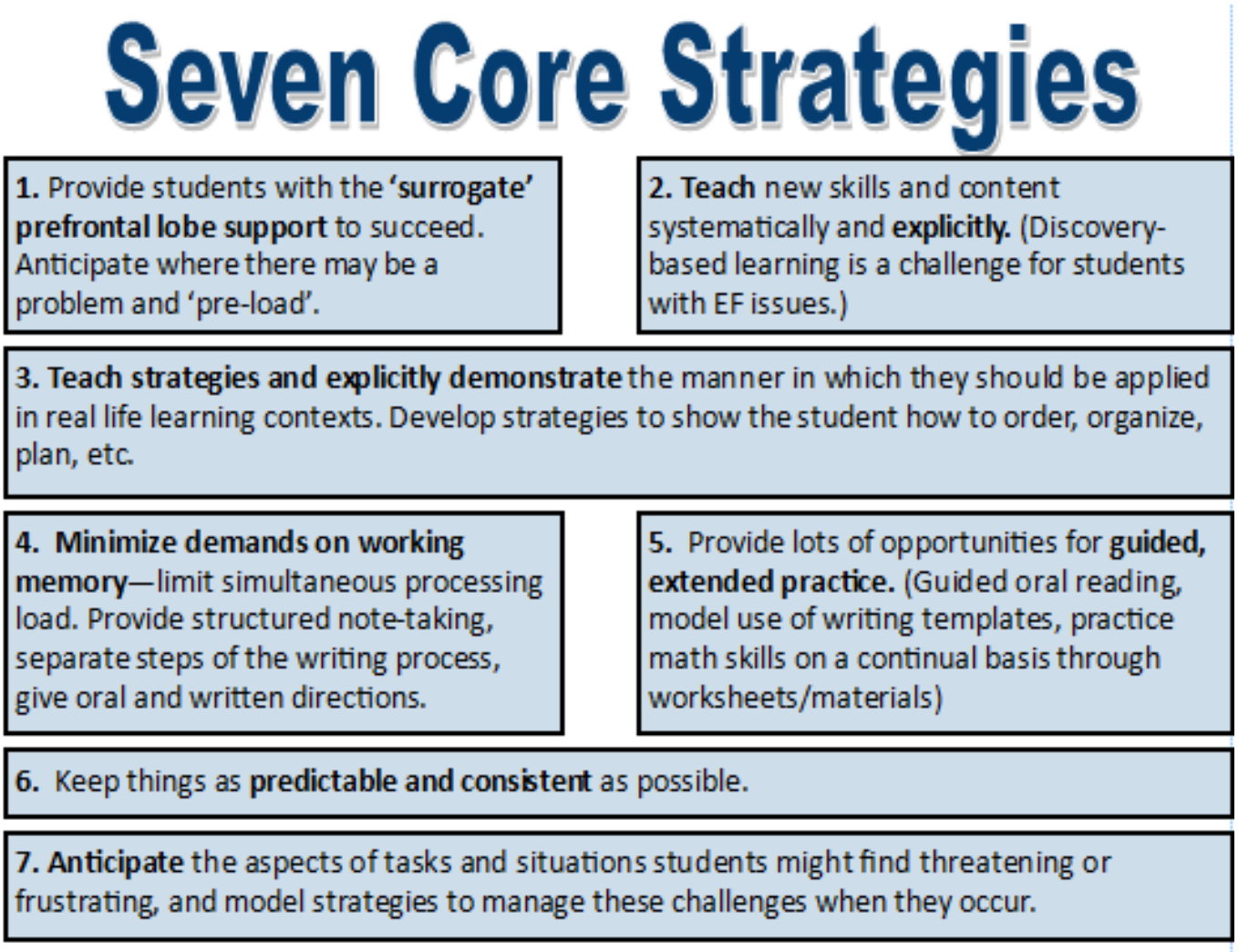
What is Differentiated Instruction? By Carol Ann Tomlinson

http://www.readingrockets.org/article/what-differentiated-instruction

Tomlinson, Carol Ann. (2014) The Differentiated Classroom: Responding to the Needs of all Learners. Alexandria, VA: ASCD

Executive Function

Executive Function refers to the ability to regulate and direct one's cognition, academic functioning, and social/emotional functioning. For students to function effectively in the classroom, they need to be able to start a task, sustain focus, inhibit distractions, and shift to next steps. Often times, students with executive function issues have challenges with 'output' and become very overwhelmed. They often have challenges with 'leaky' working memory where they cannot hold information long. Explicitly teaching strategies, providing structure, and developing routines assist students in making positive gains.



For More Information:

- **Understood for Learning and Attention Issues -** https://www.understood.org/en
- **Understood on Executive Functioning-** https://www.understood.org/en/articles/what-is-executive-function
- **Harvard University: Center on the Developing Child -** https://developingchild.harvard.edu/science/key-concepts/executive-function/
- **Additude Magazine** /https://www.additudemag.com

General Strategies to Reach All Learners

Organization

- Post assignments and due dates in a consistent place
- Give directions verbally and visually
- Have students write assignments into agenda books
- Give guidelines for a structured binder or notebook and do checks periodically
- Teach students to break down large projects into smaller parts
- Ask students to put headings on all papers including notes with their name, date, and topic
- Create routines and practice them with students
- Be consistent!

Presentation

- Use advanced organizers - Introduce what you are going to teach, teach it, review it, ask students to tell you what they have learned.
- Front-load vocabulary
- Give specific questions to guide reading
- Record lessons so students can listen/view them later
- Have different types of activities during a class period
- Provide at least one activity that allows movement
- Use a variety of resources: books, videos, music, games, role play, audio clips

Auditory

- Give oral as well as written directions
- Read assignments off the board
- Allow the student to read aloud to himself/herself
- Use audio books
- Incorporate music and sounds into lessons

Visual

- Have student make study/flash cards
- Make picture associations with new material
- Have student write down notes using columns, color, headings
- Identify a note taker in class to have notes available for review
- Color code

Kinesthetic

- Offer hands on projects
- Create multi-sensory activities
- Create story maps/collages
- Role play
- Allow for movement
- Encourage active participation

Logical

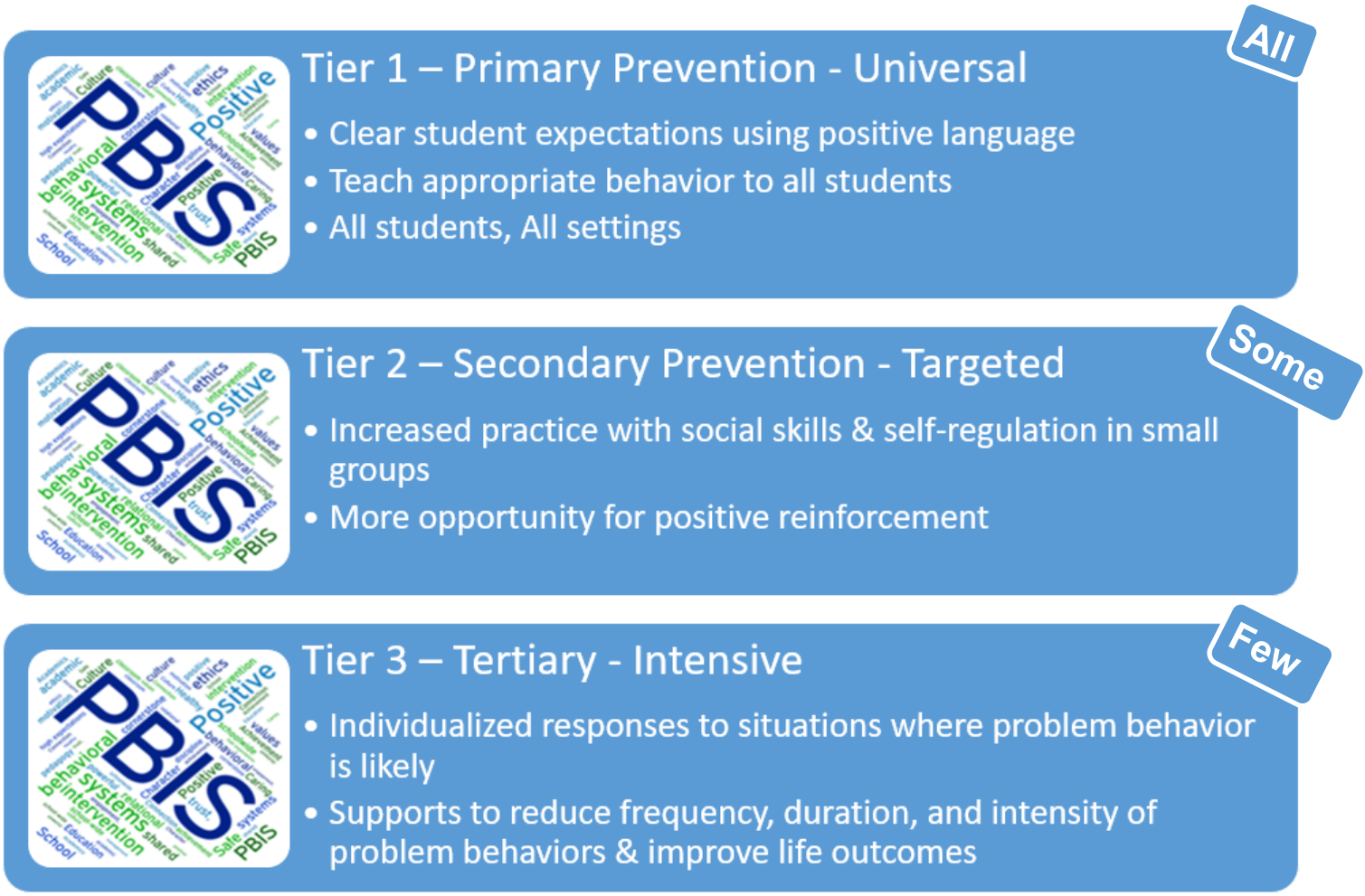
- Encourage questioning
- Use graphic organizers
- Model how to classify & categorize
- Encourage abstract thinking through patterns & relationships
- Have students solve brain teasers

Social

- Develop cooperative learning projects
- Have students conduct study groups or teach others how to do something
- Role-playing activities

Positive Behavioral Interventions & Supports

Positive Behavioral Interventions & Supports (PBIS) is a multi-tiered approach for social, emotional and behavior support in schools and classrooms. This approach supports, reinforces, and effectively teaches appropriate behaviors. PBIS improves social, emotional and academic outcomes for all students, including students with disabilities and students from underrepresented groups.



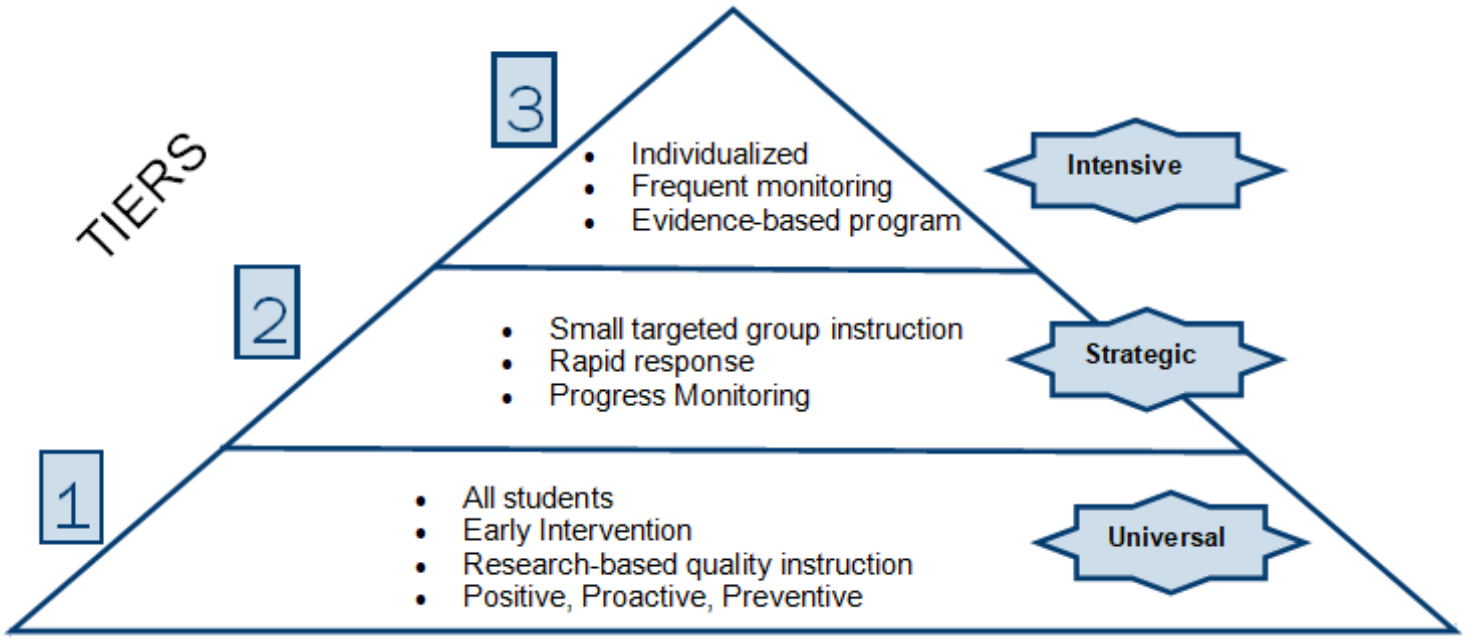
For More Information:

Positive Behavioral Interventions & Support (PBIS)

https://www.pbis.org/

Response to Intervention

Response to Intervention (RtI) is a proactive approach to address student learning. RtI uses quality instruction and interventions that match the needs of the student. Using a multi-tiered approach to identifying struggling students, RtI encompasses progress monitoring, data collection, evidence-based interventions, and data-driven decisions.



For More Information:

Intervention Central

https://www.interventioncentral.org/

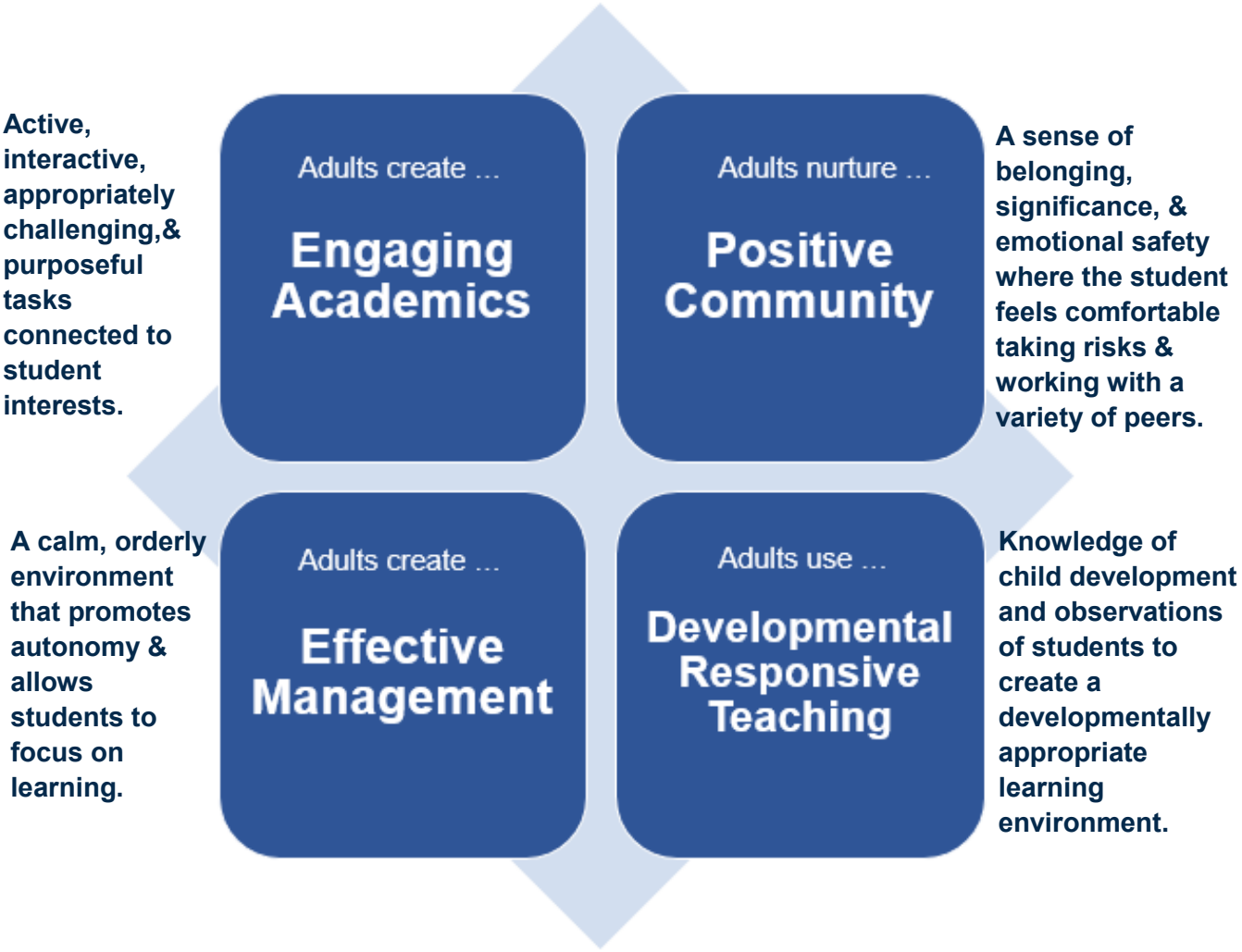
National Center for Response to Intervention-What is RTI?

https://files.eric.ed.gov/fulltext/ED526859.pdf

Responsive Classroom

Based on evidence-based approaches to teaching, the Responsive Classroom framework focuses on four major domains. These domains include engaging academics, positive community, effective management, and developmental awareness.

Core Belief: In order to be successful in and out of school, students need to learn a set of social and emotional competencies - cooperation, assertiveness, responsibility, empathy, and self-control - and a set of academic competencies - academic mindset, perseverance, learning strategies, and academic behaviors.



For More Information:

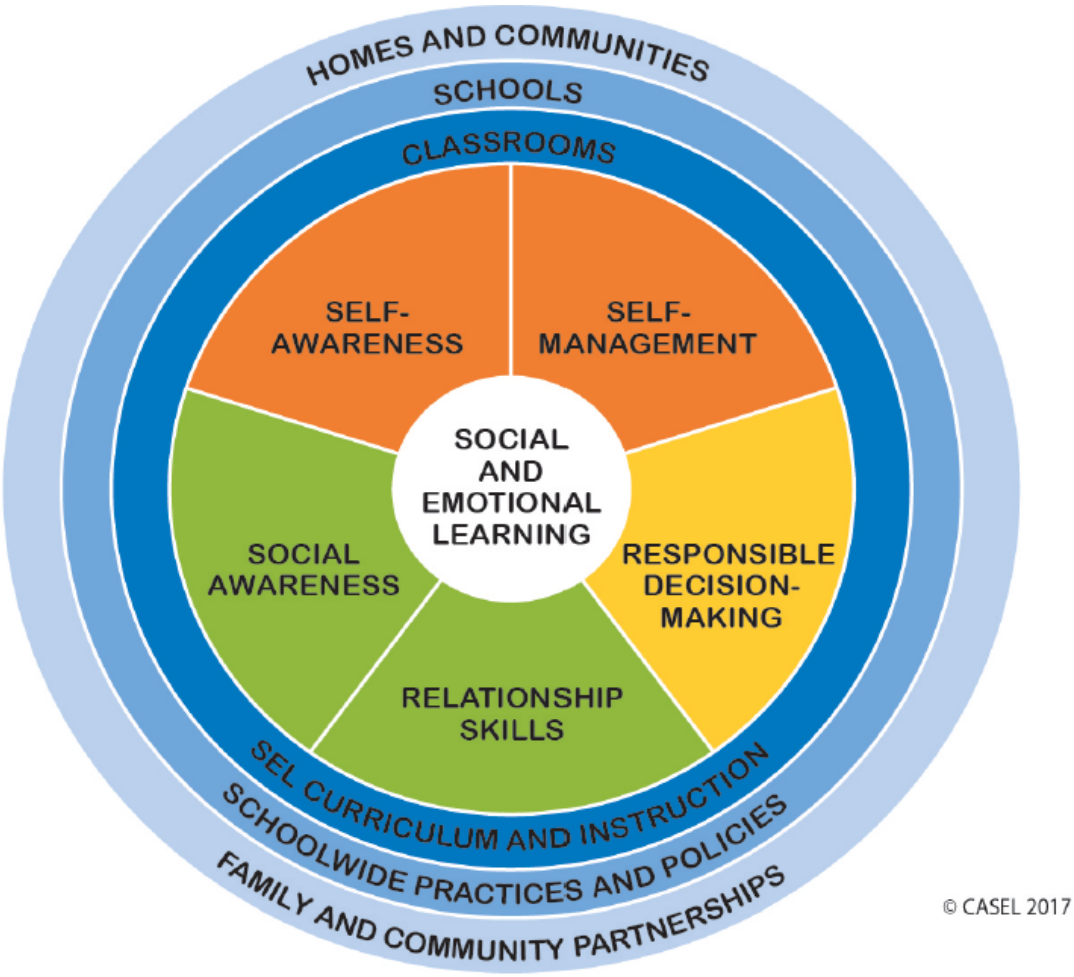
Responsive Classroom

https://www.responsiveclassroom.org/about/

Social Emotional Learning

Social and emotional learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

~Collaborative for Academic, Social, and Emotional Learning (CASEL)



Retrieved from https://casel.org/

For More Information:

Collaborative for Academic, Social, and Emotional Learning (CASEL)

https://casel.org/what-is-sel/

Supporting English Learners

The frameworks offered in this section provide beneficial support for students who are English Learners (EL). Differentiated Instruction and Response to Intervention principles should be examined as they are designed to optimize learning for all students.

