

FORWARD

This handbook was prepared for administrators and teachers in the Rockingham County Public School system. It was developed to assist school personnel in implementing state and federal mandates requiring the identification, evaluation, placement, and services for students determined to be eligible for special education and related services.

All residents of Rockingham County from the ages of two to twenty-one, inclusive, who have a disability and are in need of special education services shall receive a free appropriate education in the least restrictive environment. Students otherwise eligible must have attained age two and not have exceeded age twenty-one by September 30.

A free appropriate public education is provided to all identified persons with disabilities ages two to twenty-one, inclusive, who live in Rockingham County or who have been placed by their parents in a private school located within the Rockingham County jurisdiction.

Programs and services are provided to persons identified as having autism, deaf-blindness, developmental delay, hearing impairment, intellectual disabilities, multiple disabilities, orthopedic impairment, other health impairment, emotional disabilities, specific learning disability, speech or language impairment, traumatic brain injury, or a visual impairment.

Because special education services attempt to prepare students with disabilities to live and work in society, such students are educated with their peers to the maximum extent appropriate. Effort is made to place the student in the least restrictive environment. In determining the most appropriate setting, each student is considered on an individual basis. The Rockingham County Public School system provides a continuum of alternative placement options and services to meet the varying needs of disabled students.

If you have any questions or concerns regarding the information stated within this document, you may contact the Director of Pupil Personnel Services.

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Definitions of Educational Disability Classifications

The term “children with disabilities” means those students who need special education and related services because of impairments. These impairments are defined in the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia (July 2009)* as:

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child’s educational performance is adversely affected primarily due to a behavioral disorder (emotional disabilities) or to cognitive delays (intellectual disabilities) as defined in this handbook. A child who manifests the characteristics of autism after the age of three could be diagnosed as having autism if the criteria in this definition are satisfied.

- Children with Asperger’s Disorder demonstrate the following characteristics:
 - Impairments in social interaction such as:
 - marked impairment in the use of multiple nonverbal behaviors including eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
 - failure to develop peer relationships appropriate to developmental level;
 - a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (i.e., by a lack of showing, bringing, or pointing-out objects of interest); or
 - a lack of social or emotional reciprocity; and
 - Restricted repetitive and stereotyped patterns of behavior, interests, and activities such as encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, apparently inflexible adherence to specific, nonfunctional routines or rituals, stereotyped or repetitive motor mannerisms, and/or persistent preoccupation with parts of objects.
- Children with autistic disorder, in addition to the characteristics listed under Asperger’s disorder, also demonstrate impairments in communication, such as a delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime). In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others, stereotyped and repetitive use of language or idiosyncratic language, or lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level is noted.
- Children with Pervasive Developmental Disorder-Not Otherwise Specified or Atypical Autism may display any of the characteristics listed above without displaying all of the characteristics associated with either Asperger’s Disorder or Autistic Disorder.

Deaf-Blindness means hearing and visual impairments occurring at the same time, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance. The child has a bilateral hearing loss (sensorineural, or mixed conductive and

sensorineural), a fluctuating or a permanent hearing loss, documented auditory dys-synchrony (auditory neuropathy), and/or cortical deafness.

Developmental Delay means a disability affecting a child age two by September 30 through six, inclusive, who is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

- Physical Development;
- Cognitive Development;
- Communication Development;
- Social or Emotional Development;
- Adaptive Development; or
- Who has an established physical or mental condition that has a high probability of resulting in developmental delay, and

The delay(s) is not primarily a result of cultural factors, environmental or economic disadvantage, or limited English proficiency.

The presence of one or more documented characteristics of the delay has an adverse affect on educational performance and makes it necessary for the student to have specially designed instruction to access and make progress in the general education curriculum for this age group.

A child found to have a clear categorical diagnosis should not be found eligible for special education services using the label of developmental delay. Students for whom test data indicate the presence of intellectual disabilities, a specific learning disability or any other specific disabling condition would be identified accordingly. Students with significant delays in speech and language (communication skills) should be carefully reviewed to determine if the most appropriate disability is speech-language impairment or developmental delay.