Key Strategies and Practices

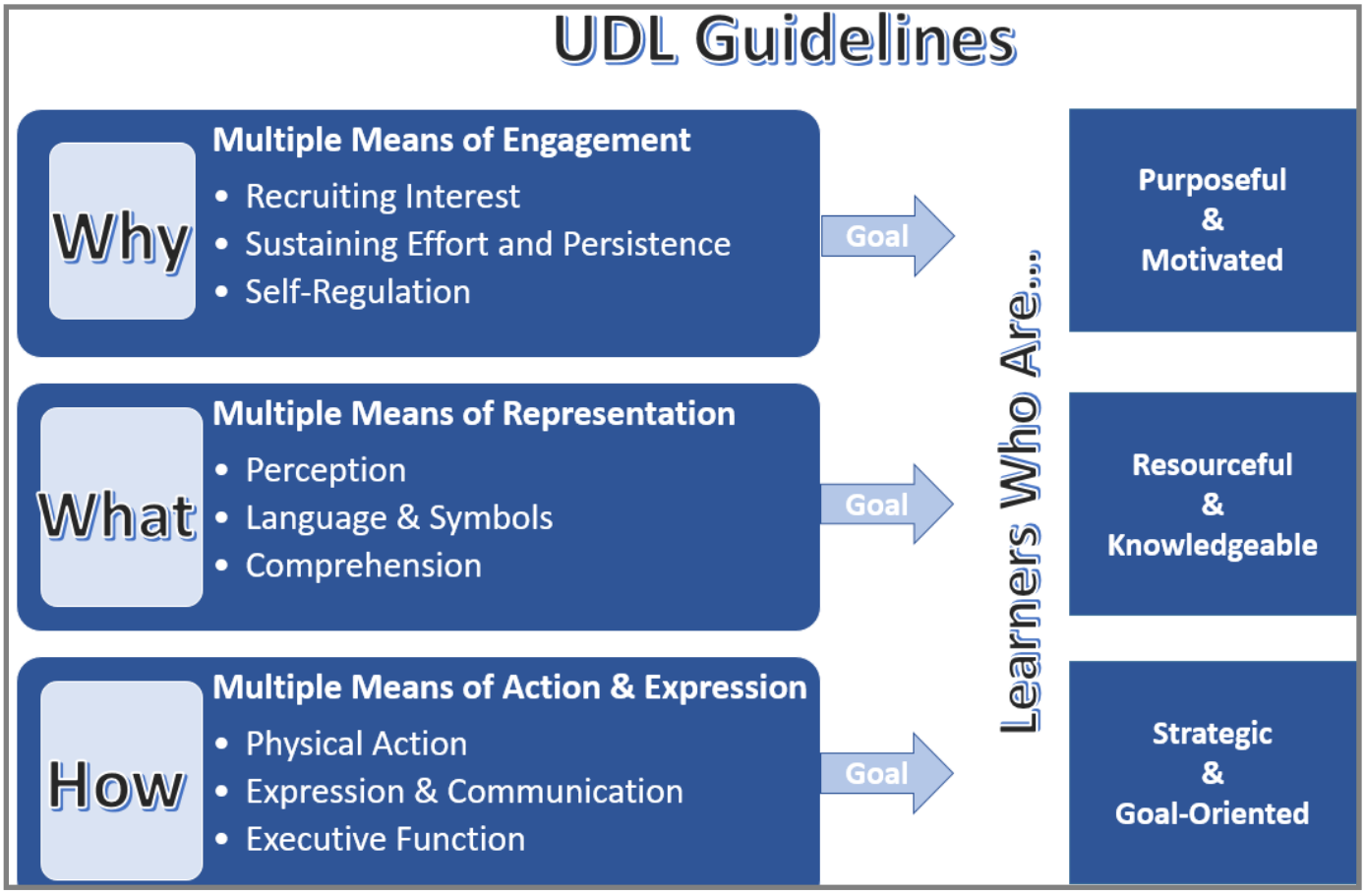
- **Make it Visual!**
  - Graphic organizers, visual aids, word walls
  - Visuals for basic directions for class procedures
- **Scaffold learning**
  - Use sentence frames
  - Frontload or pre-teach new vocabulary
  - Connect new information to prior learning and experiences
  - Provide relevant background information
- **Build in Group Work**
  - Engagement with peers to practice English
  - Create project-based, hands-on tasks
- **Be Sensitive**
  - Know your students. Know their journey. Learn about their native country.
  - Don't make students 'representatives' of their culture
  - Respect silence. Some students need quiet time. Don't force students to speak.

For More Information:

- **¡Colorín Colorado!** Colorín Colorado is the premier national website serving educators and families of English language learners (ELLs) in Grades PreK-12. Colorín Colorado has been providing free research-based information, activities, and advice to parents, schools, and communities around the country for decades. http://www.colorincolorado.org/ell-strategies-best-practices
- **Reading Rockets: English Language Learners** -https://www.readingrockets.org/research/topic/ell
- **5 Key Strategies for ELL Instruction-**https://www.teachingchannel.org/blog/2013/10/25/strategies-for-ell-instruction

Universal Design for Learning

Universal Design for Learning (UDL) is an approach to provide opportunities to all students regardless of how they learn. UDL is based on scientific insights on how people learn. It is designed to optimize and improve teaching and learning. The Guidelines provide the basics for UDL.



For More Information:

CAST: The UDL Guidelines

https//udlguidelines.cast.org

This site provides detailed information on implementing UDL Guidelines which includes a video, downloads, and FAQs.

Section 4: Policy 3213 - School-Based Support Team (or Student Assistance Team)

IN THIS SECTION:

Purpose and Mission 65

Procedural Guidelines 67

Checklist for Getting Started 69

Step-by-Step Method for Conducting a Student Assistance Team Meeting 73

Step-by-Step Method ~ At a Glance 80

Sample Timeline 82

Student Assistance Team Bibliography 83

"Whoever receives one child such as this in My name receives Me."

(Matthew 18:5)

3213 School-based Support Team

Archdiocesan Catholic Schools shall have selected educators from within their school that are designated by the school administrator to serve as a resource for student instruction. These educators may be referred to as a "Student Assistance Team" or by some other similar designation and shall function in accord with the procedures and guidelines provided by the Catholic Schools Office.

- Policies for Catholic Schools, Promulgated 2009

Purpose and Mission

The Student Assistance Team (SAT) is a school-based group whose purpose is to provide additional support to students experiencing difficulties that are preventing them from benefiting from general education. These may be students who are performing below expectations, or gifted students who are not challenged sufficiently. By "catching" these students in the child study phase, the SAT may not only help students to remain and succeed in the general education program, but also may reduce unnecessary referrals to special education. The SAT's mission is to investigate and arrive at appropriate solutions to problems in the school environment through a cooperative team effort. Although the team may make referrals to special education and other special programs, the **SAT is not part of the special education process, but rather a general education responsibility.**

The SAT addresses problems found through screening, or those brought up as concerns by parents, teachers, or other staff. The SAT designs interventions for those students who show need for individual consideration, taking the students' strengths into account. Further, the SAT suggests interventions that may alleviate or resolve the situation prior to referral for a multidisciplinary evaluation. In many cases, the SAT is able to assist students who need interventions in order to succeed. Simply put: the SAT is a "support group" for the regular education teachers and students who need it.

:

Benefits of Student Assistance Teams

1. Efficiency

Well-run teams can create effective plans for children in 15 to 30 minutes per child. Furthermore, administrators will be able to perform some of their supervisory functions via team

The team process facilitates referral of children to the local LEA for diagnosis of an educational disability. Parents know that their child's situation/needs have been reviewed by more than one person, and from a variety of perspectives. Recordkeeping is timely and well-organized, so information flows smoothly from one school year to the next.

2. Professionalism

3. Improved Student Outcomes

The research on SATs is compelling, therefore proliferating throughout Catholic and public schools. SATs can discuss children with a very wide variety of special circumstances: death or illness of a parent, English acquisition, suspected learning disability, health problems, behavior issues, etc. SATs can potentially impact every child in the school.

Teachers find well-functioning SATs to be an excellent support when dealing with challenged children and/or their parents. Also, teachers like the feeling of sharing the responsibility for referral for evaluation, tutoring, counseling, etc.

4. Teacher Support

5. Excellent Stewardship

An SAT allows a school to use its most seasoned, highly skilled teachers efficiently. It provides free in-service experiences for new teachers. It prevents unnecessary referrals for diagnosis and evaluation; it provides on-the-job training at no cost to classroom teachers in regard to special techniques or interventions.

Procedural Guidelines

There is no one method or process for conducting the SAT meeting. However, the following guidelines may help your team work effectively and get results:

The success of the SAT often hinges on the level of involvement of the parents and student. When appropriate, invite parents to participate and contribute; treat them as equal team members. If possible and appropriate, include the student as well. He or she can be invaluable in providing insight into how to address the concern.

Appoint one person as Team Facilitator. This person could be an administrator or someone the administrator designates, such as a school counselor. He or she receives referrals to the SAT from staff or parents and convenes SAT meetings. This person is not the "leader" of the group in the sense of dominating it, but rather takes the responsibility for the flow and tone of the meeting. The Facilitator keeps the group focused, makes sure that everyone has opportunities to contribute, elicits responses and comments, and ensures that the tone of the meeting stays positive and productive. The Facilitator is responsible for seeing that the purpose of the SAT is met and that each aspect—identifying the challenge and student strengths, developing the intervention plan, and assessing the probable effectiveness of the interventions—is addressed and given the appropriate time and consideration. The Facilitator then ensures that the discussion is limited to the student and the concern that brought the referral and, given the allotted time, that no component is so weighted that others are neglected. The Facilitator can achieve this by using guided questions and comments that redirect the discussion.

Have one person serve as the Timekeeper. The Timekeeper's job is to remind the group of every time deadline, giving a minute or two of warning. If the team decides to stick to strict time limits per section, the Timekeeper must keep up and keep the group moving. If you have a small team, the Recorder and Timekeeper can be the same person.

Have one person serve as Recorder. This person documents the discussion (perhaps on SAT Form No. 9 in Section 7 of this manual - **SAT Meeting Summary Form**), as well as completes all relevant paperwork.

Appoint one person as Case Manager. The Case Manager follows up on all aspects of the meeting. He or she makes certain that key parties are contacted (such as the parents), the interventions are being implemented and documentation kept, etc. After a decision is made, this person is also responsible for seeing that the decision is implemented, proper documentation and data collection is maintained, and that timely follow-up is done.

Identify school and/or community resources that can provide the SAT training on cultural diversity or other relevant factors that must be considered, or that can provide interventions to students outside of the school day.

Obtain staff training on the SAT process, including understanding cultural, language, and socioeconomic differences that may be misidentified as problems. Core team members should seek more in-depth training in the details of the process and their roles. Ideally, parent groups should also receive information and training in the SAT process.

Obtain staff training on the three-tiered model of student intervention and response to intervention (RtI). This will be particularly helpful in clarifying how the information from a SAT can support a referral to the local LEA for evaluation under IDEA 2004.

Remember: If any tests outside those given in general screening are suggested, the team must get written parental consent. For example, the team cannot suggest a test such the Woodcock-Johnson IV (WJ-IV) without prior parent consent, since the test is not given school-wide.

Make sure that the interventions selected are possible within the school setting and are measurable. Use the student's strengths as the basis for designing interventions.

Establish a specific time period for interventions to be implemented and reviewed. Allow enough time between implementation and review for the intervention to take effect. This will vary according to the type of intervention and the individual circumstances, but about 6 to 18 weeks is recommended to ensure that interventions have time to take effect.

Assign responsibilities and timelines for providing materials or training to teachers to implement an intervention, for contacting outside resources, and for monitoring and documenting the progress.

Document everything! See the list of **suggested forms** in Section 7 of this manual for documenting SAT communications, meetings, decisions, plans, and follow-up. While not every form may be needed, some method of carefully and clearly documenting the work of the team must be in place.

Adapted from the New Mexico Public Education Department Technical Assistance Manual: Student Assistance Team

Checklist for Getting Started

Your Student Assistance Team can take steps early in the school year that will greatly increase its chances of success. By carefully setting up your team process and meeting procedures, informing teachers about the services that your team offers, and taking inventory of your school's intervention-related resources, your pre-referral team will be far better prepared to take on challenging teacher referrals. The checklist below offers a framework for quickly establishing your team as an effective teacher support.

1. Establish a clear team process and meeting procedures.

Within the **first** two weeks of the school year, your team should:

⇒ ***Select a regular meeting time that is most convenient for team members and referring teachers.***

Be sure to allow enough time in these sessions to meet on a child and, afterwards, to debrief as a group about the team's performance.

⇒ ***Find a suitable meeting place.***

At a minimum, the site selected for your team meetings should offer privacy (to safeguard the confidentiality of information being shared about the referred student) and sufficient space to comfortably seat the referring teacher and other members of the intervention team.

⇒ ***Establish a system for responding promptly to teacher referrals.***

Teachers should have convenient access to the referral forms. (See Form No. 8 in Section 7 of this manual: **Teacher Request for Assistance Form**.)

⇒ ***Work out procedures for communicating efficiently among all team members.***

Typically, the intervention team communication plan includes: (1) procedures for all team members to review teacher referrals and related information prior to the initial meeting on the student; (2) a uniform system for team members to use in communicating with the rest of the team (e.g. via staff mailboxes, email, electronic documents, general discussion time reserved at the end of weekly meetings, etc.).

2. Publicize your team and its services to your faculty, other staff, and parents.

The following are some tried and true methods for getting the word out to the school community about your intervention team:

⇒ ***Schedule time at a faculty meeting early in the school year to present an overview of your intervention team to staff.***

During the presentation, members from your team can introduce themselves and describe the structured problem- solving process that your team uses to help teachers with struggling learners to come up with effective intervention ideas. The presenters might also hand out intervention-team referral forms and invite teachers to refer students. There are Power Point presentations and other resources available from the Catholic Schools Office for this purpose.

⇒ ***Periodically present brief updates about your intervention team at faculty meetings throughout the school year.***

For instance, have teachers who have used your team (and found its services helpful) share their success stories with their teaching colleagues.

⇒ ***Write up a short description of your intervention team and share it with all teacher.***

The description could include: the names of staff who serve on the team, descriptions of services or supports the team offers, procedures for referring a student to the intervention team, etc.

⇒ ***Present a workshop on your intervention team to your school's Home and School Association.***

Parents would appreciate knowing how the team can help struggling learners be more successful. Your school may want to spread the word by mailing each parent a letter describing the intervention team and its role in promoting school success. (See SAT Form No. 3 in Section 7 of this manual: **Sample Letter to Parents - SAT Formation and Function**.)

⇒ ***Schedule occasional professional development clinics during the school year (e.g. after school or during an In-Service Day) at which intervention team members offer training to teachers on effective strategies to use for common referral concerns.***

These clinics can be a great way to expand the skill base of all teachers in the building while publicizing your intervention team as a consultation resource for teachers.

3. Create an inventory of resources in your building that can be used by your intervention team.

Problem-solving teams need help to assist teachers with student interventions. Consider using the **Inventory of Building Resources Form** (Section 7, SAT Form No. 1) and review the **Pre-Referral Checklist** (Section 7, SAT Form No. 6). Also consider the following:

⇒ ***Make a list of locations around the school that can be used as space for interventions.***

⇒ ***Write down the names of volunteers in your building who are willing to help with implementing and/or monitoring school-based interventions.***

⇒ ***Create a directory of staff willing to serve on your intervention team whose training or professional experience gives them expertise in key intervention topics.***

(e.g. reading instruction, behavior management). Invite these staff members to attend those team meetings in which the student's referral concern matches their area of expertise. (If you have teachers studying for a master's degree in Counseling, Special Education, Reading, etc., be sure you invite them to sit on the team.)

4. Try out the intervention team roles and meeting procedures at least two or three times in actual meetings before accepting your first staff referral.

It is a good idea for your team to practice its meeting procedures before accepting referrals from all staff members. One safe way for your new team to practice its problem-solving skills is to have team members refer a couple of students *from their own classrooms* to the intervention team. The referring team member, of course, will assume the role of the referring teacher in these practice meetings. In all other respects, however, these practice meetings follow the intervention problem-solving model and include these steps:

- ⇒ ***Referring teacher completes a written teacher referral***
- ⇒ ***A Case Manager is assigned to collect both classroom information and academic and behavioral baseline data on the student prior to the initial team meeting***
- ⇒ ***A formal team meeting is scheduled***
- ⇒ ***Team roles (i.e., Facilitator, Recorder, Case Manager, Timekeeper) are assigned prior to the meeting***
- ⇒ ***Formal intervention and monitoring plans are developed at the initial meeting***
- ⇒ ***A follow-up meeting is scheduled to review the student's progress during the intervention***

Modified from:

Intervention Team: Checklist for Getting Started… 3

Jim Wright - *jim@jimwrightonline.com; www.interventioncentral.org*

Step-By-Step Method for Conducting a Student Assistance Team Meeting

*This is a very structured and formal method for conducting a Student Assistance Team meeting which has been adapted from the Syracuse New York City School System. (**NOTE: If you use this method, each student will take you much longer to discuss until you get a feel for what can be eliminated, reduced, or combined.**) This list can be useful when you are first starting. Once you become familiar with the team process, you will probably want to relax the formality of this method. Before you begin, be sure you have assigned the roles of Case Manager, Facilitator, Recorder, and Timekeeper.*



Assess Teacher Concerns

GOALS: Review information from the referral form (presented by Case Manager or Facilitator). Allow teacher to discuss **major referral terms**.

Sample questions to begin:

1. *Given the information in the referral form, what are specific difficulties that you would like to address today?*

2. *How is this problem interfering with the student's school performance?*

3. *What concern(s) led you to refer the student to this Team?*

The SAT is ready to move on to the next step when Team members have a good understanding of the teacher's concerns.

TIP: To save time, the case manager can present the teacher's main points from the **Teacher Request for Assistance Form** (Section 7, SAT Form No. 8) to the team at the start of the meeting. The facilitator can then ask the teacher if he or she has any additional concerns to share.



Inventory Student Strengths and Talents

GOALS: Discuss and record the student's strengths and talents, as well as those incentives that motivate the student. (This information can be valuable during intervention planning to identify strategies in which the student will be motivated to participate.)

Sample questions:

1. *What rewards or incentives have you noted in school that this child seems to look forward to?*
2. *What are some things that this student does well or enjoys doing around the classroom?*
3. *Please tell us a few of the student's strengths, talents, or positive qualities that might be useful in designing interventions for him or her. What are hobbies or topics of interest for this student?*

The SAT Team is ready to move on to the next step when the Team has identified personal strengths, talents, and/or rewards that are likely to motivate the student if integrated into an intervention.

TIP: The referring teacher may want to meet with the child prior to the SAT meeting to collect information about those rewards that motivate him or her.



Review Baseline Data

GOALS: To get an holistic view of the student, and to determine starting point/levels within the academic and/or behavioral areas of target concern.

Sample questions:

1. *Where is the student currently functioning according to the information provided?*
2. *Is there anything significant in the student's school history that needs to be discussed?*
3. *Is/has attendance been an issue?*

The SAT is ready to move on to the next step when the Team has reviewed and discussed all pertinent background and baseline data.

TIP: Thorough understanding of the baseline data will be beneficial to goal setting and intervention design.

Select Target Teacher Concerns



GOALS: Define the top 1 or 2 teacher concerns in easily observable, measurable terms. For behavioral concerns, to understand the dimensions of the problem (e.g. the frequency, duration, and/or intensity of the challenging behavior). For academic concerns, identify the presence of underlying academic skill deficits, mismatch between student skills and classroom instruction, fluency and accuracy in the area of concern, and work completion. For each teacher concern, decide on what may help to explain why the student displays the target concerns.

Sample Questions:

1. From the concerns that you have shared with our Team, what are the top one or two problems that you would like us to concentrate on today?

2. What can you tell us about the student's current skill levels, homework and class work completion, attention to tasks, general motivation, etc.?

3. (Academic) Are there difficulties in fluency and/or accuracy?

4. (Behavioral) How long does each behavioral outburst last? About how frequently do episodes occur? How severe are the behaviors that you are seeing?

5. (Behavioral) What kinds of things happen in the room just before the student has an outburst? What do you and other students in the room do during each outburst? What is the outcome for the child after they engage in the problem behavior(s)?

6. What do you think is a reason that the student shows the behavior(s) of concern? How does this behavior(s) help the student to get his or her needs met?

The SAT is ready to move on to the next step when:

- One or two primary teacher concerns have been established and stated in measurable terms (as behavioral and/or academic difficulties);
- The referring teacher agrees with the selection and definition of the top 1-2 problems;
- The team and teacher agree on possible functions that explain why the academic/behavioral concern is occurring.

TIP: The meeting can run more efficiently if SAT members first list all teacher concerns about a student and postpone an extended discussion of a particular problem until the teacher has selected that problem as a **top** concern.

Set Academic and/or Behavioral Goals



GOALS: Set observable, measurable, and realistic goals for change. For each of the academic or behavioral concerns, set ambitious - yet realistic - goals for improvement which are attainable in 6-8 weeks.

Sample questions:

1. *Given the student's current functioning, at what level would you like to see him/her after a 6-8 week intervention period?*

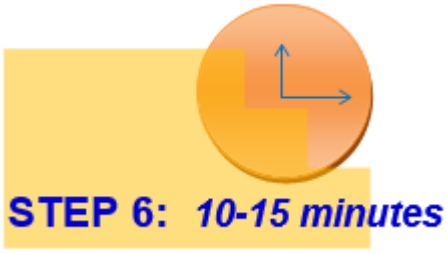
2. *What is a realistic rate of progress for this student?*

3. *Is the goal set by the team realistic for this student?*

The SAT is ready to move on to the next step when ambitious but realistic student goals for improvement have been set, and the referring teacher agrees that the outcome goals are appropriate for this student case.

TIP: You may want to refer to the standards for each academic area when establishing goals.

Design an Intervention Plan



GOALS: Select at least one intervention that addresses each of the selected referral concerns. Spell out the particulars of the intervention as a series of specific steps so that the teacher or other person(s) designated to carry it out can do so efficiently and correctly.

Note any important additional information about the intervention, including:

- **When and where the intervention will take place;**
- **Whether any specialized materials or training are required to implement the intervention;**
- **The people who are actually going to carry out the intervention;**
- **Determine methods to monitor accurate implementation of the intervention;**
- **Review the intervention(s) with the teacher to ensure that the plan is acceptable to him/her.**

Sample questions:

1. *What intervention ideas would best meet this student's needs?*

2. *What is it about this particular intervention that makes it likely to improve the student's behavior or academic functioning in the area(s) identified?*

3. *Are specialized training or materials needed to carry out this intervention?*

4. *How can our Team assist you [the referring teacher] with the intervention?*

5. *How can we utilize the student's strengths to facilitate the effectiveness of the intervention?*

6. *What is a simple method to track the accurate implementation of the intervention (e.g. checklist of key steps to be implemented)?*

The SAT is ready to move on to the next step when the referring teacher and team members agree that the intervention:

- directly addresses the identified concern(s);
- is judged by the teacher to be acceptable, sensible, and achievable;
- appears likely to achieve the desired goal;
- is realistic, given the resources committed;
- can be expected to achieve the stated goal within the timeline selected;
- will be measured by a method suitable for tracking its accurate implementation.