Emotional Disability is defined as follows:

This term refers to a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, that adversely affects a child's educational performance:

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

The term includes schizophrenia. The term does not include children who are socially maladjusted, unless it is determined that they have an emotional disability as defined in this section.

To clarify the definition further, several terms are defined below:

- **A long period of time:** The symptoms must be persistent beyond normal manifestation of normal recuperative periods (generally longer than 6 months) and must not be a manifestation of normal situational disturbance (e.g., being upset and temporary poor functioning in response to a family member's death).
- **To a marked degree:** The characteristics must be severely deviant. They must be so intense as to be obvious to multiple observers, pervasive enough to be observed across the broad spectrum of

school settings, and resistant to at least two planned, documented interventions applied in the school setting prior to referral.

- Adverse effect on educational performance: This term refers to age-based academic achievement one and one-half standard deviations below ability expectancy; having the requisite academic skills but failing (or being in danger of failing) at least two classes; demonstrating significantly poor attendance; and/or being consistently and dramatically disruptive in school.
- Schizophrenia: Schizophrenia is a mental illness characterized by deterioration from a previous level of functioning, bizarre and/or incoherent thoughts, hallucinations and/or delusions, inappropriate or extremely flat affect, extreme problems with self-identity, inability to complete tasks, extreme withdrawal and/or extreme preoccupation, and behavioral extremes (e.g., agitation and flat affect).
- Social maladjustment: Socially maladjusted behavior is defined as actions, which are unacceptable to the mainstream culture, but are accepted and supported by a specific subculture. These behaviors generally are acquired in whole or in part from that subculture and are probably attributable to inappropriate socialization. Conscience is evident, but guilt results only when deviation occurs from the standards of the peer group and not from the values of the mainstream culture. Remorse is evident when punishing consequences are perceived, but not for the simple fact of having transgressed mainstream values.

Socially maladjusted behavior should be viewed in contrast to an internalized emotional disorder.

In summary, all of the following must apply to a student found eligible for the designation emotional disabilities:

1. At least two pre-referral interventions must have been attempted which did not satisfactorily remediate the behaviors/feelings of concern.*
2. The behaviors/feelings of concern must have existed over a long period of time and to a marked degree.
3. The behaviors/feelings of concern must have an adverse effect on educational performance.
4. The student must not be socially maladjusted, unless he/she is also emotionally disabled.

*The feelings/behaviors of concern must fall into one of the five categories listed in the ED definition.

Hearing Impairment means impairment in hearing in one or both ears, with or without amplification, whether permanent or fluctuating, that adversely affects a child's educational performance but which is not included under the definition of "deafness" in this section. Characteristics of children with a hearing impairment include unilateral hearing loss (conductive, sensorineural, or mixed), bilateral hearing loss (conductive, sensorineural, or mixed), a fluctuating or permanent hearing loss, and/or auditory dys-synchrony (auditory neuropathy). The hearing loss results in qualitative impairments in communication/educational performance.

Intellectual Disability refers to the existence of significantly sub-average general intellectual functioning concurrent with equivalent deficits in adaptive behavior, which were manifest during the developmental period and which adversely affect the child's educational performance. Students in this category must score at or below 2 (or more) standard deviations below the mean on both an individually administered intelligence test and on a measure of adaptive behavior.

Multiple Disabilities means two or more impairments at the same time (such as intellectual disabilities-blindness, specific learning disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., 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 which cause contractures).

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

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 do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Clarification: The eligibility group may determine that a child has a specific learning disability if:

- The child does not achieve adequately for the child's age or to meet VDOE-approved grade level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or VDOE-approved grade level standards:
 - Oral expression;
 - Listening comprehension;
 - Written expression;
 - Basic reading skills;
 - Reading fluency skills;
 - Reading comprehension;
 - Mathematics calculation; and
 - Mathematics problem solving.
- The child does not make sufficient progress to meet age or VDOE-approved grade-level standards in one or more of the above eight areas when using a process based on the child's response to intervention; or
- The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, VDOE-approved grade level standards, or intellectual development, that is determined by the eligibility group to be relevant to the identification of a specific learning disability, using appropriate assessments.