TIP: You may want to invite staff members with expertise in a particular type of referral problem to attend an SAT meeting as "intervention consultants," asking them for intervention ideas. For example, a speech/language pathologist may be asked to attend for a student who has difficulty acquiring language concepts.



Method of Monitoring Progress

GOALS: Each goal must have a method for monitoring progress.

Sample questions:

1. *Does the monitoring information really measure the teacher's referral concern(s)?*
2. *Who will collect the monitoring information?*
3. *How frequently should the data be collected?*
4. *Is the method used for collecting information sensitive to growth over a short period of time?*
5. *Is there a logical method of tracking progress within the intervention itself (e.g. permanent samples of student's work that are directly tied to the goal)?*

The SAT is ready to move on to the next step when each goal has a method of monitoring progress that is quantifiable.

TIP: At times, the SAT may wish to use teacher measures and/or intervention materials that are already in existence to monitor weekly growth.



Plan How to Share Meeting Information with Parents

GOALS: Agree who will contact the parent(s) to share the student's intervention plan and invite the parent(s) to a future SAT meeting.

Sample question:

1. *What specific details about the intervention would be of greatest interest to the parent(s)?*

The SAT is ready to move on to the next step when at least one Team member (who could be the referring teacher) has taken responsibility to contact the parent to share information about the student's intervention plan and future SAT meeting times and dates.

TIP: A phone call or note to the parent(s) prior to the initial SAT meeting to let them know about the teacher referral is an important way to establish a trusting and positive relationship between school and home. This may not be appropriate or necessary in all cases, but should be considered.



Review the Intervention And Monitoring Plans

GOALS: Review the main points of the intervention and monitoring plans with the referring teacher and other team members. The Case Manager should schedule a time within a week of the initial meeting to meet with the referring teacher to: review the intervention plan; offer any needed assistance; and insure that the intervention is being put into place as planned. Schedule a follow-up meeting (usually within 6-8 weeks of the initial SAT meeting).

Sample questions:

1. *Do the referring teacher and other members of our team know what their responsibilities are in carrying out the intervention and monitoring plans for this student?*

2. *Is our team able to support the teacher in identifying the most important referral concerns?*

3. *Did our team help the teacher to assemble a good intervention plan that is feasible and can be carried out with currently available resources?*

Step-By-Step Method for Conducting a Student Assistance Team Meeting

~At A Glance~

TIME	TASK	QUESTIONS
5 min	Assess Teacher Concerns	1. Given the information in the referral form, what are specific difficulties that you would like to address today? 2. How is this problem interfering with the student's school performance? 3. What concern(s) led you to refer the student to this Team?
5 min	Inventory Student Strengths & Talents	1. What rewards or incentives have you noted in school that this child seems to look forward to? 2. What are some things that this student does well or enjoys doing around the classroom? 3. Please tell us a few of the student's strengths, talents, or positive qualities that might be useful in designing interventions for him or her. What are hobbies or topics of interest for this student?
5 min	Review Baseline Data	1. Where is the student currently functioning according to the information provided? 2. Is there anything significant in the student's school history that needs to be discussed? 3. Is/has attendance been an issue?
5-10 min	Select Target Teacher Concerns	1. From the concerns that you have shared with our Team, what are the top one or two problems that you would like us to concentrate on today? 2. What can you tell us about the student's current skill levels, homework and class work completion, attention to tasks, general motivation, etc.? 3. (Academic) Are there difficulties in fluency and/or accuracy? 4. (Behavioral) How long does each behavioral outburst last? About how frequently do episodes occur? How severe are the behaviors that you are seeing? 5. (Behavioral) What kinds of things happen in the room just before the student has an outburst? What do you and other students in the room do during each outburst? What is the outcome for the child after they engage in the problem behavior(s)? 6. What do you think is a reason that the student shows the behavior(s) of concern? How does this behavior(s) help the student to get his or her needs met?

TIME	TASK	QUESTIONS
5-10 min	Set Academic and/or Behavioral Goals	1. Given the student's current functioning, at what level would you like to see him/her after a 6-8 week intervention period? 2. What is a realistic rate of progress for this student? 3. Is the goal set by the team realistic for this student?
10-15 min	Design an Intervention Plan	1. What intervention ideas would best meet this student's needs? 2. What is it about this particular intervention that makes it likely to improve the student's behavior or academic functioning in the area(s) identified? 3. Are specialized training or materials needed to carry out this intervention? 4. How can our Team assist you [the referring teacher] with the intervention? 5. How can we utilize the student's strengths to facilitate the effectiveness of the intervention? 6. What is a simple method to track the accurate implementation of the intervention (e.g. checklist of key steps to be implemented)?
5 min	Method of Monitoring Progress	1. Does the monitoring information really measure the teacher's referral concern(s)? 2. Who will collect the monitoring information? 3. How frequently should the data be collected? 4. Is the method used for collecting information sensitive to growth over a short period of time? 5. Is there a logical method of tracking progress within the intervention itself (e.g. permanent samples of student's work that are directly tied to the goal)?
5 min	Plan How to Share Meeting Information with Parents	1. What specific details about the intervention would be of greatest interest to the parent(s)?
5 min	Review the Intervention Plans	1. Do the referring teacher and other members of our team know what their responsibilities are in carrying out the intervention and monitoring plans for this student? 2. Is our team able to support the teacher in identifying the most important referral concerns? 3. Did our team help the teacher to assemble a good intervention plan that is feasible and can be carried out with currently available resources?

Sample Timeline

The timeline below is for demonstration purposes only and is certainly flexible depending upon individual situations.

1. The teacher notes that a student is having difficulty in the classroom.	Teacher begins documentation of problem and tries simple interventions.
2. Problem is unresolved.	Teacher speaks to parent to gain additional insights and support for assistance, yet the situation does not improve.
3. Teacher refers to the SAT by completing the **Teacher Request for Assistance Form.**	Teacher reviews the permanent record and, if possible speaks with last year's teacher. If the school chooses to do so, the team leader gives the teacher a **Pre-Referral Checklist.**
4. Teacher is informed of upcoming SAT meeting for this student.	Teacher completes the SAT Student Summary Form, summarizing the student's current performance to prepare for the meeting.
5. SAT meets to discuss the student.	Careful notes are taken at the meeting by the Recorder. The team may want to use the SAT Meeting Summary Form. These notes are kept in a private file of SAT minutes. If the situation is not resolved, a copy of the notes may be placed in a newly-created confidential file.
6. The interventions recommended to the teacher by the SAT are in place.	If it is appropriate, parents are contacted at this time. Careful records are kept (by the classroom teacher) of the effectiveness of the intervention. Team members may help the classroom teacher devise a simple method of documentation. If necessary, an observation may be done and recorded on the **Student Observation Form**.
7. If the interventions are not successful after a reasonable timeframe (6-12 weeks), a second meeting is called.	Parents should be invited to this meeting. The school may use the **Notice of and Invitation to SAT Meeting** to invite the parents. Outcomes of this second letter may include: (a) formation of an official **Catholic Accommodation Plan** for students who already have a diagnosis, such as ADHD; (b) implementation of different interventions, with ongoing monitoring; (c) referral for services or evaluation outside of the school.

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SECTION 5: Pre-Referral, Referral, and Post-Referral Outcomes

IN THIS SECTION:

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- Common Pre-Referral Interventions
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Excerpts from USDE Provisions Related to Children with Disabilities Enrolled by their Parents in Private Schools 120

"Holiness is not the luxury of the few;
it is a simply *duty, for you and for me."*
- St. Teresa of Calcutta

Topics:

- CLASSROOM TEACHER RESPONSIBILITIES FOR PRE-REFERRAL
  - *Checklist of Pre-Referral Duties for the Classroom Teacher*
- PRE-REFERRAL STRATEGIES
  - *Common Pre-Referral Interventions*
- PRINCIPAL/PRINCIPAL DELEGATE RESPONSIBILITIES FOR PRE-REFERRAL

Pre-Referral describes the time period that begins when a child starts to have a problem at school, and ends when a child is referred for a formal evaluation. This section will cover the steps that must be taken during this time period.

Ideally, schools will use a Student Assistance Team to offer support to the classroom teachers throughout this process. The team is often comprised of administrators, faculty with student support experience (counselors, learning specialist, resource room teachers, etc.), and classroom teachers. The team can provide immediate suggestions to the classroom teacher to try to resolve the problem, and be involved in decisions to begin interventions as a first step. Eventually - if necessary - the team can be involved in the decision to refer a child for evaluation.

CLASSROOM TEACHER RESPONSIBILITIES FOR PRE-REFERRAL

No teacher can expect to be an expert on all of the possible issues that impede the learning process. This involves highly specialized knowledge, which is well outside the scope of a classroom teacher's duties.

Classroom teachers should develop the following seven skills. With these in place for every teacher, the process of learning can move along smoothly for most children.

1. Know the appropriate curriculum and basic developmental skills for the age of the child you teach.

Examples would include: How long can the average 7 year old sit still? Can most 11 year olds write a five-page research paper with footnotes? When are students expected to memorize the multiplication tables?

This information will come to the classroom teacher in many ways, not the least of which is experience. Even after just a few years of teaching, the average teacher will have worked with 50 (and probably many more) children of similar ages. This provides a very valuable opportunity to become familiar with what most children in that age group are developmentally ready to learn.

2. Observe each child carefully.

Observation is a skill that classroom teachers should constantly refine. It involves making a plan to watch each child carefully at designated points in the learning process, and record anecdotal information that might be critical. **KEEP IN MIND THAT CHILDREN WHO STRUGGLE OFTEN TRY TO "HIDE" AND KNOW HOW TO AVOID BEING OBSERVED. Others might notice you are observing and act differently.** Teachers will want to particularly observe and maintain a brief record of behaviors, skills, responses, etc. that are particularly unusual for children at their grade level. Since the teacher has so many opportunities to observe children of similar ages, unusual behaviors that emerge from particular students are worthy of note. Do not be afraid to ask a colleague, your principal, your paraeducator, or the CSO-Special Education to come and complete an observation of a specific child.

3. Communicate *facts*, not opinions, to parents.

Communicating with parents is most successful when teachers are careful to communicate both strengths and weaknesses, and when they stick to measurable, observable behaviors that occur on a regular basis. While a classroom teacher cannot diagnose or prescribe any particular condition, using observation will allow the teacher to describe - in factual terms - events that have occurred. It is best practice to include the specific behavior, when it happens, and the frequency. An example of a factual observation would be, "He gets out of his seat an average of 15 times a day." This provides more information than, "He cannot sit still."

4. Use good instructional and behavior management techniques that have proven to be effective with most children.

The research on the effects of various teaching techniques is very clear – there are particular techniques that work for most children, and help most children access the curriculum. Classroom teachers have a responsibility to hone and develop their teaching skills to bring as many good teaching practices into the classroom as possible. Some examples would include:

- multi-sensory teaching approaches, such as use of math manipulatives
- creative use of technology
- integrated curriculum presentation
- phonemic awareness-based reading instruction
- cooperative learning, including shared reading, peer mentoring, peer tutoring, and peer editing
- clear, developmentally appropriate classroom rules for behavior, including clear rewards for appropriate behavior
- clear consequences for inappropriate behavior (Behavior management also includes teaching appropriate classroom behavior through modeling, shaping, reinforcement, and other effective instructional means.)

5. Know who to speak to in your school if a child is not progressing as you would like.

Your school needs to have a *STUDENT ASSISTANCE TEAM* to which you can speak and ask for assistance. **Once you begin to become concerned about a child, don't wait. Have an informal conversation with the appropriate person** (The Student Assistance Team) **if for no other reason than to gain insights or get a new perspective.** If your school does not have a team, talk to your administrator. School administrators can always reach out to the CSO (Special Education) if they need assistance in starting or adjusting an SAT team:

- Principal / Assistant Principal
- Resource Teacher
- Counselor / School Psychologist
- Grade Level Partner
- Team Lead

6. Try specific strategies to alleviate the problem ("pre-referral strategies" or "pre-referral interventions").

Good teachers know specific strategies to try with children who are not progressing. A list of such sample interventions are included later in this section. **It is important to understand that evaluators will expect information on what the teacher has already done to try to resolve the problem.** If you are a new teacher, or have never encountered this problem with a student before, it can be very helpful to solicit suggestions from the ***Student Assistance Team*** (or a colleague) at this point as to specific approaches to try. One way to get suggestions is to ask the team or your principal to have someone observe you with the child in the classroom and give you feedback and insights. (You may find the observation forms in Section 7 of this manual helpful.)

7. Collect information on your observations and the interventions you have tried.

You may find some of the blank checklists included in this manual to be helpful in this process. Or, your school may already have a good process for collecting this information.

Checklist of Pre-Referral Duties for the Classroom Teacher

Before suggesting that a child needs a referral for evaluation, the following steps should be taken by the child's classroom teacher.

- ☐ I have observed the behavior/skill in question and have notes/records of my observations. (These may be in the form of logs, notes, checklists, student work records, or any other convenient format.)
- ☐ I have assembled samples of this student's work relevant to the behavior/skill in question, including samples of the work done by a typical student in my class.
- ☐ I have had a least one informal conversation with a colleague at my school to brainstorm ideas that might solve the problem.
- ☐ I have had regular contact with the student's parent(s) in regard to the skill/behavior in question.
- ☐ I have asked the parent(s) basic questions about vision, hearing, sleep habits and diet to ensure that none of these is the cause of the problem. (If there is a doubt, the child should see their pediatrician before considering a referral.)
- ☐ I suggested to the parent(s) some simple things they can try at home to alleviate this problem. (Parents may or may not follow through; hoever, the suggestions have been made. These might include supervising homework, simple behavior management strategies, talking to the child about the importance of the following classroom rules, etc.)
- ☐ If appropriate, I have asked a teacher who teaches the same grade, the school counselor, the resource teacher, or the principal to do a formal observation of the child in a situation likely to demonstrate the problem in question.
- ☐ I can articulate several pre-referral interventions that I have specifically tried with this student to alleviate the need for referral. I have made particular note of strategies that may have been at least partially successful.
- ☐ When possible, I have spoken to a teacher who taught this child last year to see if a similar problem existed, and to gain ideas on what has worked in the past.
- ☐ I have read information in the child's permanent folder to see if there is anything relevant to the situation contained here.
- ☐ I have referred this student to my school's Student Assistance Team.

Pre-Referral Strategies

Pre-referral strategies are implemented to reduce the number of students referred for evaluation for special education services. The implementation of strategies also increases the skills of regular education teachers to meet needs of all students (McCarney & Wunderlich, 1993). There are different approaches to pre-referral interventions, but all have one purpose: "To provide supports necessary to maintain the student in general education if at all possible." (ILIAD Project).

Prior to referring a student for evaluation, a teacher should try interventions to accommodate the student. The pre-referral process is a set of guidelines recommended for general education, special education, and related service professionals as a tool to meet the needs of students experiencing academic, emotional, and/or social challenges. This process is intended for use in a collaborative setting that involves a team of professionals from the school. Sometimes, the use of pre-referral interventions will eliminate the need for referral for an evaluation. In other cases, the child's response to those pre-referral interventions that are tried will provide valuable information when an evaluation is ultimately sought.

It is important to remember that interventions need to be consistent, and it is best practice to try them for a specific amount of time (typically 6-8 weeks) and collect data on the individual's progress.

A. Presentation of Materials

- Break large assignments into smaller tasks.
- Relate information to the student's experiential base.
- Introduce one concept at a time.
- Provide students with an overview of the lesson. (Tell students what they should expect to learn and why; i.e., have objectives written on the board.)
- Monitor the level of language you use. Are you using vocabulary and complex sentences that are too advanced?
- Schedule frequent, short conferences with the student to check for comprehension.
- Provide consistent review of any lesson BEFORE introducing new information.
- Allow student to obtain and retain information using assistive technology; i.e., recording device, dictation to a scribe, calculator, computer, etc.

A. Presentation of Materials

- Highlight important concepts to be learned in text or material (color code key points; outline; study guides).
- Space practice and drill sessions over time.
- Monitor the rate at which you present material. (Do you talk too fast or give too much material at one time?)
- Give additional presentations:
  - Repeat original presentation
  - Provide simpler, more complete explanation
  - Give additional examples
  - Model skills in several ways
- Provide additional guided practice:
  - Require more responses
  - Lengthen practice sessions
  - Schedule extra practice sessions
- Make consequences positive:
  - Increase feedback
  - Provide knowledge of results
  - Chart performance
  - Reward approximations
  - Give incentives to begin and complete tasks
- Recognize and give credit for student's oral participation in class.
- Make arrangements for homework assignments to reach home with clear, concise directions.
- Assign tasks at the appropriate level (lower reading or difficulty level). Homework should be at an independent level, not a frustration level.
- Give tests orally.

B. Environment

- Use study carrels.
- Use proximity seating.
- Seat student in an area free from distractions.
- Let student select the place that is best for student to study.
- Help keep student's space free of unnecessary materials.
- Use checklists to help student get organized.
- Use notebook for organizing assignments, materials, and homework.
- Provide opportunities for movement.

C. Time Demands

- Increase amount of time allowed to complete assignments/tests.
- Reduce amount of work or length of tests (as opposed to allowing more time).
- Teach time management skills (use of checklists, prioritizing time).
- Space short work periods with breaks or change of task.
- Set up a specific routine and stick with it.
- Alternate quiet and active time (short periods of each).
- Give student a specific task to perform within specific time limits.

D. Materials - Visual Motor Integration

- Avoid large amounts of written work (both class and homework).
- Allow student to choose manuscript or cursive - whichever is easier.
- Set realistic and mutually agreed upon expectations for neatness.
- Let student type, record, or give answers orally instead of writing. (This should be done for a limited time before referring student for evaluation.)
- Avoid pressures of speed and accuracy.
- Provide student with a copy of lecture notes produced by the teacher or a peer.
- Reduce amount of copying from the board. Provide student with copies of information.

E. Visual Processing

- Highlight information to be learned (color coding, underlining, etc.).
- Keep written assignments and workspace free from extraneous/irrelevant information.
- Worksheets should be clear and well-defined.
- Go over visual tasks with student and make sure student has a clear understanding of all parts of the assignment BEFORE beginning.
- Avoid having student copy from the board. (Provide a copy of the material.)

F. Language Processing

- Give written directions to supplement verbal directions.
- Slow the rate of the presentation.
- Paraphrase material using similar language.
- Keep statements short and to the point.
- Avoid the use of abstract language (metaphors, idioms, puns, etc.).
- Keep sentence structures simple; gradually introduce more complex sentences.
- Encourage feedback from student to check for understanding (i.e., having student restate what you have said in his/her own words).
- Familiarize student with any new vocabulary before the lesson. (Make sure the student can use the vocabulary, not just recognize it.)
- Reduce amount of extraneous noise such as conversations, TV, radio, noises from outside.
- Alert student's attention to key points with phrases such as:
  - "This is important"
  - "Listen carefully"
  - "You will see this information again."
- Ensure readability levels of the textbooks used in class are commensurate with student's language level.
- Utilize visual aids to supplement verbal information. (Charts, graphics, pictures, etc. can be used to illustrate written and spoken information.)
- Utilize manipulative, hands-on activities whenever possible; establish the concrete experience base. BEFORE teaching more abstract concepts.
- Always demonstrate to the student how the new material relates to material the student has previously learned.

G. Organizational

- Establish a daily routine and attempt to maintain it.
- Make clear rules. State what you want the student to **do**, not what you do not want him/her to do.
- Consistently enforce the rules.
- Contract with the student using a reward for completion of the contract.
- Use a notebook with organized sections, such as *Assignments Due, Calendar, Homework, Study Guides, Schedule, Class Notes*, etc.
- Color code textbook, notebook, and folder (i.e., all science are red, all social studies are green). Put a mark on papers handed out to correspond with the color of the folder in which the paper should be stored.
- Avoid cluttered, crowded worksheets by utilizing:
    - Blocking - block assignments into smaller segments
    - Cutting - cut worksheets into fourths, sixths, or eighths and place one problem in each square
    - Folding - fold paper into fourths, sixths, or eighths and place one problem in each square
    - Color coding
    - Highlighting
    - Underlining
- Hand out written assignments with expected dates of completion typed or written on one corner.
- Establish a place for students to turn in assignments: folder, tray, or notebook.
- Set aside a specific time for cleaning desks, lockers, organizing notebooks, etc.
- Teach goal-setting skills.
- Teach decision-making skills/prioritizing skills.
- Teach time management skills.

Principal/Principal Delegate Responsibilities for Pre-Referral

The following are steps that a principal (or principal delegate) should take prior to referring a child for an evaluation.

☐ I have observed the behavior/skill in question and have notes/records of my observations. (These may be in the form of logs, notes, checklists, student work records, or any other convenient format.)

☐ Ensure that the classroom teacher has followed all the appropriate steps as described in the Pre-Referral Classroom Teacher Responsibilities Checklist.

☐ Ensure that pre-referral interventions from the Student Assistance Team have been tried. Encourage the team to make particular note of interventions that were partially successful.

☐ Determine if there are accommodations that should be put in place/continued in place while an evaluation is being considered.

☐ Ensure that the parents have been clearly informed of teacher concerns. Understand what, if anything, the parents have tried to resolve the problem.

☐ Determine whether the parents share the teacher's concern. If not, suggest ways for parents to get more information:

- Share websites, books, or articles with them;
- Suggest parents observe the child in a setting likely to help them notice the behavior/skill in question: dinner table, playground, lunchroom, at table doing homework, etc.
- Suggest that parents share the school's concerns with the pediatrician.

☐ Explain to parents that any accommodations/modifications that are tried during the pre-referral stage are only temporary and cannot be continued indefinitely without a referral.

☐ If it has not already been done, the principal (or delegate) should do a formal observation of the child in a setting where the skill/behavior in question is likely to be observed. Suggestions from this observation can be given to the classroom teacher.

☐ It is always possible to contact the Catholic Schools Office (Special Education) for more ideas to try during the pre-referral stage.

Referral

(*What to do when a decision has been made that a child needs an evaluation.*)

Topics:

- CLASSROOM TEACHER RESPONSIBILITIES FOR REFERRAL
- PRINCIPAL/PRINCIPAL DELEGATE RESPONSIBILITIES FOR REFERRAL
- REFERRAL ETHICS AND WHERE TO REFER FAMILIES
  - *LEA Contact Information by County for Referral*
  - *Low-Cost or Free Services Available in the DC Metro Area*
    - LEARNING DISABILITIES AND/OR ADHD EVALUATIONS
    - SPEECH, LANGUAGE, AND HEARING SERVICE OCCUPATIONAL THERAPY SERVICES
- SAMPLE LETTER TO PARENTS REGARDING REFERRAL INFORMATION
- WHAT TO DO IF A PARENT IS OPPOSED TO AN EVALUATION

The process of referring a child for possible evaluation for a special need is an important part of the teaching process.

CLASSROOM TEACHER RESPONSIBILITIES FOR REFERRAL

Prior to informing the principal that a child may need a referral for an evaluation, the classroom teacher must be careful that s/he has completed all of his/her responsibilities in the pre-referral process. If a child is referred for an evaluation too soon, one of the following problems may occur:

- The child does not meet criteria for a free evaluation by the public school;
- The results of the evaluation are inconclusive, and parents or school may feel that time/money was wasted;
- The results of the evaluation are inconclusive, and parents become opposed to any further evaluative/diagnostic work because they believe erroneously that it has already been completely done, once and for all.

The timing of a professional evaluation is critical. Once a classroom teacher (along with other school personnel and the child's parents) has tried all of the pre-referral options, it is time to consider referring the child for evaluation. The classroom teacher and the Student Assistance Team will want to work closely together during this process. Items that will be of value include:

- Pre-referral interventions that were tried to resolve the problem;

- Evidence that the parent(s) has/have been regularly informed that a problem exists which needs to be addressed. There should be clear evidence of regular and progressively more complete information being shared with the parent via phone calls, emails, and meetings;

- Logs, charts, sample schoolwork, anecdotal records, observations, etc. that document the problem.



CONSISTENTLY and **UNEQUIVOCALLY** avoid **ANY** speculation as to possible conditions, disorders, disabilities, or other "issues" that a child may have. Commenting on whether or not you think a child has a particular condition is the **biggest mistake that many well-meaning classroom teachers make. It can cause a HOST OF PROBLEMS.** ***Don't do it!***

If pressed by parents with specific questions, such as *"Do you think he has (ADHD? A learning disability? Depression? A reading disorder? Dyslexia?")*, **the only professional response is:** *"I am not qualified to diagnose a child with a specific problem or condition. If you have a suspicion that your child may have a particular problem, a good first step is to read good basic information about that condition. I can give you a list of websites that have detailed, professional information on (ADHD, reading disorders, depression, etc.) if you would like. However, keep in mind that many conditions that can affect learning can have similar features. If you get to the point when you want to KNOW if your child has (ADHD, a learning disability, an anxiety disorder, etc.), then that is the time to think about getting a professional evaluation. However, I remain very concerned about your child's progress in (reading, attending to instruction, following directions, getting along with peers, calculating, etc.). Our school will let you know when we feel that a professional evaluation would be a good idea. We don't want to guess what the problem might be – we want to know, so that we can respond appropriately. "*

Principal/Principal Delegate Responsibilities for Referral

The principal, or the principal's delegate, has major responsibilities with regard to children who are referred for evaluation. These include:

- ***Establishing who in the building is responsible for keeping track of all referrals*.** If not the principal, then perhaps the resource teacher, counselor, assistant principal, psychologist or Student Assistance Team leader will have primary responsibility. ONE PERSON must be aware of all the referrals that are made from your school.

- ***If there is a principal delegate who has primary responsibility for referrals, the principal herself/himself must still have personal knowledge of all the referrals that will be made.***

- ***Ensuring that all teachers have followed all of the pre-referral steps as appropriate for each child before referrals are made.***

- ***Ensuring that parents receive professional information regarding referrals.*** This includes:
    - SPECIFICALLY why the evaluation is needed;
    - What the school will do with the evaluation results;
    - Information on public school evaluations, low-cost evaluations available locally, and general information on accessing health insurance.

- ***School personnel, including the teacher and principal, must never imply that parents must use one specific private evaluator for an evaluation.*** Although it is likely that a school may develop a relationship with one particular evaluator that is well- known for quality work, implying that only this single person can evaluate the child can lead to problems. Parents may assume that the school is getting a financial kick-back from this individual, or that the school only sends children to evaluators that they "know" will diagnose a problem. If parents request specific information on evaluators, a list of at least three names should be given to the parent, along with information on how to obtain a good evaluation.

- ***Be certain that parents and teachers understand that if the child is not evaluated, any accommodations, interventions, or modifications that have been in place <u>as part of an information gathering approach</u> will not continue.*** This is particularly important for children above 2nd grade. This may include items such as: access to specialized instruction (such as resource room instruction), extra time on assessments, preferential seating, modifications to homework or other assignments, permission to use assistive technology, such as electronic books or screen-reading computer systems.

The purpose in keeping such pre-referral accommodations/interventions to a specific period of time without testing is not to punish the child or the parents. Rather, pre-referral changes must be temporary in length so as not to mask potentially more serious issues that could be discovered during an appropriate evaluation. This is why giving maximum flexibility to children from Pre-K to 2, planning for evaluation in grades 3 – 5, and firmly requiring evaluation in grades 6 – 8 makes good educational sense. Many interventions are most effective when a child is young. Masking the need for these interventions might appear to help temporarily, but actually will not solve the problem in the long run and only hurts the child.

REFERRAL ETHICS AND WHERE TO REFER FAMILIES

Referral Ethics

Schools must be particularly careful when referring children for evaluation to determine if a disability exists. This is one of the crucial services that a school provides to parents, and it must be done compassionately and professionally if the best results are to be achieved. It is important that all parents receive professional, balanced information on why and how to receive an evaluation for their child. **Clear information about receiving a free evaluation from the public school system must be available.** If parents wish to pursue a private evaluation, schools must be careful that they do not appear to imply that only results from particular evaluators or test centers will be accepted.

It is never appropriate for a single individual to refer a student for evaluation.

It is never appropriate for a single individual to refer a student for evaluation with the rare exception of a qualified school counselor or school principal who may need to refer a child who appears to be having a mental health crisis. Even then, it is best if the opinion of SAT members or assistance from the Catholic Schools Office is sought. Private evaluations can be expensive, time-consuming, and often times a very emotional process for parents.

It is important to understand that under IDEA 2004, children in Catholic school that are referred to the LEA and found eligible for services are “counted” and federal monies are generated to pay for services to students in Catholic school. (This is a complex process, but the summary above is essentially accurate.) This does not mean that we should force parents to have their child evaluated by the LEA, but it does mean that encouraging parents to work through the LEA can be in the best interest of all the children with special needs that attend your school.

In a metropolitan area such as Washington, DC, there are many excellent private services and evaluators available. Parents who seek a private evaluation will want to consider cost, location, professional background, waiting time for appointments, and their own personal comfort with a particular evaluator. Some parents will feel that it is essential that they choose an evaluator who has no relationship with the school, while others will feel that such a relationship is an advantage. Respecting parental feelings in this area will pay off in the long run – parents who have confidence in their child’s evaluator will be much more likely to accept and implement the

suggested recommendations that they feel are needed by the child. While schools may want to distribute a list of options to parents, this list should contain many options, including the lower-cost options available in the DC metropolitan area. (See "Low Cost Services Available in the Washington, DC Metropolitan Area" on pg. 104 of this Section.) Schools may also offer to have the school learning specialist/ resource teacher/ Student Assistance Team leader look over the list of approved evaluators that are offered under a parent's insurance plan to see if there are any with which the school has had experience.

Refer to the following list of evaluation options in the Washington, DC area. If schools would like to refer parents to private evaluators, they should be certain to add several names to the list, not just one or two. At least some of these evaluators probably accept a variety of insurance plans. The school must inform parents that they will be glad to read evaluations from any evaluator, although they will reserve the right to comment on the quality of the evaluation.

There are many excellent private services and evaluators available in the Washington, DC metropolitan area.

Where to Refer Families

Where to refer families for assistance is a skill that team leaders, principals, and resource teachers will develop over time. It is important to keep in mind the following:

- *If the child has not had a recent hearing or vision screening, it may be best to start with these.*
- *Referral to the child's pediatrician can be the fastest and simplest way to get some basic information.*
- *Referral to the LEA is always possible, although it may take up to three months or more to get the information that you are seeking.*
- *Be certain that you are aware of the free or low-cost options available in the area.*
- *Make sure the parent understands what questions the evaluation is designed to answer. Examples:*
    - *Why is Chris not progressing as expected in regard to his overall reading skills, despite intensive intervention?*
    - *What would help Pat to learn school skills such as staying seated, raising her hand, and completing work independently?*
    - *Does Selena have an overall health problem that is making it difficult for her to learn effectively in a typical classroom setting?*
- *Before asking for a complete private psycho-educational evaluation, be sure that a team of educators is involved in this decision and that other, less costly options have been considered.*

LEA Contact Information by County for Referral

Any of the following contact information can change at any time. Also, some LEAs have special offices just for children under the age of 5. If you have questions regarding how to refer a child to your LEA for evaluation, please feel free to contact the Catholic Schools Office (Special Education). Please also notify the CSO (Special Education) any of this information is out-of-date.

Calvert County

Special Education
(Ages 5-21 years)
Calvert County Public Schools
1350 Dares Beach Road
Prince Frederick, Maryland 20678
(443) 550-8400

Child Find (Ages 3-5)
(443) 550-8373

Infants & Toddlers (Ages Birth-3)
(443) 550-8405

Charles County

Department of Special Education
Charles County Public Schools
5980 Radio Station Road,
P.O. Box 2770
La Plata, Maryland 20646-2770
(301)392-7587

Early Intervention Services (Ages 3-5)/Infants & Toddlers (Ages Birth-2)
Early Intervention Coordinator
(301) 753-1745

District of Columbia

Centralized IEP Support Unit
(ages 5 years 10 months - 21 years old)
1200 1st Street NE, 8th Floor
Washington, DC 20002
(202) 442-5475
Email: dcps.childfind@dc.gov

Early Stages
(Ages 2 years 8 months - 5 yeas and 10 months)
1125 New Jersey Ave NW,
Washington, DC 20001
(202) 698-8037
Email: referrals@earlystagesdc.org

Strong Start
(Ages younger than 2 years, 8 months)
(202) 727-3665

Montgomery County

Child Find Office
(Ages 5 - 21 years old)
Services for Students in Private/ Religious Schools Coordinator
850 Hungerford Drive
Rockville, MD 20850
240.740.3852

Child Find: Ages Birth- 5 years old
English Manor School
4511 Bestor Drive, Room 146
Rockville, Maryland 20853
Phone: (240) 740-2170
Intake Line: (301) 947-6080
Email: ChildFind@mcpsmd.org

LEA Contact Information by County for Referral– Continued

Prince George's County	St. Mary's County
Child Find Office for School Aged Children Department of Special Education John Carroll Center 1400 Nalley Terrace Landover, Maryland 20785 (301) 618-8300 **Child Find - Preschool** (Ages 35 months– 5 years) 2300 Belleview Ave. Cheverly, Maryland 20785 (301) 925-6600 **Infants and Toddlers Programs** (Ages birth-35 months) (301) 925-6627	**St. Mary's County Public Schools** Coordinator of Special Education 23160 Moakley Street Leonardtown, MD 20650 (301) 475-5511 ext.32223 **Infants and Toddlers Program** (Children age 3 or younger) (301) 475-5511 ext. 32223

Low Cost Services Available in the Washington, DC Metropolitan Area

These agencies have identified themselves as offering services on a sliding fee scale, at a generally available reduced cost - or for free - to families. Please note that this does not constitute an endorsement of these particular agencies, but rather a starting point for families who need low-cost or free services for their children. Other resources may be available; if the following are not suitable, please call the Catholic Schools Office.

As children may need to be seen only once or twice for a psycho-educational evaluation, families may be willing to travel to service providers who are not particularly near their home.

If you should find on this list an agency that is not offering a sliding fee scale (generally available reduced price) and/or free services to the general public, please contact the Catholic Schools Office so that it may be removed from the list.

The Catholic Schools Office does not list groups that do not offer a sliding fee scale, generally available reduced price, and/or free services to the general public.

EVALUATIONS	
Organization	**Services Provided**
The Center for Children 6100 Radio Station Road P.O. Box 2924 La Plata, Maryland 20646 301-609-9887 41900 Fenwick Street, #1 Leonardtown, Maryland 20650 301-475-8860 https://center-for-children.org	• **Evaluations (Check on these)** • **Therapy** • **Counseling**
Children's National Medical Center - DC Mobile Health Unit 1-888-884-2327 https://childrensnational.org/primary-care/mobile-health	• Well Child Care & Immunizations •Behavioral & Psychological Evaluations • Lead & Tuberculosis Screening • Community Health & Parent Education • Case Management • Early Periodic Screening, Diagnosis, & Treatment (EPSDT) Program Visits

EVALUATIONS

Organization	Services Provided
Clinical Trials https://clinicaltrials.gov/	The National Institute of Health, Kennedy Krieger Institute, and Children's Medical Center are frequently looking for participants for clinical trials. Children who qualify receive free services. Parents should clearly understand the scope of the trial before pursuing this option – but it is common for trials to be designed around options that do not involve testing medication, but rather testing various tutoring or therapeutic interventions that are unlikely to have any detrimental side effects.
George Mason University - Center for Psychological Services 10340 Democracy Lane, Suite 202 Fairfax, Virginia 22030 1-888-884-2327 https://psyclinic.gmu.edu/	• Diagnostic Testing and Assessment • Therapy • Consultation
The George Washington University - The Meltzer Center 2013 H Street NW, Fourth Floor Washington, DC 20052 meltzercenter@gwu.edu 202-994-9072 https://psychology.columbian.gwu.edu/meltzer-center	• Assessments • Child and Adolescent Therapy •Consultation

EVALUATIONS	
Organization	**Services Provided**
Jewish Social Services Agency Locations in Rockville, Silver Spring, and Northern Virginia Maryland: 301-816-2633 Virginia: 703-896-7918 https://www.jssa.org/services/mental-health/psychologicaltesting/	• Diagnostic Testing • Accepts insurance • Provides a Sliding Scale
Kennedy Krieger Institute Center for Development & Learning 707 North Broadway Baltimore, Maryland 21205 888-554-2080 https://www.kennedykrieger.org/	•Diagnostic Assessments • Monitoring • Treatment Needs • Therapeutic Recommendations for School and Home
University of Maryland - Psychology Clinic Biology/Psychology Building 4094 Campus Drive College Park, Maryland 20742 301-405-4808 https://psyc.umd.edu/graduate/clin-psychology-clinic	• Individual Therapy • Diagnostic Consultation • Psychoeducational Assessment • Behavioral School Consultation • Behavioral Parent Training • Parent-Child Interaction Therapy
University of Maryland-Center for Healthy Families School of Public Health 4200 Valley Drive, Room 0142 University of Maryland College Park, MD 20742-7515 301-405-2273 https://www.thecenterforhealthyfamilies.com/services	• Child Therapy/Play Therapy • Family Counseling • Coping & Adjustments • Anger Management • Grief Therapy • Trauma Therapy • Anxiety Management

Speech, Language, and Hearing	
Organization	**Services Provided**
Children's National Medical Center Hearing and Speech Center 111 Michigan Avenue, NW Washington, DC 20010 202-476-5600 https://childrensnational.org/departments/center-for-neuroscience-and-behavioral-medicine/programs-and-services/hearing-and-speech	• Comprehensive Evaluations • Treatment & Management
Children's Developmental Clinic Prince Georges Community College Largo Room 123-A 301 Largo Road Largo, Maryland 20774 301-546-0519 https://www.pgcc.edu/go/cdc/	• Assessment • Language & Reading Development Programs • Coordination & Motor Skills

Speech, Language, and Hearing	
Organization	**Services Provided**
The George Washington University Hearing and Speech Center 2115 G Street, NW Suite B01 Washington DC 20052 202-994-7360 https://speechhearing.columbian.gwu.edu/speech-hearing-center	• Full range of hearing, language, and speech services
The Howard University Speech and Hearing Clinic C.B. Powell Building 525 Bryant Street, NW Washington, DC 20059 202-806-6991 https://communications.howard.edu/index.php/programs/speech-and-hearing-clinic/	• Diagnostic and therapeutic services in hearing, language, and speech services

Sample Letter to Parents Regarding Referral Information

Dear Parent:

I am writing to provide you with specific information regarding pursuing an evaluation of your child for a possible special learning need. I understand that your child has been recommended by the Student Assistance Team as requiring an evaluation at this time, and that you are in the process of choosing who will perform the evaluation. When making the decision to have your child receive an individual evaluation to determine special learning needs, it is very important that you read and consider the following information. Please be advised that sharing information from our school with the evaluator is essential to obtaining an excellent evaluation.

All parents, whether the child is enrolled in public school or not, have the right to ask the Local Educational Agency (LEA) to evaluate their child for special learning needs. Our local LEA is _____. Even though you may live in another county, city, or state, your child would be evaluated by this LEA because our school is located in _____This reflects a change in the re-authorization of IDEA 2004, the public law that governs services to children with special needs. The local LEA will consider your request for an evaluation after receiving a written request from you, as well as additional information from you and our school. If your child is determined eligible for an evaluation, one will be provided to him/her free of charge. We can provide you with more information on this process, if you desire.

You may also choose to have a private evaluator(s) test your child. There are several ways to find a good private evaluator, and we would be happy to help you with any of them. These include:

- *Contacting your health insurance provider to see if the type of evaluation your child needs is totally or partially covered by your health insurance. If there is a list of approved evaluators, you may share it with us if you like and we will tell you if we have had experience with any of the evaluators.*

- *Considering the low-cost evaluation options that are available in the Washington metropolitan area, particularly at area children's hospitals and universities. Several options are attached.*

- *Choosing a fee-for-service private provider at your discretion. If you would like a list of providers that our school has found to be effective, we will happily provide this information to you.*

You have the right to have your child evaluated by whomever you choose. We would ask that you carefully read the following information on how to make this decision.

1. *The quality of evaluations varies, as does the quality of any professional service. While we respect your choice to have your child evaluated by whomever you select, we will be compelled to comment on the quality of evaluations that appear to be poorly done, or incomplete. We cannot, and will not, implement interventions based on poorly done or incomplete evaluations.*

2. We will read with great interest any recommendations that are made for the education of your child, we will be able to implement only those recommendations that we feel are professionally appropriate, and which we are equipped to implement. We will be happy to discuss this in detail with you once we receive your child's completed evaluation.

3. The attached information on choosing an evaluator and understanding your child's evaluation is designed to help you make an informed choice in this very important process.

While some parents may find the prospect of pursuing an evaluation to be stressful, our experience has been that careful evaluation of a student at the appropriate time is one of the best ways to ensure that a child receives an excellent education. We appreciate your willingness to pursue this option and want to help you make the best decision possible for your child.

If you have any further questions, please do not hesitate to contact us. Once you have chosen an evaluator, please let us know whom you have chosen. If you decide to have the public school evaluate your child, we can provide the appropriate information to get started. If you choose a private evaluator, please complete the enclosed "Authorization for Release of Student Information Form" so that we may provide information to the evaluator necessary for the evaluation. We would expect to hear from you in regard to your choice of an evaluator within the next two weeks.*

Sincerely,

School Principal or Principal Designate

NOTE: Form 19—Authorization for Release of Student Information (School Operations Manual)

Additional comments you may wish to use in your letter to parents regarding public or private testing:

- Catholic school students who are tested by the public school usually will not be tested at their Catholic school, but rather at the public school. Therefore, students will find the environment to be new whether they are tested publicly or privately. The environment should not be a factor in your selection, except to ensure that your child will be tested in a child-friendly, quiet environment that is conducive to good test results.

- Most Catholic schools have experience with the quality of the LEA (public school) testing. In some cases, it is of outstanding quality and the benefits of a team approach are clear. In other cases, experience has shown that it is of variable quality at best. Ask the principal, resource teacher, or counselor at your child's Catholic school what their experience has been with local public school testing.

- Evaluators who have seen a large number of children bring this expertise to their testing. When possible, have the most senior person evaluate your child.

- It is ideal to have a doctoral level psychologist perform all cognitive testing, if at all possible.

- If you have your child tested privately, be certain that you ask several professionals, including your child's pediatrician, about the evaluator's reputation. Unfortunately, evaluators may develop a wonderful reputation among parents, but this reputation may not be shared by professionals, who often have more insight into the quality of the final product. Do not choose an evaluator simply because he or she is the one that all your friends recommend.

- There are many excellent private providers in the Washington, DC area. Be sure you feel comfortable with any private provider you select. You will then feel more confident about the test results.

- Be aware of conflicts of interest. Excellent evaluators will understand that the evaluation process must be completely separate from any tutoring or therapeutic services offered by an agency or an individual.

- Many excellent low-cost options for private testing are available in the Washington, DC metropolitan area, including the National Institute of Health, The University of Maryland, George Mason University, and Children's Hospital among others.

- If your health plan has a list of approved providers, you may want to show a copy to the counselor or resource teacher at your child's school to see if they are familiar with any of them.

- Do not be afraid to ask questions. If your questions are numerous, it may be worth your while to pay for an hour-long consultation before committing to hire someone for a complete evaluation.

- If you are choosing a private evaluator, and you or your child feels more comfortable with an evaluator of a specific gender, race, or cultural background, it is quite appropriate to express this preference. When a child feels comfortable with an evaluator, evaluation results will be most valid.

- If your child has some special circumstances that you would like the evaluator to understand such as adoption, a specific illness, a trauma that occurred, etc., it is appropriate to express an interest in finding an evaluator that has experience with this special circumstance. Your school, your child's pediatrician, or a national support group may be able to refer you to an evaluator who has such expertise.

What if a Parent is Opposed to an Evaluation?

It is understandable that some parents find the thought that their child may have a special need to be disconcerting. This can lead them to feel uncomfortable with moving forward with an evaluation. A first step towards garnering parental cooperation is to ensure that the pre-referral process has been handled professionally, and that parents have had:

- Regular communication with the teacher regarding the skill(s)/behavior(s) in question;
- Simple suggestions to try at home to address the problem;
- Time to think about the problem;
- An opportunity to ask questions and gain more information from outside sources such as professional organizations that provide information on learning disabilities, AD/HD, etc.

When all of the above have been completed, the principal should inform the parents that:

- Accommodations may not be able to continue until further information about the child's learning is obtained. This may be as simple as a doctor's note or as complex as a full psycho-educational evaluation.
- The school cannot encourage any interventions that are not research-based. (So, for example, it is not appropriate to delay an evaluation so that the parents can see if the child responds to "herbal remedies.")
- Once the evaluation is done, the parents will of course have time to consider what the evaluation means for their child. (For example, if a child is diagnosed as having AD/HD, this does not automatically mean that the parents are expected to put the child on medication.)
- The school cannot overlook behavior problems that may be due to a special learning need even if the parents are in an active process of gaining professional information as to the root of the problem. However, on occasion it may be reasonable to be somewhat more lenient while the information from a professional evaluation is gathered so that an effective behavior plan can be written.