Prior to determining that a student is eligible for special education and related services as a student with a specific learning disability, to ensure that the underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the eligibility group considers, as part of the evaluation:

- Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and

- Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction.

Note: By mutual written agreement with the parent, the eligibility group may extend the evaluation and eligibility timeline to obtain additional data.

A child suspected of having a specific learning disability is observed in the child’s learning environment (including the regular classroom setting) to document the child’s academic performance and behavior in the areas of difficulty. For this observation, the eligibility group either:

- Uses information from an observation in routine classroom instruction and monitoring of the child’s performance that was done before the child was referred for an evaluation; or
- Has at least one member of the eligibility group conduct an observation of the child’s academic performance in the regular classroom after the child has been referred for an evaluation and parental consent is obtained.
- If the child is less than school age or out-of-school, an eligibility group member observes the child in an environment appropriate for a child of that age.

In addition to the requirements outlined in the Virginia Regulations for a child suspected of having a specific learning disability, the documentation of the eligibility determination must contain a statement of:

- Whether the child does not achieve adequately for the child’s age or to meet VDOE-approved grade-level standards; and whether the child does not make sufficient progress to meet age or VDOE-approved grade-level standards, or the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, VDOE-approved grade level standards or intellectual development;
 - The determination of the eligibility group concerning the effects of a visual, hearing, or motor disability; intellectual disabilities; emotional disabilities; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child’s achievement level; and
 - If the child has participated in a process that assures the child’s response to scientific, research-based intervention,
 - The instructional strategies used and the student-centered data collected; and
 - The documentation that the child’s parents were notified about Virginia’s policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided; strategies for increasing the child’s rate of learning; and the parents’ right to request an evaluation.

The group may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of:

- A visual, hearing, or motor impairment;
- Intellectual disabilities;
- Emotional disabilities;

- Environmental, cultural, or economic disadvantage; or
- Limited English proficiency.

Dyslexia is distinguished from other learning disabilities due to its weakness occurring at the phonological level. Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.

These Policies and Procedures, which are consistent with the Virginia Department of Education’s (VDOE) state criteria, are in place for determining whether or not a student is eligible for special education and related services as a student with a specific learning disability. The school division is not required to determine a student’s eligibility as a student with a specific learning disability based upon the presence of a “severe discrepancy” between sample academic achievement and intellectual ability in one of the following areas:

- oral expression;
- listening comprehension;
- written expression;
- basic reading skills;
- reading fluency skills
- reading comprehension;
- mathematics calculation; or
- mathematics problem solving.

Rather, the school division may opt to use a process that determines whether or not the student responds to scientific, research-based intervention methods as part of the evaluation proceedings. Albeit the “response-to-intervention” model may provide important information for the group to consider, the process of determining the presence of a severe discrepancy will continue to require an analysis of a child’s cognitive profile and remain integral to eligibility consideration. By definition, the eligibility group must identify a “disorder in one or more of the basic psychological processes” and relate the disorder to an educational deficit.

A “severe discrepancy” will remain defined by data that displays a 1½ standard deviation or 22 point discrepancy between ability and achievement (.05 significance and 5% or less frequency on predicted achievement scores).

If utilizing the Wechsler Scales, the full scale IQ will be used unless the VIQ/PIQ difference is greater than 20 points. Verbal and Performance scores may be prorated at the school psychologist’s discretion if significant scatter makes the use of a full-scale score misleading. The eligibility group may override the standard deviation requirement if, for example, circumstances prevent the administration of the usual cognitive and/or achievement measures and no valid standard scores are available (e.g., when evaluating a physically disabled or bilingual child) or the academic area of deficit is not adequately tapped by the achievement battery but is supported by several other measures (such as recent standard classroom assessments).

Educational Achievement is defined as a lack of “adequate” or “sufficient” progress on VDOE grade level standards coupled with the eligibility group consensus regarding a history of “learning experiences and instruction appropriate to the child’s age,” “lack of sufficient progress” to meet age or VDOE-approved grade-level standards, or a pattern of strengths and weaknesses in performance, achievement, or both, relative to age. Supporting evidence of classroom performance should be considered.