Additional thoughts:

- Ask the parents directly why they would prefer not to have an evaluation at this time. Is it the cost? The stigma? Are they worried that the child may find the evaluation process unpleasant? Listen carefully and try to respond with facts. Or, offer to get more information.
- Reiterate that your school knows how to handle confidential information (make sure this is a fact). Some parents worry about who will see the report, where it will be kept, etc. If you sense that this is the case, let the parent know that private evaluators can prepare a "School Report" which contains only the information that schools need to educate the child, not sensitive background and family information.

- Offer to put the parent in touch with another family (with an older child) that found the evaluation process helpful. Be sure you have permission from the older child's family before you put the two families in touch.

- Tell the parents directly that while you understand they are uncomfortable with this process, the school feels strongly it is in their child's best interest to move ahead and get more information so that the child can be well educated.

- Reiterate that many learning challenges look alike to a non-professional observer. You do not know why their child is having problems at school. The issue may be one that is much easier to resolve while the child is young. That is one critical reason for having a good professional evaluation done at the proper time.

- If the child is in 6th grade or above, advise parents that an evaluation can assist in preparing and planning for the transition to high school.

Topics:

- When a Child is Not Found to Have a Special Educational Need
  - *When a Parent Does Not Agree with the Results of an Evaluation*
  - *When a School Does Not Agree with the Results of an Evaluation*
- When a Child is Found to Have a Special Need
  - *Services Available for Free from the LEA*

When a Child is Not Found to Have a Special Education Need

If, after evaluation, a child is found not to have a special educational need, the following questions should be asked:

- ***Was the evaluation properly and thoroughly done by (a) qualified professional(s)?***
- ***Does the evaluation simply say that a diagnosis cannot be made at this time?*** This is actually more of an acknowledgment that the child is too young, or that enough information has not been collected to be conclusive.
- **Does the public evaluation merely say that the child does not qualify for special educational services from the public school?** This simply means that the child did not meet the criteria for that school system. Some conditions, particularly milder forms of learning disabilities, may not qualify the child for public school services, but this does not mean that the child would not benefit from accommodations or interventions. The Student Assistance Team may decide to offer accommodations to such students if team members are in agreement that they are warranted.
- ***Did the parents and the school provide accurate and detailed information to the evaluator?***
- ***Did the school refer the child prematurely?***
- ***Did the parent arrange for an evaluation too soon because of his/her inexperience or anxiety over typical developmental issues?***

It is always possible to ask another professional to read the evaluation and comment on the conclusions. Parents may have to pay a fee for this service, but it might be well worth the price before deciding that the child does not have a special educational need. If parents do not choose to hire a professional to read the evaluation, they might be able to ask their pediatrician to read the evaluation and comment on its quality and conclusions.

Pediatricians differ enormously in their ability to draw accurate conclusion from educational and psychological testing, but it is a possible option for parents to consider.

When a Parent does not Agree with the Results of an Evaluation

It is relatively common that parents find evaluation results difficult to understand. The report can be full of jargon. Some evaluators are not very good at taking the time to explain the evaluation to the parent. If a parent does not agree with the results of an evaluation, a good first step is to carefully and methodically review what the evaluation says about the child. The ability to read and interpret evaluations is a special skill which can be learned by a teacher or administrator (if there is not a special educator or psychologist on the faculty).

Principals can always seek the help of a colleague, or the Catholic Schools Office–Special Education, for input as to the meaning and interpretation of an evaluation. Also, it is reasonable for the school to ask permission to contact the evaluator and clarify the evaluation results.

Often there are many associated private headaches related to the diagnosis of a disability. Parents can wonder if they are to 'blame'.

It is not unusual for parents to understand the evaluation and to still dislike what it says. Often there are many associated private heartaches related to the diagnosis of a disability. Parents can wonder if they are to "blame" due to prenatal choices, heredity, poor parenting, etc. Many parents may have struggled in school themselves, and the implications of the diagnosis for them and for siblings may be painful. Other parents may fear the consequences of a diagnosis, believing that they "know" what this will mean for their child (medication? failure? stigma? change of school placement?).

Schools can begin by listening to parental concerns in regard to the evaluation. This can be time consuming as some parents may not be able to adequately articulate their true concerns. It may be useful to remind parents of a few facts:

The parents do have his or her right to do what seems best.

- **The parents are the parents,** and will always retain his or her right to do what seems best. Getting further information does not obligate parents in any way.
- This can be a confusing and overwhelming process for parents. **Taking time to be well-informed and to sort out one's feelings is very wise.**

- **It is very common for a mother and father to disagree with each other regarding the accuracy of the evaluation results.** Usually, this can be explained by either each parent's own personal experience in school, or by the amount of time and the circumstances in which each parent spends time with the child. It can be useful to ask the parent who does not agree with the evaluation if he or she would be willing to take over the duties/experiences of the other parent (and vice versa) for a short while, so that each parent can try to experience the other's perspective.

Schools can suggest the following to parents who do not agree with evaluation results:

- **Read some good basic information about the condition in question.**
- **Consider carefully, and consult with a professional, about the possible negative repercussions of not implementing the evaluation results.**
- **Be sure to focus on research-based information available from reputable organizations, not hearsay or public opinion.**
- **Speak to another parent who has a child who was diagnosed with this condition/need. (The school may offer to find such a person, but must have permission from both individuals before connecting them.)**
- **Speak to the pediatrician about his/her opinion.**
- **Supply evaluation results to another professional and ask for a second opinion.**

Schools must make it clear that:

- **Parental decisions will be respected.**
- **Respect for a parent's decision does not mean that the school agrees with that decision. Respect for a parent's decision does not mean that the school will agree to continue to enroll the child.**
- **Parents are entrusting their children to us and asking for our professional expertise. We are morally bound to give them our real opinion, not just say what we believe they want us to say.**

When the School Does Not Agree with the Results of an Evaluation

If a child is evaluated by an LEA and determined not to be eligible for services, there are steps the school can take to try to help the child get support. These include:

- **Being certain that the information given to the LEA was as complete and accurate as possible. Perhaps there is more information that would result in a different outcome?**
- **Putting interventions in place that a professional considers to be necessary for the child. Record the child's response to these interventions, return it to the LEA, and ask the parents to request a meeting with the LEA to re-visit its decision.**

If a child is evaluated by a private examiner, and the results seem to be poorly done, or of questionable origin:

- **Remind the parents of the information that was given to him/her at the time of referral – the parent can choose any evaluator, but the school will not implement suggestions from evaluations that seem to be poorly done.**
- **Ask the parents for an "Authorization for Release of Student Information" (Form 19 in the School Operations Manual) so that the school can contact the psychologist (or evaluator) who did the testing for more information.**
- **If the parents refuse the above request, the school will have to politely - but firmly - decline to proceed further with any special plans for the child.**
- **If the parents agree to have a member of the school contact the psychologist, have the most experienced person on the faculty place the call. Be sure to have specific questions before contacting the evaluator. Take notes during the conversation.**

Sample questions might be ….

"Why was the child only given educational assessments, and not a cognitive assessment such as the WISC?"

"Why do parts of the assessment seem to be missing?"

"What is your professional explanation as to why this child is having trouble in school?"

"Please describe your licensing and certification."

When a Child is Found to Have a Special Need

When a child is found to have a special need, and the school and the parents are in agreement about evaluation results, the school needs to meet with the parent(s) to plan to meet the child's need. At this meeting, a decision will have to be made whether the child will receive accommodations only, or accommodations and any one or more of the following:

- ***Substantive changes to the curriculum***
- ***Substantive changes to instructional methods***
- ***Substantive changes to assessments***

Students who need accommodations only should receive a Catholic Accommodations Plan (CAP). Those that require more than just accommodations may receive an Individualized Catholic Educational Plan (ICEP). These are discussed in detail later in this section.

The evaluation may indicate a disability or special need so significant that the Catholic school feels it may not be able to retain the child at the school. If this is the case, the following steps are recommended before a change is made:

- Contact the Catholic Schools Office– Special Education to see if there are options available that may help the child to be maintained.

- Consider if there is another Catholic school in the area that may be able to meet the child's need.

- Reflect honestly and candidly about whether the school might be in a financial and experiential position to offer services to children with this need. Perhaps this is the right time to broaden the school's ability to work with children with disabilities.

- Carefully and realistically consider what the child's true options are outside of the Catholic school. If the public school is not going to provide beneficial services to the child, and the parents cannot afford private interventions, then maintaining the child at the Catholic school must be very carefully considered.

- Weigh the consequences of removing a child from his/her peer group and known environment. Is there a way that a change could be made at a less disruptive time for the child?

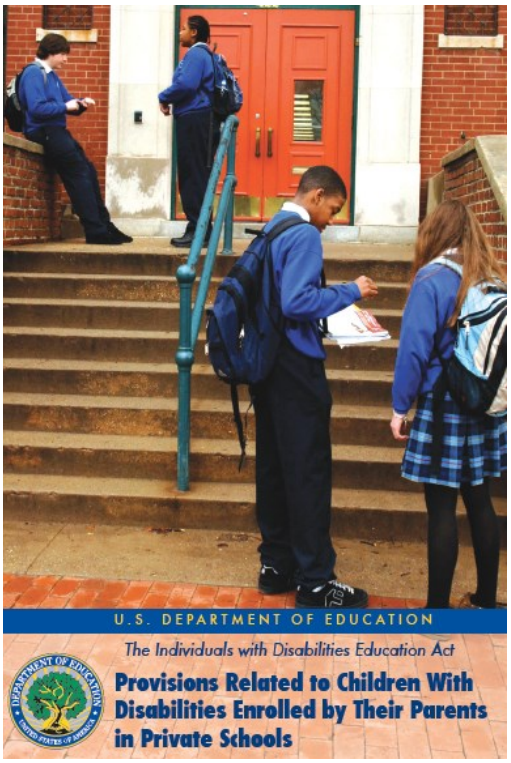
- What is the impact on the other students if this child's enrollment continues?

Services Available for Free from the LEA

Under IDEA 2004, the LEA (Local Educational Agency or public school system) where your school is located must offer a proportionate share of funds in the form of services to children who attend private and religious schools, and who qualify under IDEA 2004 as having a disability with an educational impact.

It is the responsibility of the principal, SAT leader, and/or resource teacher at each Catholic school to thoroughly understand the offer of services that is available from their LEA for each calendar year. This information may be obtained by attending a "meaningful consultation" with the LEA, as required by law, or by contacting the Catholic Schools Office-Special Education and the Director for Government and Grant Programs

If the LEA is aware that the child is attending your school, and if they agree the child qualifies under IDEA 2004, the child may receive free services. Therefore it is critical to know what services are available so parents of children with IEPs from LEAs other than the one where your school is located, or of children who have been privately evaluated, can be informed that their child may receive free services if they contact the LEA where your school is located.



Excerpts from….

U.S. Department of Education
The Individuals with Disabilities Education Act (IDEA)

Provisions Related to Children with Disabilities Enrolled by Their Parents in Private School

Introduction

The Individuals with Disabilities Education Act (IDEA) is a federal law that requires each state to ensure that a free appropriate public education (FAPE) is available to all eligible children with disabilities residing in that state. The information in this section explains the provisions related to, and benefits available to, children with disabilities who are enrolled by their parents in private schools, including religious schools, when the provision of FAPE is not at issue. In IDEA, these children are often referred to as "parentally placed private school children" with disabilities, and the benefits available to them differ from the benefits for children with disabilities in public schools.

IDEA is designed to improve educational results for all children with disabilities. Therefore, it provides benefits and services to children with disabilities in public schools and requires school districts to make services and benefits available to children with disabilities enrolled by their parents in nonpublic (private) schools. The law includes language requiring state education agencies (SEAs) and local education agencies (LEAs) to ensure the equitable participation of parentally placed children with disabilities in programs assisted by or carried out under the equitable participation requirements that apply to them.

The LEA's obligations to parentally placed private school children with disabilities are different from its responsibilities to those enrolled in public schools or to children with disabilities placed in a private school by a public agency (rather than by parents) as a means of providing FAPE. Parentally placed children with disabilities do not have an individual entitlement to services they would receive if they were enrolled in a public school. Instead, the LEA is required to spend a proportionate amount of IDEA federal funds to provide equitable services to this group of children. Therefore, it is possible that some parentally placed children with disabilities will not receive any services while others will. For those who receive services, the amount and type of services also may differ from the services the child would receive if placed in a public school by the parents or in a private school by a public agency. LEAs are required to consult with private school representatives and representatives of parents of parentally placed children with disabilities during the design and development of special education and related services for these children.

In August 2006, the U.S. Department of Education released new regulations for Part B of IDEA, which went into effect Oct. 13, 2006. These regulations are designed to assist SEAs, LEAs, private school representatives, and representatives of parents of parentally placed private school children with disabilities in understanding the requirements of IDEA. These groups must work together with parents so that the children can receive the benefits available to them under IDEA.

Equitable Participation

The 2004 Amendments to IDEA expand upon the 1997 reauthorization and include new requirements to ensure that LEAs provide parentally placed private school children with disabilities an opportunity for equitable participation in programs assisted or carried out under IDEA, the foundation of which is the consultation process.

The major provisions regarding children with disabilities enrolled by their parents in private, including religious, elementary and secondary schools are located in the statute at section 612 (a)(10)(A) and in the regulations at 34 CFR §§300.130-300.144 and are summarized in the sections below. They concern:

- Agency responsibility for conducting child find activities and determining equitable services (34 CFR §§300.131 –300.132);
- Consultation requirements (34 CFR §300.134);
- Written affirmation of timely and meaningful consultation (34 CFR §300.135);
- Child find activities (34 CFR §300.131);
- Data collection requirements (34 CFR §300.132(c));
- Determination and provision of equitable services (34 CFR §§300.137-300.138);
- Services plans for children with disabilities receiving equitable services (34 CFR §§300.132(b), 300.137(c) and 300.138(b));
- Permission for delivery of services at the private schools by LEAs, to the extent consistent with law (34 CFR §300.139(a));
- Determination of the proportionate share of federal IDEA funds to be spent on equitable services (34 CFR §300.133);
- Non-availability of an individual entitlement of parentally placed private school students to special education and related services (34 CFR §300.137(a)); and
- Complaint procedures for private school officials regarding consultation (34 CFR §300.136).

NOTE: Please consult IDEA and the regulations available at https://sites.ed.gov/idea/. A number of additional provisions found in the law and regulations but are not covered in these pages also affect parentally placed children with disabilities.

LEA Responsible for Conducting Child Find and Ensuring the Provisions of Equitable Services

The most recent provisions require the LEA with jurisdiction over the district in which the private school is located to be the responsible agency for implementing IDEA requirements for parentally placed children with disabilities. This includes the obligation that the LEA locate, identify, evaluate, and spend a proportionate share of IDEA funds for equitable services for children with disabilities enrolled by their parents in private, including religious, elementary and secondary schools located in that district.

Consultation

Consultation is essential for ensuring that LEAs provide parentally placed private school children with disabilities an opportunity for equitable participation in programs assisted or carried out under IDEA. LEAs are required to consult with both **private school representatives and parent representatives of parentally placed private school children with disabilities**. The consultation process should occur throughout the school year so that parentally placed private school children with disabilities identified through the child find process can meaningfully participate in special education and related services as determined as a result of the consultation process.

Consultation meetings should include a discussion of the following topics:

- The **child find process**, including:
    - how children suspected of having a disability can participate equitably; and
    - how parents, teachers, and private school representatives will be informed of the process.
- The determination of the proportionate share of federal IDEA funds, including the determination of how that share was calculated.
- **How, where, and by whom special education and related services will be provided** including a discussion of:
    - the types of services, including direct services and alternate service delivery mechanisms;
    - how special education and related services will be apportioned if funds are insufficient to serve all parentally placed private-school children with disabilities; and
    - how and when these decisions will be made.
- The **consultation process** among the school district, private school representatives, and representatives of parents of parentally placed private school children with disabilities, including how the process will operate **throughout the school year** to ensure meaningful participation of these children in special education and related services.
- How the LEA will provide a written explanation to the private school representatives if the LEA disagrees with their views on the provision of services or the types of services.

Written Affirmations and Complaints

The LEA must obtain a written affirmation statement from the private school representatives who participated in the consultation process that timely and meaningful consultation has occurred. If the private school representatives do not provide a written affirmation within a reasonable period of time, the LEA must forward the documentation of the consultation process to the SEA.

Consultation must be both timely and meaningful and occur during the design and development of special education and related services for parentally placed children with disabilities to access benefits from IDEA. If private school officials believe that consultation has not occurred in a timely and meaningful manner or that the LEA has not given due consideration to their views, they have the right to complain to the SEA. To submit a complaint, the officials must provide to the SEA the basis of the noncompliance by the LEA and include the applicable provisions in the regulations, and the LEA must forward the appropriate documentation to the SEA. If the private school officials are dissatisfied with the response from the SEA, they may submit a complaint to the U.S. Secretary of Education, and the SEA must forward appropriate documentation to the secretary.

Child Find

Each LEA must **locate, identify, and evaluate all children with disabilities who are enrolled by their parents in private,** including religious, elementary and secondary **schools located in the LEA.**

The child find process must be designed to ensure the equitable participation of parentally placed private school children with disabilities as well as to generate an accurate count of these children. After timely and meaningful consultation with representatives of private schools and representatives of parents of private school children with disabilities, **the LEA must conduct a thorough and complete child find process** to accurately determine the number of parentally placed children with disabilities attending private schools located in the LEA.

These child find activities must be similar to those the LEA undertakes for public school children. For instance, during a consultation meeting, private school officials may suggest distributing child find flyers in their weekly school bulletin so that more parents will be aware of this benefit.

The child find process for private school children must be completed in a time period comparable to that for public school children. This includes a requirement to conduct initial evaluations within 60 days of receipt of parental consent or within the timeframe established by the state.

The costs of carrying out child find, including individual evaluations, may not be considered in determining whether an LEA has met its obligations to expend a proportionate share of federal IDEA funds on providing equitable services. Child find obligations, including individual evaluations and reevaluations, exist independently from the requirement to expend a proportionate share of federal IDEA funds to provide equitable services to eligible parentally placed children with disabilities.

Parental Consent

The IDEA regulations include new requirements related to obtaining parental consent. When the parent of a home-schooled or private school child with a disability declines to provide consent for an initial evaluation or reevaluation to determine the child's eligibility under IDEA, the LEA may not use its consent override procedures to seek to conduct the evaluation and, thus, may not include the child in the annual count of the number of parentally placed private school children with disabilities.

If the LEA evaluates a parentally placed child and determines the child eligible under IDEA but the parent refuses the provision of equitable services under a services plan, the **LEA must include this child in the count of eligible parentally placed private school children with disabilities** in that district.

Another new requirement addresses the exchange of information between LEAs. This is particularly important given that the responsibilities for ensuring the delivery of equitable services have shifted from the LEA of the child's residence to the LEA where the child's private school is located. Parental consent must be obtained before any information regarding a parentally placed private school child is shared between LEAs. Parents and private school officials should be aware of this requirement in order to ensure that the children can participate equitably and receive the services and benefits available under *IDEA*.

Data Collection and Record Keeping

Under the IDEA data collection requirement, LEAs must gather and maintain data on children with disabilities enrolled by their parents in private schools and submit the data to the appropriate SEA. LEAs must collect information about the number of children

- evaluated
- determined to be children with disabilities; and
- served.

Collecting this data will provide valuable information regarding the extent and scope of the equitable services provision under IDEA and assist in ensuring that parentally placed children with disabilities are able to participate equitably in IDEA.

Expenditures and Proportionate Share of Federal *IDEA* funds

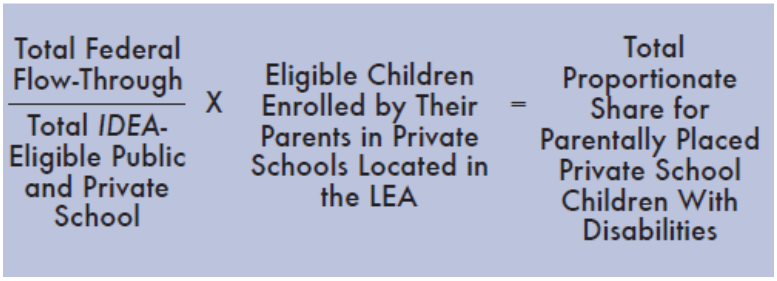
To meet the requirements of IDEA, every year each LEA must expend a proportionate share of federal IDEA funds on equitable services for parentally placed private school children with disabilities. The formula for determining the proportionate share is discussed in the next section. Each LEA must, after timely and meaningful consultation with representatives of parentally placed private school children with disabilities, determine the number of parentally placed private school children with disabilities attending private schools located in the LEA.

If necessary for a parentally placed child to benefit from or participate in the services provided under the services plan, he or she must be provided with transportation from the school or the home to a site other than the private school; and from the service site to the private school, or to the child's home, depending on the timing of the services. LEAs are not required to provide transportation from the child's home to the private school. The cost of this transportation may be included in calculating whether the LEA has met the expenditure requirements of the proportionate share.

Formula for Expenditures

Determining the amount of federal IDEA funds to be expended on parentally placed private school children with disabilities is critical to ensuring the LEA meets its obligation to spend a proportionate share of these funds on special education and related services for these children. The formula for determining the proportionate share of the LEA's subgrant is based on the **total number of eligible** (not on the number served) **parentally placed children with disabilities aged 3 through 21 attending private schools located in the district** in relation to the total number of eligible public and private school children with disabilities aged 3 through 21 in the LEA's jurisdiction.

The formula is:



LEAs also must expend a proportionate share of their subgrant under section 619 (g) of IDEA for parentally placed children with disabilities aged 3 through 5 who are enrolled by their parents in private schools that meet the definition of "elementary school" in the final Part B regulations. "Elementary school" is defined as a nonprofit institutional day or residential school, including a public elementary charter school that provides elementary education, as determined under state law. This amount is calculated relative to the number of eligible parentally placed private school children aged 3 through 5 with disabilities compared to the total number of eligible children with disabilities in its jurisdiction aged 3 through 5.

Provision of Services

LEAs are required to expend the proportionate share of federal IDEA funds to provide special education and related services to eligible parentally placed children with disabilities. This includes **direct services to children**. Services may be provided directly by the LEA or by a contract with a third party.

Service Plans

Each parentally placed private school child with a disability who has been designated to receive special education and/or related services must have an individualized service plan (ISP). The ISP describes the specific special education and/or related services that the LEA will provide to the child. The **LEA must ensure that a representative of the private school attends each meeting to develop the services plan**. If the private school representative cannot attend, the LEA must use other methods to ensure participation, including individual or conference telephone calls. This will help ensure communication about the child's needs among key stakeholders.