A “disorder in one or more of the basic psychological processes” may exist in any of the following areas: memory, auditory processing, visual processing, or cognitive efficiency. Such processing deficits may be manifested as described below:

- **Memory:** Behavioral evidence including difficulty recalling sequences of numbers, letters in the alphabet; difficulty remembering the sequence of letters in words; difficulty recalling what was seen during a movie, play, or walk or ride to school (all visual); frequent requests for repetition or clarification of orally-presented information; difficulty spelling from dictation; difficulty following oral instructions; difficulty recalling the pertinent information from orally-presented materials (all auditory); cannot master facts despite frequent drill and practice; difficulty remembering new information (visual and auditory).
- **Auditory Processing:** Behavioral evidence including complaints of excessive noise; auditory distractibility; frequent requests for repetition or clarification of orally-presented information; misinterpretation of oral instructions; difficulty following oral directions (particularly multi-step); difficulty remembering new (oral) information; difficulty recalling pertinent information from orally-presented material; difficulty remembering sequence of sounds in words.
- **Visual Processing:** Behavioral evidence including difficulty developing a sight vocabulary; difficulty with sorting and matching activities; difficulty with reversals and substitutions; transposing letters within words; difficulty locating specific details in visually-presented information; confusing words similar in appearance; losing a place on a page with many printed lines; substituting words from a different line on a page; difficulty completing puzzles; difficulty reading maps; difficulty with math problems not appropriately spaced on page.
- **Cognitive Efficiency:** Cognitive efficiency refers to the capacity of a child's information processing system to process information automatically. This may affect a child's capability to accurately and efficiently identify, discriminate and process relevant ongoing information in the environment. Examples of cognitive efficiency difficulties include the following:
 1. Working memory difficulties (the ability to hold information in immediate awareness that they have heard, while performing a mental operation on the information) may be contributing to processing speed difficulties (the ability to perform automatic cognitive tasks, particularly when measured under pressure to maintain focused attention);
 2. Poor response inhibition (difficulty accessing previously learned rules to predict consequences of their behavior); or
 3. Attention/concentration difficulties may impact task performance. Behavioral evidence including hyperactivity; tendency to be distracted from/by auditory or visual stimuli; impulsivity; difficulty staying on task; difficulty concentrating; overlooks details or makes careless errors; difficulty differentiating relevant/irrelevant information; requests for repetition or clarification of information; or extensive reliance on “self-structuring” (e.g., narration or verbal mediation).

Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, expressive or receptive language impairment, or a voice impairment that adversely affects a child's educational performance. Identification under this category requires a significant discrepancy from typical communication skills in one or more of the following areas:

- Fluency;
- Impaired articulation;
- Expressive or receptive language impairment; or

- Voice impairment.

Children shall not be identified as children having a speech or language impairment if the area of concern is primarily the result of sociocultural dialect, delays/differences associated with acquisition of English as a second language, or within the purview of established norms for articulation and language development.

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

Visual Impairment (including Blindness) means impairment in vision that, even with correction, adversely affects a child's educational performances. The term includes both partial sight and blindness. This definition includes, but is not limited to, oculomotor apraxia, cortical visual impairment, and/or a progressive loss of vision, which may in the future have an adverse effect on educational performance, or a functional vision loss where field and acuity deficits alone may not meet the aforementioned criteria.

Criteria for identification as visually impaired:

A student may be eligible for identification as having a visual disability and in need of special education if one of the criteria in item A and one of the criteria in item B are present:

- A. Medical documentation of a diagnosed visual impairment by a licensed eye specialist or neurologist establishing one or more of the following conditions:
 - Visual acuity of 20/70 or less in the better eye with the best conventional correction;
 - estimation of acuity is acceptable for difficult-to-test students; and
 - for students not yet enrolled in kindergarten, measured acuity must be significantly deviant from what is developmentally age-appropriate;
 - Visual field of 20 degrees or less, or bilateral scotomas; or
 - A congenital or degenerating eye condition including, for example, progressive cataract, glaucoma, or retinitis pigmentosa;
 - Identification of possible injury to the visual pathway or brain which could indicate cortical visual impairment; and
- B. Functional evaluation of visual abilities conducted by a licensed teacher of the visually impaired that determines that the student:
 - Has limited ability in visually accessing program-appropriate educational media and materials including, for example, textbooks, photocopies, chalkboards, smart boards, or environmental signs, without modification;
 - Has limited ability to visually access the full range of program-appropriate educational materials and media without accommodating actions including, for example, changes in posture, body movement, focal distance, or squinting;
 - Demonstrates variable visual ability due to environmental factors including, for example, contrast, weather, color, or movement, that cannot be controlled; or
 - Experiences reduced or variable visual ability due to visual fatigue or factors common to the eye condition.

Criteria for Blindness:

A student having not better than 20/200 central visual acuity in the better eye measured at 20 feet with correcting lenses or having visual acuity greater than 20/200 but with the widest diameter of the visual field in the better eye subtending an angle of no greater than twenty degrees, measured at a distance of 33 centimeters using a 3-millimeter white test object, a Goldman III-4e target, or other equivalent equipment. Such blindness shall be certified by a duly licensed physician or optometrist.

Eligibility groups should carefully consider the needs of students exhibiting only one relatively mild deficit. Such students may benefit more from remaining in, or entering, the regular education environment as a non-special education student.

Since a request for assistance is originally made to the school Student Study Committee, this group has the obligation to assist the classroom teacher with the development of appropriate educational strategies outside of the realm of special education and related services. This would include participation in the ASSIST (response-to-intervention) process.

Assignment of any special education label should be carefully considered and should not be applied to students for whom test data do not clearly indicate the presence of a disability.

In making a determination of eligibility, a child shall not be determined to be a child with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency.

Additional Definitions:

Change in placement occurs when the school division places the child in a setting that is distinguishable from the educational environment to which the child was previously assigned. This includes:

- The initial change from general education to special education regardless of the level of service delivery
- Expulsion or long-term removal of a student with a disability
- Change in the identification of a disability
- Termination of all special education and related services
- Graduation with a standard or advanced studies high school diploma

Child with a disability means a child evaluated in accordance with the provisions of the *Regulations* as having any of the aforementioned educational disability identifications who, by reason thereof, needs special education and related services. If it is determined through appropriate evaluation that a child has one of the disabilities identified but only needs a related service and not special education, the child is not a child with a disability.

Consent means:

- The parent(s) or eligible student has been fully informed of all information relevant to the activity for which consent is sought in the parent(s) or eligible student's native language or any other mode of communication;
- The parent(s) or eligible student understands and agrees, in writing, to the execution of the activity for which consent is sought and the consent describes that activity and lists the records (if any) that will be released and to whom; and
- The parent(s) or eligible student understands that the granting of consent is voluntary on the part of the parent(s) or eligible student and may be revoked at any time.

If the parent revokes consent that revocation is not retroactive. It does not negate an action that has occurred after the consent was given and before the consent was revoked. Revocation ceases to be relevant after the activity for which consent was obtained was completed.

Education record means those records that are directly related to a student and maintained by the school division or by a party acting for the agency or institution. The term also has the same meaning as “scholastic record.” In addition to written records, this also includes electronic exchanges between school personnel and parent(s) regarding matters associated with the child’s educational program (e.g., scheduling of meetings or notices).

Mandatory Medication:

Section 612 (A)(25) of IDEA, 2004, establishes a statutory prohibition on mandatory medication. The State Education Agency (SEA) shall prohibit State and Local Education Agency (LEA) “personnel from requesting a child to obtain a prescription for a substance covered by the Controlled Substances Act” as a condition of attending school, receiving an evaluation, or receiving services. There has been a history of concern regarding teachers and other school personnel “recommending” that parents consider placing their children on medication.