An ISP should reflect only the services the LEA will provide to a parentally placed private school child with a disability who is designated to receive services. It must, to the extent appropriate, meet the applicable IEP content requirements. The services plan also must, to the extent appropriate, be developed, reviewed, and revised consistent with the requirements related to the IEP team, parent participation, and when IEPs must be in effect, as specified in the final Part B regulations.

Service Delivery (Including On-site)

Services may be provided on the premises of private, including religious, elementary and secondary schools, to the extent consistent with state and federal laws. **This may be less costly in terms of transportation, and may be more appropriate for some children.** Providing on-site services could help eliminate the need to transport children to and from services. Services may also be provided at an alternate location in a manner deemed appropriate by the LEA.

In making decisions about the delivery of services, including the location of services, the LEA must engage in timely and meaningful consultation and give due consideration to the views of the private school representatives and representatives of parents of parentally placed private-school children with disabilities.

Complaint Procedure Regarding Consultation

As noted previously, a private school official has the right to file a complaint with the SEA that the LEA did not engage in consultation that was meaningful and timely, or did not give due consideration to his or her views. The private school official must provide the basis for his or her belief that the LEA did not comply with these consultation requirements. As part of this complaint process, the LEA must forward appropriate documentation related to the private school official's complaint to the SEA.

If the private school official is dissatisfied with the decision of the SEA, he or she may submit a complaint to the U.S. secretary of education. The complaint should provide the basis of the official's belief that the LEA did not comply with the consultation requirements, and the SEA must forward the appropriate documentation to the secretary.

Preschool Children with Disabilities

Preschool children with disabilities aged 3 through 5 who are enrolled by their parents in private elementary schools are considered to be "parentally placed" if the private preschool or day-care program meets the definition of "elementary school" in the final Part B regulations. "Elementary school" is defined as a nonprofit institutional day or residential school, including a public elementary charter school, that provides elementary education, as determined under state law. Children with disabilities, aged 3 through 5, enrolled in a private school or facility that meets the state's definition of an "elementary school" would be considered parentally placed and the equitable participation provisions would apply. Children with disabilities aged 3 through 5 enrolled in a private school or facility that does not meet the state's definition of "elementary school" would not be eligible for equitable services. However, the state's obligation to make FAPE available to eligible children with disabilities aged 3 through 5 remains.

For Further Information

For additional information on the Individuals with Disabilities Education Act, other federal education programs affecting private schools, private school statistics, publications, Internet links to the private school community and similar resources, contact:

Office of Non-Public Education

Address: Office of Innovation and Improvement
U.S. Department of Education
400 Maryland Ave. S.W.
Washington, DC 20202-5940
Phone: 202-401-1365
Website: https://www2.ed.gov/about/inits/ed/non-public-education/index.html

Office of Special Education Programs

Address: Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Ave., S.W.
Washington, DC 20202-7100
Phone: Telephone: 202-245-7468
Website: https://www2.ed.gov/about/offices/list/osers/osep/contact.html

Section 6: Accommodations and Modifications

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"To love someone
is to show to them their beauty, their WORTH,
and their **importance**"
- *Jean Vanier*

Accommodations

Accommodations refer to those changes made to the environment that will allow the student to learn more effectively, or to better demonstrate what he or she has learned. Schools should feel comfortable making all of the following accommodations if a student has the appropriate documentation/evaluation/assessment to demonstrate the need.

Some classroom teachers may be concerned about making accommodations. They may feel accommodations compromise the child's learning experience and/or alter the curriculum or assessment so substantially as to make grading invalid. **This is a critical issue to resolve school-wide, and not just on a case-by-case basis.** The accommodations listed on the Catholic Accommodation Plan that is available for use by Catholic schools in the Roman Catholic Archdiocese of Washington (Form 10 in the School Operations Manual) are those which research has clearly shown DO NOT alter the curriculum or assessment process in such a way as to make traditional grading invalid. Accommodations…

- provide equitable access to instruction and assessment
- do not change the construct being assessed
- do not reduce learning expectations
- allow students to participate fully
- allow students to better demonstrate their knowledge and skills

Some accommodations naturally occur in the classroom environment. Quality instruction provides for all learners and differentiates based on learning needs. However, the majority of accommodations may not be appropriate for the entire class but for a unique learner.

In some cases, schools will want to offer a student some accommodations **before an evaluation** occurs. The purpose is to document the child's response to the accommodation, thus providing the evaluator (and perhaps the parents) further evidence that the accommodation is necessary or useful. In this situation, the amount of time that the accommodation will be offered must be clearly communicated to the parent. Thus, a school may allow a student 50% extra time on tests for a month to determine if this improves the child's test performance. The child's response to this accommodation is then shared with an evaluator.

Clearly communicate to parents the amount of time the accommodation will be offered.

Accommodations must be individualized and appropriate. The individual needs of the students must be addressed when determining an accommodation. Accommodations selected must be implemented and evaluated over time. Do not remove an accommodation on a first try. Give the student time to become comfortable in using it. Document the use of accommodations and use this data to evaluate the effectiveness. Although not all accommodations are appropriate for certain types of testing, students should be using accommodations in instruction as well as assessment. **Students should never encounter an accommodation for the first time in a testing situation.**

What is Appropriate Documentation?

- *The paperwork submitted is signed by a professional who has the appropriate training, degree, license, and or certification to diagnose the stated condition.*
- *The paperwork clearly states the condition, disorder, or special need for which the child requires accommodation.*
- *The paperwork has not been altered in any way – there are no pages missing, nothing has been redacted, portions have not been removed, etc.*
- *The paperwork may or may not state suggested accommodations for the child. In any event, it is entirely up to the individual school what accommodations will be offered.*
- *If the paperwork describes tests or evaluations that were given to the child, these tests or evaluations must be research-based tools that are valid and reliable.*

EXAMPLES OF APPROPRIATE DOCUMENTATION

- *A note signed by the child's pediatrician stating that the child is being treated for Attention Deficit Hyperactivity Disorder.*
- *A speech evaluation done by a licensed speech pathologist that states the child has been diagnosed with selective mutism.*
- *An IEP from the local public school stating that the child has qualified as a child with a learning disability for services under IDEA 2004.*
- *A psycho-educational evaluation from a licensed private psychologist stating the child has a reading disorder.*
- *A letter from a licensed psychologist stating that the child is being treated for an Anxiety Disorder.*
- *A 504 plan from a local public school – request the documentation that was submitted to the public school for development of this plan.*
- *Testing that qualifies the student as an English Learner under Title III.*

EXAMPLES OF INAPPROPRIATE DOCUMENTATION

- *A note from the parent(s) saying the child has ADHD and must receive extra time.*
- *A psycho-educational evaluation that has pages 4 and 5 missing or has sections that appear to be whited or blacked out.*
- *A letter from a doctor with no signature, letterhead, or contact information.*
- *An Occupational Therapist's letter diagnosing a Reading Disability*
- *A prescription script from a doctor for medication (This is not enough information)*
- *A speech evaluation done by a licensed speech pathologist stating that the child has an Anxiety Disorder.*
- *A 504 plan from a local public school that describes a condition the child no longer has.*
- *Testing by companies such as Huntington, C2, Sylvan, or any other such organization. It is recommended that schools not even accept such testing for placement in a child's file, as it implies these tests are useful.*

NOTE: As the student prepares to transition to high school and intends to enroll in a learning program, be aware of program requirements regarding documentation. Contact the Catholic Schools Office-Special Education for more information. Please remind parents and students that accommodations may look different when entering high school.

TYPES OF ACCOMMODATIONS

Accommodations are expected to reduce or even eliminate the effects of a student's disability. Accommodations do not reduce learning expectations. Accommodations are practices and procedures in the areas of presentation, response, setting, timing/scheduling, and other.

Presentation - Allow students to access information that does not require them to visually read standard print. Modes of access may be auditory, multi-sensory, tactile, and/or visual.

Response - Allow students to complete activities, assignments, and assessments in different ways or to solve or organize problems using some type of assistive device or organizer.

Timing and Scheduling - Increase the allowable length of time to complete an assessment or assignment and perhaps change the way the time is organized.

Setting - Change the location in which a test or assignment is given or the condition of the assessment setting.

Other - Provide tools or prompts to assist a student in demonstrating evidence of what they know and are able to do.

Examples of Presentation Accommodations

Large Print - Materials are produced larger than the standard size. Regular print materials range in font sizes of 8-12. Large print font size begins at 18 font. Most regular print materials can be enlarged on a copier.

Verbatim Reading of Entire Test - A student who needs verbatim reading has an identified reading issue which can include decoding, comprehension or fluency. In some cases, visual issues can affect a student's ability to read print. When providing this accommodation, the teacher reads the material orally or a student accesses a text-to-speech device. Even inflection should be used so that the student does not receive cue by the way the information is read. Readers must read text word-for-word exactly as written. Students can ask the reader to slow down or repeat a portion of what has been read.

Verbatim Reading of Selected Sections - Guidelines similar to the Entire Test but the student may only need particular words or sections read to him or her.

Audio Materials - The use of audio materials in replace of or in conjunction with reading materials/ texts.

Examples of Response Accommodations

Scribe - A student may need a scribe if he or she has poor fine motor skills or is unable to use a writing instrument. In addition, students with written expression issues may benefit from using a scribe.

Electronic Device - Electronic device to provide written responses.

Recording Device - Students record their responses into a recording device.

Respond Directly on Test- Student writes directly on test. Answers may be transferred by teacher to an answer sheet or scan document.

Examples of Timing/Scheduling Accommodations

Extended Time - Extra time given to students who need more time than generally allowed to complete tests or assignments.

Multiple Days - Student needs to complete a test over several days. (Note: This may not be allowed on some standardized tests.)

Examples of Setting Accommodations

Specific Location - An area is designated with limited distractions and fewer test takers.

Other

Graphic Organizers - A visual representation of information designed to help student organize work and stay focused. (Pre-approval by teacher)

Word Bank - (Specify who is responsible for creating) A list of words students can refer to assist with memory issues.

Cue Cards - Visual prompts displayed on a card that assists students in retrieving information from memory.

Note Cards/Notes - Must be preapproved by the teacher so test validity is not compromised. Cards or actual notes to assist in retrieving information.

Calculator - Use of calculator; can be limited to a specific type/model.

Formula Reference Sheet - A list of formulas or steps for mathematics or science.

Step-by-Step Examples - Examples of mathematical problems.

Modifications

Modifications change, reduce, or lower the learning expectation. They alter what is to be learned. Modifications involve substantive changes to:

- The curriculum a child studies;
- The way a child is assessed;
- The type of instructional techniques used to teach the child critical skills such as reading, writing, or mathematics.

The purpose of modifications is to allow children who have a specific disability or specialized learning need to receive necessary therapeutic or educational interventions in order to master critical skills. Accommodations are relatively minor changes made to the educational environment to facilitate success. However, modifications are more significant changes that must be implemented cautiously.

Modifications should be offered to a child only:

- After the child has been properly evaluated, and the modification has been recommended by (a) qualified professional(s);
- When there is a research basis for the modification;
- When a well-conceived plan has been written with parental involvement;
- When there is input available from at least one professional (and usually more) with experience in designing/implementing educational modifications for children.

When properly used, modifications will allow students with a variety of disabilities and special learning challenges to make consistent, satisfactory progress in school. When modifications are poorly designed or implemented, there are risks to the child that:

- A disabling condition will not be diagnosed in time to allow for amelioration (i.e., the child will become too old for interventions to be as effective as possible). This is often true in the area of physical therapy, speech therapy, and occupational therapy interventions;
- An evaluation will be postponed, and appropriate plans will not be made;
- The child will unnecessarily learn less than his/her peers;
- The child who has more than one disabling condition (i.e., LD and ADHD, Speech and Language Disorder and Depression) will not get the proper assistance for each condition.

Modifications should not be implemented before a child has been evaluated, unless they are being put in place by a specialist trained in planning modifications for children.
Such a specialist may choose to try modifications before evaluation for the purpose of 1) obtaining more information prior to assessment, 2) reducing a child's anxiety for a limited time while evaluation is sought, or 3) providing research based interventions to a young child who is not at the optimal age for assessment. However, it is never appropriate for a child to receive modifications for an extended period of time without raising the issue of appropriately timed evaluation.

Modifications should not be implemented before a child has been evaluated, and must always be properly documented.

Modifications must always be properly documented. A child who is receiving a modification should have an ICEP written and properly monitored.

Distinguishing between Accommodations and Modifications

ACCOMMODATIONS	MODIFICATIONS
Do NOT fundamentally alter or lower expectations or standard in instructional level, content, or performance criteria.	**DO** fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria.
Provide **ACCESS** to learning and **OPPORTUNITY** to demonstrate what is learned	Provide student meaningful and productive learning experiences based on INDIVIDUAL **NEEDS** and **ABILITIES**
Grading and credit is the **SAME** for all students	Grading and credit are **DIFFERENT**
Can be provided prior to an evaluation	Must have supporting evaluation
Documented and progress monitored	Documented and progress monitored
Same assessment	Different assessment
Changes **HOW** the student learns	Changes **WHAT** the student learns
Adapts the environment for what the student is expected to do	Changes what the student is expected to do

Examples of Accommodations and Modifications

ACCOMMODATIONS	MODIFICATIONS
Highlight key words in math word problems	Reduce the number of math problems
Format test to 18 font size and create more spacing between items	Reduce the number of multiple choice options and simplify language
All standards assessed	Select standards assessed
Keyboard essay	Verbal responses or outline in lieu of writing essay
Audio version of grade-level novel	Audio version of novel or similar text at a lower reading level
Extra time to complete a spelling test	Expected to learn 10 of the 20 spelling words or a different list of spelling words
Large assignments are chunked	Same theme/unit but different tasks or assignments

NOTE: Students receiving modifications will also receive accommodations. However, students only receiving accommodations will not receive modifications.

Testing Accommodations

Testing accommodations in this section are available for standardized tests. Standardized tests are often considered high-stakes since they are used to collect data on student progress, serve as accountability measures, and make placement decisions. Accommodations do not reduce learning expectations. Accommodations are adjustments to the testing situation, format or administration to provide equitable access.

Accommodations …

- Provide equitable access during instruction and assessment
- Mitigate the effects of a student's disability, or English Language Proficiency
- Do not change the construct being assessed
- Do not compromise the integrity for validity of the test
- Result in valid, meaningful test results

Accommodations used during instruction may not always be appropriate for a standardized test. It is important to check on the appropriateness of a particular accommodation prior to testing. **Accommodations must not be introduced for the first time during the testing of a student.**

(Source: Maryland Assessment, Accessibility, & Accommodations Policy Manual, 2017)

Who is eligible for testing accommodations?

- Students with a Catholic Accommodation Plan (**CAP**)
- Students with an Individual Catholic Education Plan (**ICEP**)

- ***Students identified as English Learners (**EL**) - Primary or home language is other than English and who may be working toward acquiring the ability to understand, speak, read, or write English. Information should be obtained from the LEA's English language proficiency assessment in order to determine eligibility. In general, students with levels proficient or greater are not eligible for accommodations.

***Accommodations are limited for EL students. Accommodations on page 137 apply **only** to students with a CAP or ICEP. Examples of accommodations for an EL student may be a bilingual dictionary, extended time, and breaks. Please use the *Accommodation Request for EL Students* on page 143.

Testing Accommodations Crosswalk for Students with a CAP or ICEP

Accommodation	Faith Knowledge	HSPT	NWEA MAP
Presentation			
Large Print	Yes	Yes	N/A
Magnification	Yes	N/A	Yes
Human Reader or Audio Recording for Reading of Entire Test	Yes	Yes	Yes
Human Reader or Audio Recording for Verbatim Reading of Selected Sections	Yes	Yes	Yes
Paper-Based Alternative	Yes	N/A	N/A
Explanation/Repetition of Directions	Yes	Yes	Yes
Response			
Calculation Device or Mathematics Tool	N/A	Yes*	Yes
Scribe	Yes	Yes	Yes
Response in Test Book	Yes	Yes	N/A
Graphic Organizers	Yes	Yes	Yes
Monitor Test Response	Yes	Yes	Yes
Timing & Scheduling (incl. Setting)			
Extended Time	Yes	Yes	N/A
Multiple or Frequent Breaks	Yes	Yes	Yes
Small Group Testing	Yes	Yes	Yes
Reduce Distractions to Student	Yes	Yes	Yes
Reduce Distractions to Other Students	Yes	Yes	Yes

For 'Unique' accommodations, please complete the Approval form on the page 142 and submit to the Special Education Manager for approval.

*Some accommodations are specified by testing companies. The HSPT specifies that only a 4-Function calculator may be used.

Verbatim Reading Guidelines - Human Reader

A human reader is a person who reads orally to the student. Readers must follow the procedures below. For specific language for reading a mathematics test, please see pages 139 - 141.

1. The reader must read, word for word, only the words on the page or computer screen. The reader may not add or change any words.

2. The reader may not clarify, elaborate or provide assistance to students.

3. The reader must speak in a clear and consistent voice throughout testing and use correct pronunciation.

4. The reader may give emphasis only to words in bold, italics, or all capital letters. Even inflections must be used so the student does not receive any cues.

5. The reader must repeat any portions of the text requested by the student.

Scribe Guidelines

A scribe is a person who writes down what a student dictates by speaking or pointing.

1. A scribe may only administer this accommodation to one student at a time.

2. The scribe must write the words the student dictates exactly.

3. The student is responsible for punctuation. However, the scribe may start a sentence with a capital letter, the first word in a paragraph, and capitalize proper nouns.

4. A scribe may hand write or type to record the student's response.

5. When hand writing responses, the scribe must write legibly.

6. The scribe may read back what has been written and make changes per student request.

Verbatim Reading Guidelines for Mathematics

Readers must read mathematical expressions with accuracy. The chart below explains the proper way to read mathematics.

Numbers		
Description	**Example**	**Read as:**
Whole numbers - **not assessing** place value For numbers over 100 **do not** read **and** (i.e. one hundred and twenty five)	24 125 5,193	twenty four one hundred twenty five five thousand one hundred ninety-three
Whole numbers - **assessing** place value	24 5,192	two four five one nine two
Decimals - read using place value (tenths, hundredths, thousandths)	0.2 4.37	two tenths (not point 2) four and thirty-seven hundredths
Fractions	½ 6 ¾ 11/28	one half six and three-fourths eleven twenty-eighths
Percent	35% 35.3% .04%	thirty-five percent thirty-five and three-tenths percent four hundredths percent
Money	$18.05	eighteen dollars and five cents
Negative Numbers (Do not read as minus)	-5 -¾	negative five negative three-fourths
Positive Numbers	+12	positive twelve
Ratios	*x* : *y*	x to y
Square Roots Cube Roots	$\sqrt{25}$ $\sqrt[3]{64}$	the square root of twenty-five the cube root of sixty-four
Time	8:00 a.m. 5:30 p.m.	eight a.m. five thirty p.m.
Subscripts (exponents) Superscripts (describing variables)	2^3 X_2	Two to the power of 3 or 2 cubed X sub two

Verbatim Reading Guidelines for Mathematics

Symbols/Operations	
Description	**Read as:**
=	equals
≠	not equal to
<	less than
>	greater than
≤	less than or equal to
≥	greater than or equal to
°F	degrees Fahrenheit
°C	degrees Celsius
π	pi
+	plus
-	minus
±	plus or minus
÷ or /	divide by
x, * or ▪	times
$n + 3$	n plus three
$4x - 5$	four x minus five
$V = \frac{1}{4}\pi r^2$	V equals one-fourth pi r squared
$\lvert 3 \rvert$	the absolute value of three
5^2	five squared
5^3	five cubed
$(x + 3)$	the quantity of x plus three
(4, 5)	ordered pair four, five

Verbatim Reading Guidelines for Mathematics

Geometry	
Description	**Read as:**
$\overleftrightarrow{AB}$	line AB
$\overrightarrow{AB}$	ray AB
$\overline{AB}$	line segment AB
$\angle ABC$	angle ABC
$\triangle ABC$	triangle ABC
$\parallel$	is parallel to
$\perp$	is perpendicular to
$\sim$	is similar to
$\cong$	is congruent to

Unique Accommodation Request for Students with a CAP or ICEP

A unique accommodation is one that goes beyond those listed on the chart. A unique accommodation will be considered based on the completion of this form. Please send this form to the CSO– Special Education *at least 3 weeks prior to testing*.

School Name _____

Person Making Request _____

Student Name _____ **Grade** _____

Documentation to Support Request:

☐ CAP ☐ ICEP

Please select assessment:

☐ Faith Knowledge Assessment ☐ High School Placement Test ☐ Other Standardized Tests

Test Administration Date _____

1. Provide a brief description of accommodation _____

_____

_____

2. What objective evidence supports the need for this accommodation? _____

_____

_____

3. Is the accommodation being implemented during instruction and classroom assessments?

☐ Yes ☐ No

If yes, describe how it is being implemented. _____

_____

_____

If no, describe why it is not being used. _____

_____

Accommodation Request for EL Students

Accommodations for EL students may be limited to a bilingual dictionary, extended time, and breaks. However, other accommodations may be considered. Please use this form for requesting accommodations. Please send this form to the Special Education Manager *at least 3 weeks prior to testing*.

School Name _____

Person Making Request _____

Student Name _____ **Grade** _____

Documentation to Support Request:

☐ LEA Proficiency Assessment _____ Level: _____

Please select assessment:

☐ Faith Knowledge Assessment ☐ High School Placement Test ☐ Other Standardized Tests

Test Administration Date _____

1. Provide a brief description of accommodations _____

_____

_____

2. What objective evidence supports the need for accommodations? _____

_____

_____

3. Are ☐ ☐ these accommodations being implemented during instruction and classroom assessments?

Yes No

If yes, describe how it is being implemented. _____

_____

_____

If no, describe why it is not being used. _____

_____

Documenting Accommodations

Optional Sample Letter to Families

Consider sending a letter home to families informing them of accommodations their child will receive for one of the 3 standardized tests.

Date _____

Dear _____,

_____ will be administered on _____.
Name of Test *Test Date*

_____ will receive the following accommodations:
Student's Name

-
-
-
-

Please sign and return this letter acknowledging the accommodations that will be provided. Let me know if you have any questions. Thank you.

Sincerely,

Your Name

_____
Parent/Guardian Signature

Documenting Accommodations

Tracking Form Example for Accommodations

Document the accommodations provided for each student on standardized tests by placing a mark in the box. Indicate any other important information in the 'Comments/Notes' column. This sheet serves as an example only and does not include all possible accommodations.

Name of Test _____ **School** _____

Testing Date(s) _____

Student Name	Grade	Breaks	Extended Time	Calculator	Small Group	Human Reader	Write in Test Book	Comments/Notes

Writing a Catholic Accommodation Plan (CAP)

The Catholic Accommodation Plan (CAP) is meant to be roughly equivalent to the 504 plan that a child would receive if s/he were a student in a public school. It is meant to document accommodations only.

When writing a CAP plan for the student:

- Use a team approach (Student Assistance Team). A team approach allows critical input from people who will look at the child's needs from a variety of perspectives. Team members could include: parent(s), learning specialist, resource teacher, counselor, classroom teacher, assistant principal and/or principal. Obviously, such a large group is not necessary for every child, nor will that many specialists be available at most schools.

- At the minimum, a planning meeting needs to be held with the child's parents.

- The parents need to understand that this plan is for accommodations only.

- The parents need to understand why the recommendation for specific accommodations is being made.

- A clear timeline for review of each accommodation must be in place, to be certain the accommodation is occurring regularly in all appropriate settings, and that it is having the desired educational effect.

- It must be clear to the parents who to contact if they have questions or concerns about the implementation of the accommodations. Such a person is often referred to as the "case manager." Small schools may have to assign this role to the classroom teacher, the assistant principal, or the principal. Larger schools will find that this is an excellent and efficient role for a learning specialist.

- If there is no appropriate documentation to support the accommodations, note why the accommodations are being given at this time. Note when documentation will be requested.

The Catholic Accommodation Plan - Form 10 is available in the School Operations Manual on the Principal's Website.

Writing an Individual Catholic Education Plan (ICEP)

In the public school system, students receive an Individualized Education Program (IEP) if they are found to qualify for services by having a disability that impacts their educational progress, and which requires not only accommodations, but possibly modifications, special support services (such as occupational therapy), and specialized instructional methods as well.

> ***It is important that parents understand that an ICEP is not equivalent to an IEP for many reasons, but most importantly because children in Catholic schools do not have to qualify for services.***

The ICEP is an appropriate document when a Catholic school desires to provide specific modifications, support services, and instructional methods for children who have a diagnosed disability and is equipped to do so.

Some schools can offer few resources such as specialized instructional methods or support services. There may not be a person on staff who is trained to plan for individualized educational needs. Therefore, it will be more difficult for some schools to consider writing an ICEP than for others.

An important part of welcoming all children to Catholic schools will involve creatively using the resources we have, and working as a school community to secure more resources for more children. It is important to balance this desire with the expectation that plans that are put in place for children are professionally done, and have a reasonable expectation of success.

> ***Please note that the ICEP form is only to be used when the school has at least one professional available who has professional training and expertise in writing specialized educational plans for children.***

This will most likely be a teacher with a degree (or certification) in special education, learning disabilities, or inclusion; or a psychologist with a degree (or certification) in educational or school psychology.

The Individual Catholic Education Plan - Form 11 is available in the School Operations Manual on the Principal's Website.

Schools that desire to write an ICEP for a child, but do not have the above resources, should contact the Special Education Manager in the Catholic Schools Office for assistance.

Because the ICEP is to be designed and monitored only by qualified professionals, writing detailed instructions as to how it should be used seems inappropriate. At the minimum:

- A team approach should be used;
- Parents must understand the difference between an ICEP and a CAP;
- Goals must be carefully written in behavioral language;
- Goals must clear and measurable;
- Goals must be written with baseline data from the child's present level of achievement and performance
- Follow-up is to be clearly delineated as to who will monitor the child's progress, and when this will occur

THE IMPLICATIONS OF MAKING A SIGNIFICANT CHANGE IN THE CURRICULUM MUST BE CLEARLY ARTICULATED TO THE PARENT.

Writing Measurable Goals

- Collect baseline data to address present levels of performance (what the student is doing now)
- Determine skills and behaviors to be targeted
- Define the observable behavior that will change
- Establish how performance will be measured (duration, frequency, speed, interval)
- Write the goal
- Monitor and evaluate

SECTION 7: Forms

Please Note: Forms that are **required** include CAP, ICEP, and Authorization for Release of Student Information. Those forms presented here are electronically available from the ADW Principals' Website (Academic Excellence: Special Education tab) and from the Special Education Manager in the Catholic Schools Office. Forms in this document are labeled "SAT Form No." to distinguish them from the required forms above.

The following forms referred to throughout this manual are provided here simply for your convenience should you find them useful. Those who are more experienced with Student Assistance Teams, interventions, observations, etc. will probably feel hampered by forms or will have their own forms. There are also many forms available commercially that may be superior to those included here. For example, if you are using the PRIM Resource Manual as a resource for interventions, you may want to use those pre-referral forms and checklists which are much more comprehensive than those included here.

(Those administrators/team members who prefer to use the forms included in this manual may feel free to adapt them as needed, with the exception of the CAP, ICEP, and Release of Information forms.)

SAT Form No.	Form Name	Purpose	Page No.
	***REQUIRED*: Authorization for Release of Information**	A release form so you can speak to professionals working outside of the school, and they can speak to you.	Form 19 - School *
	***REQUIRED*: Catholic Accommodation Plan (CAP)**	To document accommodations that will be ongoing.	Form 10 *
	***REQUIRED*: Individualized Catholic Education Plan (ICEP)**	To provide accommodation and specialized academic instruction, modification of curriculum, and/or modification of assessments.	Form 11 *
1.	**Inventory of Building Resources**	To invite teachers to contribute to the team process	154
2.	**Sample Letter to Parents - New Child Entering School with Current IEP**	To clarify the school's role as it pertains to an IEP	155
3.	**Sample Letter to Parents - SAT Formation and Function** (After sending this information home to all families, you may want to include it in future handbooks or on the school website.)	To notify the community of the start of you SAT team	155
4.	**Sample Letter to Parents - Notice of and Invitation to SAT Meeting**	To invite a parent to an SAT meeting	158
5.	**Sample Letter to Parents - Referral for Evaluation**	To document that you have asked a family to have a child evaluated	159
6.	**Pre-Referral Classroom Teacher Responsibilities Checklist**	To help the teacher be prepared for SAT meetings	161

*Forms 19, 10, and 11 can be found in the **School Operations Manual**.

SAT Form No.	Form Name	Purpose	Page No.
7.	**Pre-Referral for SAT - Student Summary by Classroom Teacher** (The classroom teacher should complete this form prior to attending the initial SAT meeting.)	To collect pertinent data on the student prior to the initial meeting.	162
8.	**Teacher Request for Assistance**	To provide more specific baseline information about the student's academic and behavioral status.	163
9.	**SAT Meeting Summary**	To take notes at initial SAT meeting.	168
10.	**Student Observation Form** (to be completed by qualified personnel)	To record a planned observation of the student by someone other than the classroom teacher.	172
11.	**Intervention Tracking Form**	To track multiple interventions and document effectiveness	175
12.	**Intervention Progress Monitoring Form**	To monitor progress of interventions from week to week.	176
13.	**Catholic Intervention Plan**	To document a specific intervention	177
14.	**Behavior Support Plan**	To analyze the function of a behavior and create a plan to address ways to support the student.	179

SAT Form No. 1: Inventory of Building Resources

Our Student Assistance Team is compiling resources for effective interventions. We are requesting that you complete this survey to help us inventory resources at our school.

I could support a referred student in one of the following ways:

The student could:	Specify days and times:
Mentor/tutor one of my students as a reward.	
Come to my class to use educational software programs on the computer.	
Meet with me regularly to work on a specific academic skill.	
Read with me regularly.	
Run errands or do classroom chores/work for me.	
Use a designated area of my classroom as an area for a short break	
Other:	
I could:	**Specify days and times:**
Mentor a student myself	
Loan my classroom for a tutoring or mentoring space when I do not have a class	
Give a student a small reward and praise each day it is earned	
Greet a student each morning	
Serve as a consultant to the team & attend a meeting to share my special area of expertise. AREA:	
Have students from my class serve as peer tutors	
Other:	

SAT Form No. 1: Inventory of Building Resources

Curricular Materials:

Computer-based materials/Games/Resources for the following content areas:

_____ Reading Specific Skill: _____ Level: _____

_____ Math Specific Skill: _____ Level: _____

_____ Spelling Specific Skill: _____ Level: _____

_____ Other: _____ Specific Skill: _____ Level: _____

Intervention Programs - Those I am trained in and/or have materials for:

_____ Reading Specific Skill: _____ Level: _____

_____ Math Specific Skill: _____ Level: _____

_____ Spelling Specific Skill: _____ Level: _____

_____ Other: _____ Specific Skill: _____ Level: _____

I would suggest the following websites:

_____

_____

Other ways that I could support staff in implementing and monitoring interventions are:

_____

The Student Assistance Team will contact you with details prior to starting the assistance offered.

Thank you for your continued support!

SAT Form No. 2: Sample Letter to Parents - New Child Entering School with Current IEP

[School Letterhead]

Date

Dear Parents:

Thank you for sharing with us the information from your child's IEP. We deeply appreciate your interest in providing us this information so we can plan effectively for your child.

It is important for you, as parents, to understand the protections that are available to your child under IDEA 2004. This is the law that requires public schools to provide services to children who need them in order to receive an appropriate public education. When a public school determines that a child is eligible for services under this law, they write an IEP for the child which explains the services the child will receive if they attend public school.

If you make the decision to have your child attend a non-public school (such as ours), your child's public school is not obligated to continue to provide any of the services that are listed on your child's IEP. Non-public schools such as ours are not required to follow IDEA 2004 and public schools are not required to provide an IEP or individual services to children whose parents choose for them to attend a non-public school.

However, it may be possible for your child to receive some services from our local public school system. If **[name of local public school system]** reviews your child's IEP, they may offer some of the services to your child while he or she is enrolled at our school. Typically, we find that some children with IEPs at our school are provided with **[fill in the services - typically Speech, OT consult, or resource]** by **[name of local public school system]** while they are enrolled here. It does not matter where you live. Because our school is located in **[county]**, all of the children here who have IEPs may receive services from [name of local public school system], whether they live in this area or not.

As you know, we will be happy to write up a document of our own that explains the accommodations we can make for your child while s/he is a student at our school. It is important that you understand that this document is not an IEP, as IEPs are legal documents that can only be written by the local public school system.

Some parents feel they would like their child to have a new IEP every year, even if the child remains in a Catholic school. If you would like, we would be happy to explain this process to you.

Please do not hesitate to contact us if you have any further questions about this process. Thank you for your interest in Catholic education and your confidence in our school.

Very truly yours,

(Principal)

SAT Form No. 3: Sample Letter to Parents - Student Assistance Team Formation and Function.

[School Letterhead]

Date

Dear Parents,

I am pleased to inform you that _____School has formed a Student Assistance Team (SAT) to help us better serve your children. I would like to briefly describe the role of the team and how it will benefit our students and teachers.

Student Assistance Teams are known by various names. However, their purpose is always the same: a team of teachers and administrators meets on a regular basis to review the progress of all students in the school, and to recommend strategies to teachers for those students whose progress is uneven or exceptional. It is most important for parents to know that the conversations of the SAT are completely confidential, and are designed to help classroom teachers implement strategies that will help particular students improve in a variety of key areas.

The team will be comprised of myself, **(the school counselor, the school resource teacher, the reading specialist, the nurse)** and several teachers that I have chosen to serve on the team. We will meet **(monthly, weekly, bi-weekly)** to discuss student progress. Recently, we have participated in professional training regarding the functioning of SATs, and also reviewed considerable research which clearly documents the many benefits of using such a team approach.

SATs allow classroom teachers to benefit from consultation with peers about effective instructional strategies. These strategies may include methods designed to: positively manage behavior, improve attention and participation, help students to complete homework, encourage positive interaction with peers, teach organizational skills, or supplement instruction in key areas such as reading and mathematics.

The team is also available to meet with parents regarding their child if the initial attempts to resolve a concern are not successful. Such a meeting can be helpful to parents, as it allows parents the benefit of input from a variety of professionals interested in their child's development and progress in school.

As always, if you have a concern about your child, please speak to your child's teacher directly. However, should this not resolve your concern, you may then ask your child's teacher to bring your child to the attention of the Student Assistance Team. In addition, if your child's teacher feels that your child is not making adequate progress in an important skill area, he or she may seek out the support of the team.

SAT Form No. 3: Sample Letter to Parents - Student Assistance Team Formation and Function.

Because the team will be discussing all the children in the school at some point, you will not be contacted in regard to an initial discussion of your child. If, however, the team finds that initial strategies are not sufficient to improve your child's progress, you will be contacted so that you can have an opportunity to meet with the team, share your insights, and participate in forming a plan to help your child improve his or her performance in school.

If you have any further questions regarding our new SAT, please contact (**the principal or the team leader)**.

Sincerely,

(Principal)

SAT Form No. 4: Sample Letter to Parents - Notice of & Invitation to SAT Meeting

[School Letterhead]

Date of Notice/Invitation:

Dear Parents,

Our school has a Student Assistance Team (SAT) whose purpose is to review the educational needs and progress of any student who may require additional educational support. **[Child's name]** has been referred by his/her teacher. The team has been asked to review your child's individual needs to determine if additional supports are necessary. A meeting will take place on **[enter date]** at **[time]** in the **[location]**. The team will review existing data and, as needed, conduct observations and/or do additional screening.

In addition to asking your permission to do additional screening (see below), we need your input and participation. We look forward to working with you to meet your child's needs. We invite you to attend the SAT meeting and contribute your valuable insights. Please sign and return the bottom of this form to give your permission for additional screening and to indicate if you would like to attend. If you have any questions, please contact me at the number below.

Yours very truly,

[name]

[title]

[telephone number]

Student's name: _____

Home address: _____

Telephone number: _____

Grade: _____Birth date: _____ID#: _____

Name of Parent/Guardian: _____

I do ☐ do not ☐ give my permission for additional screening if needed.

I do ☐ do not ☐ want to attend the SAT meeting.

☐ Please send me a copy of the summary of this meeting.

☐ Please let me know the time/place of the SAT meeting.

Parent/Guardian Signature: _____ Date: _____

SAT Form No. 5: Sample Letter to Parents - Referral for Evaluation

[School Letterhead]

Date

Dear Parent,

I am writing to provide you with specific information regarding an evaluation of your child for a possible special learning need. I understand that your child has been recommended as requiring an evaluation at this time, and that you are in the process of choosing an evaluator. When making the decision to have your child receive an individual evaluation to determine whether he/she has special learning needs, it is very important that you consider these facts. Please be advised that sharing information from our school with the evaluator is essential to obtaining an accurate evaluation.

All parents, whether the child is enrolled in public school or not, have the right to ask the Local Educational Agency (LEA) to evaluate their child for special learning needs. Our local LEA is _____. Even though you may live in another county, city, or state, your child would be evaluated by this LEA because our school is located in _____. This reflects a change since the re- authorization of IDEA 2004, the public law that governs services to children with special needs. The local LEA will consider your request for an evaluation after receiving a written request from you, as well as additional information from you and our school. If your child is determined eligible for an evaluation, one will be provided to him/her free of charge. We can provide you with more information on this process, if you desire.

You may also choose to have a private evaluator(s) work with your child. There are several ways to find a good private evaluator, and we would be happy to help you with any of them. These include:

1. Contacting your health insurance provider to see if the type of evaluation your child needs is totally or partially covered by your health insurance. If there is a list of approved evaluators, you may share it with us if you like and we will tell you if we have had experience with any of the evaluators.

2. Consider the low-cost evaluation options that are available in the Greater DC area, particularly at area children's hospitals and teaching universities. We can provide you a list of such options.

3. Choose a fee-for-service private provider at your discretion. If you would like a list of providers that our school has found to be effective, we can provide this information to you.

You have the right to have your child evaluated by whomever you choose.

The quality of evaluations varies, as does the quality of any professional service. It is extremely important that you choose someone in whom you have confidence, so that you also will have confidence in the results that you receive. While we respect your choice to have your child evaluated by whomever you select, we will be compelled to comment on the quality of evaluations that appear to be poorly done or incomplete.

SAT Form No. 5: Sample Letter to Parents - Referral for Evaluation

Please consider asking your child's pediatrician, or other knowledgeable professional, regarding an appropriate person to evaluate your child. Generally, it is best not to choose who will evaluate your child based solely on information from other parents. Some area professionals, do not necessarily enjoy the same level of respect from qualified professionals. If you need assistance with finding an appropriate evaluator, we will be glad to help you.

Also, while we will read with great interest any recommendations that are made for the education of your child, we will be able to implement only those recommendations that we feel are professionally appropriate, and which we are equipped to implement. Once we receive a copy of the complete evaluation we will discuss it in detail with you, including the recommendations we would be able to implement.

While some parents may find the prospect of pursuing an evaluation to be somewhat anxiety producing, our experience has been that careful evaluation of a student at the appropriate time is one of the best ways to ensure that a child receives an excellent education. Therefore, we appreciate your willingness to pursue this option and want to help you make the best decision possible for your child.

If you have any further questions, do not hesitate to contact us. Once you have chosen an evaluator, please let us know whom you have chosen. If you decide to have the public school evaluate your child, we can direct you to the appropriate contact. If you choose a private evaluator, please complete the enclosed "Parent Request for Exchange of Information Form" so we may provide all necessary information to the evaluator.

We would hope to hear from you in regard to your choice of an evaluator within the next two weeks, so that this process can move along in a timely fashion.

Very truly yours,

(School Principal or Principal Designate)

SAT Form No. 6: Pre-Referral Classroom Teacher Responsibilities Checklist

Before suggesting that a child needs a referral to the Student Assistance Team, the classroom teacher should take the following steps.

- ☐ 1. I have observed the behavior/skill in question and have notes/records of my observations. (These may be in the form of logs, notes, checklists, student work records, or any other convenient format.)
- ☐ 2. I have assembled samples of this student's work relevant to the behavior/skill in question, including work samples done by a typical student in my class.
- ☐ 3. I have had at least one informal conversation with a colleague at my school, to brainstorm ideas that might help solve the problem.
- ☐ 4. I have had regular contact with the student's parent(s) in regard to the skill/behavior in question.
- ☐ 5. I have asked the parent(s) basic questions about vision, hearing, sleep habits, and diet to ensure that none of these is the cause of the problem. (If there is a doubt, the child should see their pediatrician before considering a referral.)
- ☐ 6. I have suggested to the parents some simple things that they can try at home to alleviate this problem. (Parents may or may not follow through; however, the suggestions have been made. These might include supervising homework, simple behavior management strategies, talking to the child about the importance of following classroom rules, etc.)
- ☐ 7. If appropriate, I have asked another teacher, the school counselor, the school resource teacher, or the principal to do an informal observation of the child in a situation likely to demonstrate the problem in question.
- ☐ 8. I can articulate several pre-referral interventions that I have specifically tried with this student to alleviate the need for referral. I have documented these interventions, and have applied them consistently for a reasonable period of time before referring this child to the team.
- ☐ 9. When possible, I have spoken to a teacher who taught this child last year to see if a similar problem existed, and to gain ideas on what has worked in the past.
- ☐ 10. I have read the information in the child's permanent folder to see if there is anything relevant to the situation contained there.

SAT Form No. 7: Pre-Referral for SAT - Student Summary by Classroom Teacher

This form should be completed prior to the initial SAT meeting.

Student _____ **Grade** _____

Teacher _____

Date of this Form _____

What accommodations are being provided in your class for this student? *Please describe each one specifically and in detail.*

Are these accommodations working? Which ones seem most/least helpful?

Are there any behavior concerns? *If so, please describe.*

What:

Where:

When:

Why (if available):

Please describe the environment where you observe the issue - include time of day, number of students present, class format, etc.)

What additional areas of concern do you have regarding this student?

Additional notes, anecdotal comments, observations or copies of student work:

SAT Form No. 8: Teacher Request for Assistance Form

Date Form Completed _____

Student _____ **Grade** _____ **DOB** _____

Teacher _____

Based on your observations, evaluate the student in comparison to other students in the same grade by checking problems frequently observed. Be sure to note when, where, how often, and how long you have observed these behaviors:

Listening Comprehension

_____ Difficulty understanding spoken language

_____ Difficulty following verbal directions

Oral Expression

_____ Difficulty expressing thoughts and ideas

_____ Limited speaking vocabulary

Reading

_____ Difficulty with letter/word recognition

_____ Word guessing

_____ Slow, constant sounding out words

_____ Difficulty with comprehension (factual, critical)

Written Expression - Difficulty with ...

_____ spelling

_____ writing speed

_____ completing written work

_____ punctuation

_____ writing a sentence

_____ organizing sentences and ideas into meaningful paragraphs

SAT Form No. 8: Teacher Request for Assistance Form

Mathematics - Difficulty with ...

_____ number recognition _____ number concepts

_____ understanding place value _____ solving word problems

_____ basic operations (*circle all that apply*)

Addition Subtraction Multiplication Division

Discrimination - Difficulty discriminating ...

_____ letter sounds _____ letter symbols

Memory - Difficulty ...

_____ remembering what is seen _____ remembering what is heard

_____ retaining information over a period of time

Visual Motor Coordination - Difficulty...

_____ with small motor tasks _____ with paper/pencil task

_____ copying from the board

SAT Form No. 8: Teacher Request for Assistance Form

Attention/Organization/Activity Level

_____ Difficulty beginning a task
_____ Difficulty maintaining attention
_____ Easily distracted
_____ Loses or forgets work and/or materials
_____ Difficulty with organization
_____ Late for class
_____ Difficulty completing tasks
_____ Difficulty with changes in routine
_____ Overactive
_____ Underactive

Social/Emotional

_____ Lacks motivation
_____ Lacks self-control
_____ Easily frustrated
_____ Sudden changes in mood throughout the day
_____ Inconsistency in performance
_____ Needs constant approval
_____ Interrupts and distracts class
_____ Unusually aggressive toward others
_____ Unusually shy or withdrawn
_____ Difficulty interpreting social cues
_____ Difficulty making and keeping friends
_____ Easily influenced by others
_____ Doesn't accept responsibility for own behavior

Speech

_____ Stutters _____ Difficulty articulating speech sounds _____ Unusual voice quality

SAT Form No. 8: Teacher Request for Assistance Form

Other Comments

What are the student's strengths?

What interventions have been attempted?

_____ Student Conference Date(s): _____

_____ Note/email/call to Parent Date(s): _____

_____ Parent Conference Date(s): _____

_____ Consultation with Colleagues

_____ Behavior Management Techniques: What type? _____ For how long? _____

_____ Adjusted Workload Explain: _____ For how long? _____

Alternative methods and techniques Explain: _____ For how long? _____

_____ Modifying Materials Explain: _____For how long? _____

_____ Modifying Presentations Explain: _____

_____ Change of text/materials

_____ Alternate seating

_____ Change in grouping

_____ Other Explain _____

What are the results of these interventions?

SAT Form No. 8: Teacher Request for Assistance Form

Rate the student's level of functioning as compared to other classmates and indicate the grade level, if known:

	Above Average	***Average***	***Below Average***	***Estimated Grade Level***
1. Listening Comprehension				
2. Oral Expression				
3. Basic Reading Skills				
4. Reading Comprehension				
5. Written Expression				
6. Math Calculation				
7. Math Reasoning				

Other Important Information

SAT Form No. 9: SAT Meeting Summary

Date of Meeting: _____ ☐ **Initial** ☐ **Follow-up** (to meeting _____)

Student: _____ Grade: _____ DOB: _____

School: _____ Teacher: _____

Referred by ☐ Teacher ☐ Parent/Guardian ☐ Other

Teacher: _____

Parent/Guardian: _____

Other: _____

Attendance at SAT Meeting:

☐ SAT Leader: _____

☐ Administrator: _____

☐ Teacher: _____

☐ Parent/Guardian: _____

☐ Parent/Guardian: _____

☐ Other: _____ _____
Title *Name*

☐ Other: _____ _____
Title *Name*

☐ Other: _____ _____
Title *Name*

SAT Form No. 9: SAT Meeting Summary

Part 1 - Check all that apply:

Vision ☐ Poor ☐ Corrected ☐ Good ☐ Excellent

Impact on Learning:

Hearing ☐ Poor ☐ Amplified/Aided ☐ Good ☐ Excellent

Impact on Learning:

Speech/Language ☐ Normal/Adequate ☐ Rapid/Rambling ☐ Slow/Slurred ☐ Somewhat Unintelligible ☐ Unintelligible

Impact on Learning:

General Physical Health ☐ Fragile or Impaired ☐ Chronic Illness ☐ Good ☐ Excellent

Impact on Learning:

Mental/Behavioral Health Concerns ☐ None ☐ Conduct ☐ Anxiety ☐ Depression ☐ Phobia ☐ Substance Abuse ☐ Other: _____

Impact on Learning:

Attitude Toward Self ☐ Poor ☐ Normal/Positive ☐ Confident ☐ Overconfident ☐ Unrealistic

Impact on Learning:

SAT Form No. 9: SAT Meeting Summary

Impulse Control ☐ Poor ☐ Fair ☐ Good ☐ Excellent

School Social Relationships ☐ No Friends ☐ Few/Adequate Friends ☐ Many Friends ☐ Too Many Friends

Relationship with Teacher ☐ Distant/Reluctant ☐ Normal ☐ Needs Closeness/Frequent Contact

Learning Style(s) ☐ Visual ☐ Auditory/Verbal ☐ Tactile/Kinesthetic

Classroom Environment ☐ Highly Structured ☐ Structured ☐ Unstructured ☐ Highly Unstructured ☐ Combination

Student Strengths

(*List at least four*)

Cultural Background

Describe

Languages Spoken ☐ English only ☐ Other _____ ☐ Bilingual

Other Pertinent Information

SAT Form No. 9: SAT Meeting Summary

Part 2 - Summary of Previous Interventions Tried and Their Effectiveness

Describe each intervention and rate its effectiveness 1 - 5. Attach a copy of the Catholic Intervention Plan, if available, or other pertinent information.

Interventions Tried in Classroom

Describe:

	1	2	3	4	5	
Lowest	○	○	○	○	○	Highest

Describe:

	1	2	3	4	5	
Lowest	○	○	○	○	○	Highest

Interventions Tried at Home

Describe:

	1	2	3	4	5	
Lowest	○	○	○	○	○	Highest

Part 3 - Summary of Screening and Recent Test Results

Part 4 - Additional Information (discussed at the meeting)

Part 5 - Insights/Hypothesis

Based on a review of the information above, note the reason(s) why this student seems to be struggling in school.

SAT Form No. 10: Student Observation Form

Date _____

Student _____ **Grade** _____ **DOB** _____

School _____ **Teacher** _____

Name of Referring Teacher or Parent/Guardian _____

Name & Title of Observer _____

Circumstances of Observation (subject, teacher, time of day, reason for observation, etc.)

A. Compare this student's performance with that of the majority of other students in the class.
(Circle the best option. Use "NA" if information is not available. Provide comments as appropriate)

1. *How the student works*:	more slowly	more quickly	about the same	NA
2. *Focus & attention span*:	better	about average	poorer	NA
3. *Activity level of the student*:	more active	less active	about the same	NA
4. *Language skill*:	better	about average	poorer	NA
5. *Demonstration of interest*:	very interested	about average	disinterested	NA

SAT Form No. 10: Student Observation Form

6. *Subject matter difficulty/frustration*: high about average low NA

7. *Emotional/social maturity*: greater than about average less than NA

8. *Other*: *(specify)*

B. Teacher Behavior Observed: (Circle all that apply)

Teaching Methods Observed: visual auditory large group small group one-to-one peer other (specify)

Conceptual Content: concrete abstract both

Behavior Reinforcement: positive negative ignored isolation other (specify)

C. Teacher Style: (Circle all that apply)

1. *How much movement is tolerated?* a great deal some minimal none

2. *How much talking/noise is tolerated?* a great deal some minimal none

3. *What type(s) of feedback were given?* praise reward criticism punishment

4. *What tone/manner was used to communicate?* support matter-of-fact harsh

SAT Form No. 10: Student Observation Form

5. *During this observation, how did the teacher spend most of his or her time*? (e.g. at the board, at the teachers' desk, circulating among students at work, etc.)

6. *What, if anything, about the teacher or classroom seemed to have a positive or negative effect on the students in general, or on this student in particular?*

D. Other comments: (Include any information not mentioned above. Give a general descriptive statement about the student's behavior during the observation. This could be interactions with other children, unusual posture or speaking patterns, repetitive behaviors, etc.)

Intervention Tracking Form

Student Name		Grade		DOB	
Goal	**Intervention**	**Duration**	**Frequency**	**Evidence of Progress**	**Teacher Responsible**

Intervention – Progress Monitoring

Sheet _____ of _____

Student Name		Grade		DOB	

Goals	Baseline	Week ___ Date _____	Week ___ Date _____	Week ___ Date _____

Catholic Intervention Plan

THE ROMAN CATHOLIC ARCHDIOCESE OF WASHINGTON

The purpose of this Catholic Intervention Plan (CIP) is to document the reasonable accommodations *and* any specialized academic instruction, curriculum modification, or assessment modifications that the Archdiocesan Catholic school identified below will strive to offer a student who needs additional support in order successfully access the curriculum.

School Name: _____ **Date:** _____

School Year: _____ **Person Completing this Form:** _____

Student Name (*Last, First, M.I*) _____

Student Information

Grade: _____ **Sex:** ☐ Male ☐ Female **Date of Birth:** _____
mm/dd/yyyy

Teachers who will be implementing intervention plan: _____

Other current teachers: _____

_____

Pertinent Educational and/or EL Assessment Information: _____

Information Supporting Interventions

_____

_____

Academic Concerns (past & present)**:** _____

_____

_____

Behavior Concerns (past & present)**:** _____

_____

_____

Other Pertinent Information (including family, health history, etc.)**:** _____

_____

SAT Form No. 13: Catholic Intervention Plan

Intervention

Describe the Intervention to be implemented: _____

_____

_____

Date Intervention is to begin: _____

Date when Effectiveness of Intervention will be reviewed: _____

Present Level of Performance/Baseline Date: _____

_____

_____

Goal for Intervention: _____

Type of Data Used to Monitor Progress: _____

Frequency of Data Collection: _____

Progress Monitoring

Date	Observations/Data/Comments	Next Steps

SAT Form No. 14: Behavior Support Plan

Behavior Support Plan

School: _____

The purpose of this plan is to spell out what behaviors are being targeted for change and how change will be handled.

Name: _____ **Date Completed:** _____

Projected Date of Review: _____

Student Strengths: _____

PART 1: Description of Problem Behavior: (Use the chart below to describe this behavior in terms of antecedent/behavior/consequence)

_____

_____

_____

_____

Antecedent(s)	**Behavior:**	**Consequences**
Asked to Do	Off-Task	Verbal redirection to activity
Asked to Stop Doing	Non-compliance	Physical redirection to activity
Ongoing behavior/activity interrupted	Bolting/leaving designated area	Required to continue activity
Bored—no materials/activities	Physical aggression	Ignoring
Could not get desired item	Playing with objects	Time out from reinforcement (duration)
Loud/disruptive to environment	Self-injurious behavior	Within room area _____
Appeared to be in discomfort	Fidgeting	Outside room area _____
Other student provoked	Screaming	Physical discomfort relieved
Setting/Events:	Provoking/teasing others	Discussion
When:	Tantrum	Receives desired item
Where:	Verbal aggression	Comforting
With Whom:	Interrupting class	Referral
Other: _____	Other: _____	Other: _____

PART 2:

Intensity of Behavior:	**Frequency of Behavior:**	**Duration of Behavior:**
1 2 3 4 5	Class period Hour Day	Minutes Hours Days
Mild Moderate Severe	Week _____	

SAT Form No. 14: Behavior Support Plan

PART 3: This behavior impedes learning because:

_____

_____

_____

PART 4: The Team believes the function/communication of the behavior is:

- ☐ To get attention from _____
- ☐ To get access to (items or activities) _____
- ☐ To escape, avoid, or delay _____
- ☐ To provide stimulation activity (describe) _____
- ☐ To protest _____
- ☐ To communicate _____

PART 5: Describe the new behavior that the student will be taught, to replace the inappropriate behavior described.

_____ will _____
(Student) (Replacement Behavior)

in order _____
(Match to Function in Part 4)

PART 6: Explain who is responsible for teaching the replacement behavior: (Is parent input required?)

_____

_____

_____

PART 7: When the student uses the replacement behavior, list the reinforcement that will occur.

_____

_____

_____

PART 8: If target behavior and/or antecedents to target behavior occur again, then:

☐ ☐ ☐ Redirect ☐ ☐ Restate expectation ☐ ☐ Implement accommodations, modifications, Ignore Provide choice ☐ support
Review Plan Reminder of reinforcement Time away

☐ ___Within setting - Student initiates

SAT Form No. 14: Behavior Support Plan

PART 9: Progress to be Measured and Monitored:

Who: _____

What: _____

When: _____

How: _____

Plan to be Distributed to:

_____ _____

_____ _____

_____ _____

PART 10:

Date of Projected Review Meeting: _____

Review Meeting Participants: _____ _____

_____ _____

Progress towards Behavior Support Plan:

- ☐ Desired Decrease in Problem Behavior
- ☐ Desired Increase in Replacement Behavior
- ☐ Undesired Increase in Problem Behavior
- ☐ Undesired Decrease in Replacement Behavior

ACTION TO BE TAKEN: ☐ Continue Plan ☐ Modify Plan

Persons Creating this Plan:

_____ _____

Name & Title Name & Title

_____ _____

Name & Title Name & Title

Signed: _____

Parent Name & Date

Section 8:

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"Teach me knowledge and good judgment, for I trust your commands"

(Psalm 119:66)

A

Accommodations - An adjustment to instruction or testing that allows for equitable access to information. Accommodations are intended to reduce or even eliminate the effects of a student's disability. Accommodations do not reduce learning expectations.

Achievement Test - Measures mastery of skills and knowledge acquired.

Adaptive Skills - Practical, everyday skills needed to function in an environment including skills for independently caring for oneself.

Americans with Disabilities Act (ADA) - Federal legislation that prohibits discrimination against individuals with disabilities.

Antecedent - The 'trigger' to a specific behavior - what occurs prior to the behavior.

Aphasia - A language impairment that affects one's ability to speak or comprehend spoken words.

Articulation - The formation of clear and distinct sounds in speech.

Assistive Technology - Any item, piece of equipment, or system used to increase, maintain, or improve capabilities for a person with a disability.

Attention Deficit Hyperactivity Disorder (ADHD)- An ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. Inattention means a person wanders off task, lacks persistence, has difficulty sustaining focus, and is disorganized; and these problems are not due to defiance or lack of comprehension. Hyperactivity means a person seems to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. Impulsivity means a person makes hasty actions that occur in the moment without first thinking about them and that may have high potential for harm; or a desire for immediate rewards or inability to delay gratification. An impulsive person may be socially intrusive and excessively interrupt others or make important decisions without considering the long-term consequences.

Auditory Learners - People who learn and remember information best by hearing what is said and presented.

Auditory Processing - A natural process where sound travels via the ear to the language area of the brain for interpretation.

Autism - A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three.

B

Baseline Data - A collection of facts, statistics, and present levels known about a student at the 'start' of instruction, intervention, or assessment.

Behavior - The way in which one acts or conducts oneself.

Behavior Intervention Plan - Based on information collected from a Functional Behavior Assessment (FBA), includes a description of the behavior, hypothesis about the cause of the behavior, and strategies and supports designed to modify the behavior.

Best Practices - A generally accepted and adopted technique, method, or strategy based on evidence and research.

C

Case Manager - A person who oversees the implementation of a plan, records/gathers information, consults, and acts a a point person in reference to a student.

Catholic Identify - Seeks to ensure that the Good News that Jesus proclaimed is truly passed on from one generation to the next through the great blessing of Catholic schools.

Child Find - A legal requirement in the Individuals with Disabilities Education Act for local education agencies (LEA) to 'find' all students who may have a disability and who may be entitled to special education services. The LEA must evaluate any child who is suspected or known to have a disability.

Cognitive Skills - A measure of overall thinking and reasoning skills. Includes performance on both verbal and visually related tasks.

Consultation - A service provider (special education teacher, speech/language pathologist, occupational therapists, etc.) assists a teacher or other professionals in ways to best meet the needs of a student(s).

C

Computer Adaptive Testing - A computer-based test designed to adapt to the test-takers ability level. Test items get hard or easier based on the test-taker's performance.

Criterion-Referenced Test - Describes tests that measure specific knowledge and content based on predetermined criteria or learning standards. Provides information on what a student knows and doesn't know at the time of the test.

D

Disability - The Individuals with Disabilities Education Act (IDEA) defines a child with a disability as one evaluated in accordance with as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. The American Disability Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. A disability is also defined as a physical or mental condition that limits mobility, senses or activities.

Dyslexia - Involves difficulty in learning to read or interpret words, letters, and other symbols. People with dyslexia have average to above average intellectual abilities.

Dyscalculia - A specific learning disability in math. People with dyscalculia may have difficulty understanding number-related concepts or using symbols or functions needed for success in mathematics.

Dysgraphia - Affects a person's handwriting and fine motor skills. Problems may include illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing written words as well as thinking and writing at the same time.

E

English Learner (EL) - A student with limited English proficiency as English is not the student's native language and/or English is not the primary language spoken in the home.

Equitable Services - Parentally placed private school students with disabilities may receive a different amount of services based on available funding from the public school.

Executive Function - A set of mental processes that helps us connect past experience with present action. Executive function skills are used when performing activities such as planning, organizing, strategizing and paying attention to and remembering details. People with executive function issues have difficulty with planning, organizing and managing time and space.

Expressive Language - Refers to the way a person communicates including facial expression, gestures, vocabulary, and syntax.

F

FAPE - Under the Individuals with Disabilities Education Act (IDEA), students with disabilities are guaranteed a free and appropriate public education.

Fine Motor Skills - The coordination of small muscles in movements usually involving hands, fingers, and forearms.

Fluency - The ability to perform a task with speed and accuracy. Reading fluency includes proper expression.

Functional Behavioral Analysis - A process that targets a specific behavior, the purpose of the behavior, and factors that cause the behavior to interfere with educational progress.

I

Inclusion - A mindset that welcomes and accepts all people in the same setting regardless of differences.

Individual Education Program (IEP) - A legal document under IDEA that maps out a student's special education instruction, supports, and services need to make progress and be successful in school.

Individual Service Plan (ISP) - A plan developed by the local education agency for students with disabilities who attend private schools. This type of plan does not ensure the student is provided with FAPE.

Intelligence Test - Designed to measure learning ability or learning and thinking skills associated with mental ability

Intervention - A program or steps to improve learning outcomes for a student.

K

Kinesthetic Learners - People who learn and remember information best by doing. Hands-on activities and interactive assignments work well.

L

Least Restrictive Environment - A part of IDEA that states students with disabilities should spend as much time as possible in environments with peers without disabilities.

M

Modifications - A substantial change in the learning goal, instructional level, and assessment for a student with disabilities.

Multiple Intelligences - Represents different intellectual abilities. In 1983, Howard Gardner proposed 8 abilities: musical-rhythmic, visual-spatial, verbal-linguistic, logical-mathematical, bodily-kinesthetic, interpersonal, intrapersonal, and naturalistic.

N

Native Language - The language a child acquires in the home and spoken by the family.

Neuropsychological Test - Specifically designed tasks used to measure a psychological function known to be linked to a particular brain structure or pathway.

Norm-Referenced Test - A standardized test designed to compare and rank students in relation to each other.

O

Occupational Therapy - A related service that provides therapy to remediate fine motor skills. Occupational therapy addresses meaningful activities of daily life.

Ortin-Gillingham - A direct, explicit, multisensory, structured, sequential, diagnostic, and prescriptive way to teach literacy when reading, writing, and spelling does not come easily to individuals.

P

People First Language - Respectful language that recognizes the individual first not the disability.

Perceptional Reasoning - A measure of non-verbal and fluid reasoning. The ability to examine a problem, draw upon visual-motor and visual-spatial skills, organize thoughts, create solutions, and test them.

Physical Therapy - A related service that provides therapy to remediate gross motor skills.

Present Level of Performance (PLOP) - Indicates how the student is performing at the current time.

Processing Speed - The ability to interpret and respond to auditory and/or visual information.

Proportional Share - Under IDEA, local education agencies are required to expend funds for students who are parentally placed in private schools. A formula is used to calculate the share of funds.

Psychoeducational Testing - Tests used to analyze the mental processes underlying educational performance.

Psychologist - A trained professional with clinical skills to assess, diagnose and treat individuals suffering from psychological distress and mental illness. Psychologists may administer psychological tests.

Psychiatrists - Trained medical doctors who can prescribe medications and work with patients on medication management as a course of treatment.

R

Receptive Language - The ability to understand information that involves understanding the words, sentences and meaning of what others say or what is read.

Regression - Loss of critical skills.

Related Services - Services a student needs to benefit from special education. Related services can include speech-language services, occupational therapy, physical therapy, and psychological services.

Response to Intervention - A process educators use to identify and support struggling students.

S

Sensory Processing - The way the brain uses information obtained through the senses and turns it into a response.

Specific Learning Disability - A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.

Speech Language Pathologist (SLP) - A trained professional who assesses and treats individuals with speech, language and communication disorders.

T

Think Time - The way the brain uses information obtained through the senses and turns it into a response.

Title I - Federal funds provided to schools to assist in meeting educational goals for students from low income families.

Title II - Federal funds provided to improve teacher and leader quality and increase student achievement through evidence-based professional development.

Title III - Federal funds provided to ensure that English Learners (ELs) attain English language proficiency and meet state academic standards.

Title IV - Federal funds provided to increase access to a well-rounded education, support safe and healthy schools, and improve effective use of technology.

U

Universal Design for Learning (UDL) - An educational framework designed to improve and optimize learning for all people. UDL recognizes the unique learning differences of all people.

V

Visual Learner - People who learn and remember information best by reading or seeing.

Visual-Motor Integration - Refers to coordination, balance, eye movement, eye-hand coordination, and visual memory.

W

Working Memory - Refers to the ability to hold an idea in memory while developing, elaborating, clarifying or using it, as well as holding together in memory the components of a task while completing that task.

Acronyms

ABA - Applied Behavioral Analysis

ABC - Antecedent, Behavior, Consequence

ADA - Americans with Disabilities Act

ADHD - Attention Deficit/Hyperactivity Disorder

ASD - Autism Spectrum Disorder

ASL - American Sign Language

AT - Assistive Technology

BIP - Behavior Intervention Plan

CAP - Catholic Accommodation Plan

CEC - Council for Exceptional Children

DSM - *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association

EL - English Learners

ESY - Extended School Year

FAPE - Free, Appropriate Public Education

FERPA - Family Educational Rights and Privacy Act

GT - Gifted and Talented

Acronyms

HQT - Highly Qualified Teacher

ICEP - Individual Catholic Education Plan

IDEA - Individuals with Disabilities Education Act

IEP - Individualized Education Program

ISP - Individual Service Program

LEA - Local Education Agency

LEP - Limited English Proficiency

LRE - Least Restricted Environment

OHI - Other Health Impairment

OT - Occupational Therapy

PBS - Positive Behavior Supports

PT - Physical Therapy

RtI - Response to Intervention

SEA - State Education Agency

SLD - Specific Learning Disability

SLP - Speech/Language Pathologist

Acronyms

UDL - Universal Design for Learning

WWC - What Works Clearinghouse

504 - Section 504 of the Rehabilitation Act

Description of Common Formal Assessment Tools

Behavior Assessment System for Children (BASC) - Uses a variety of tools (parent & teacher rating scales, self-report scale, and student observation system) to measure both clinical and adaptive dimensions of behavior and personality.

Behavior Rating Inventory of Executive Function (BRIEF) - Assesses executive function behaviors in school and home environments for children and adolescents ages 5-18.

Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI) - Measures to the extent individuals can integrate their visual and motor skills.

Brigance - A norm-referenced screening tool used in Pre-K, Kindergarten, and First Grade to identify students who may be at-risk for learning difficulties and might benefit from intervention.

Connors - Screens for ADHD in children and adolescents.

Kaufman Assessment Battery for Children (KABC) - A diagnostic test used for assessing cognitive development.

Kaufman Test of Educational Achievement (KTEA) - A test used to measure math, reading, written language, and oral language in children.

Vanderbilt Assessment Scales - Used by healthcare professionals to help diagnose ADHD in children.

Weschler Intelligence Scale for Children - 5th ed. (WISC-V) - An intelligence test that measures a child's intellectual ability and 5 cognitive domains that impact performance: Verbal Comprehension, Visual Spatial, Fluid Reasoning, Working Memory, and Processing Speed.

Wide Range Achievement Test (WRAT) - Measures the basic academic skills in reading, spelling, math, and comprehension.

Woodcock-Johnson IV (WJ-IV) - Assesses both academic achievement and cognitive development.

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"Let the **children** *come* to **Me** and *do not prevent them*;

for the *kingdom of God* belongs to such as these."

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