In some circumstances it may be appropriate for educational personnel to inform parent that they may wish to consult their family physician for a medical opinion regarding the difficulties their child is experiencing in school. There may be discussions at the Student Study Committee meeting or in a Individualized Education Program (IEP) meeting about behavior and medication. In these discussions, consideration is given to various strategies that may help control a student’s behavioral problem, and this may include school personnel noting that medication may be considered as an option. This message has to be delivered carefully. A parent could construe such a comment to mean that it is the opinion of the school staff that their child is in need of medication or is suffering from a specific medical disorder. We, of course, do not engage in specific medical recommendations or speculating as to what medical problems the student may be experiencing. A licensed medical professional must make any such decisions. Any decision to place a child on medication is reserved to the family and must be made in consultation with a licensed medical professional. Also, while we may intend to be helpful, we should avoid comments to parents suggesting that the child is exhibiting behaviors similar to other children who have gone on medication.

If school personnel suspect a disability and desire a medical opinion then a special education evaluation, including the medical component, may be requested through existing student study procedures.

Under Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Amendments Act, a student cannot be discriminated against due to a disability or a perceived disability. School personnel cannot require, suggest or imply that a student take medication as a condition of attending school.

Parent means:

- A biological or adoptive parent;
- A foster parent;
 - If the biological parent(s) authority to make educational decisions on the child’s behalf has been extinguished;
 - The child is in permanent foster care; and
 - The foster parent has an on-going, long-term parental relationship with the child, is willing to make the educational decisions required of a parent, and has no interest that would conflict with the interests of the child;

- A guardian generally authorized to act as the child’s parent or authorized to make educational decisions for the child (but not a guardian ad litem or the state if the child is a ward of the state);
- An individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare;
- A surrogate parent who has been appointed in accordance with the requirements of the *Regulations*;
- A minor emancipated under §16.1-333 of the Code of Virginia. A validly married minor who has not pursued emancipation under §16.1-333 may assert implied emancipation based on the minor’s marriage record and may assume “parental” responsibilities under the *Regulations*.

If a judicial decree or order identifies a specific person to act as the “parent” of a child or to make educational decisions on behalf of the child, then such person shall be determined to be the “parent” for purposes of the *Regulations*. “Parent” does not include local or state agencies or their agents, including local departments of social services, even if the child is in the custody of such an agency.

The biological or adoptive parent, when attempting to act as the parent pursuant to this section and when more than one party is qualified to act as a parent, must be presumed to be the parent for purposes of this section unless the biological or adoptive parent has had their residual parental rights and responsibilities terminated pursuant to §16.1-277.01, 16.1-277.02, or 16.1-283 or a comparable law in another state.

The local school division shall provide written notice to the biological or adoptive parents at their last known address that a foster parent is acting as the parent pursuant to this section, and the local school division is entitled to rely upon the actions of the foster parent pursuant to this section until such time that the biological or adoptive parent attempts to act as the parent.

Noncustodial parents whose parental rights have not been terminated are entitled to all parent rights and responsibilities available under the *Regulations* including access to their child’s records. Custodial stepparents have the right to access the child’s record. Noncustodial stepparents do not have the right to access the child’s records.

Response to Intervention:

Response to Intervention (RtI) is viewed by the Virginia Department of Education (VDOE) as a general education process that uses high quality instruction, tiers of interventions and student performance data to help students learn. The primary purposes of RtI are to identify and prevent potential learning problems and to provide additional support for individual student needs. The RtI process encourages parent participation and requires that if a parent or educational professional suspects a disability, a referral for special education evaluation can be made at any time during the process.

If using RtI, to increase the validity and reliability of the data, the instructional interventions should be conducted with a high level of fidelity. This process is aligned with the school division’s written policies and procedures concerning instructional interventions and data collection. In addition, if a referral to special education is made and the school division is using RtI in the special education eligibility process, the information collected during the RtI process should be viewed as one of the assessment components.

Scientifically-based research means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs and includes research that:

- Employs systematic, empirical methods that draw on observation or experiment;
- Involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;

- Relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;
- Is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
- Ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings; and
- Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparable rigorous, objective, and scientific review.

Section 504 means that section of the Rehabilitation Act of 1973, as amended, which is designed to eliminate discrimination on the basis of disability in any program or activity receiving federal financial assistance.

Special education means specially designed instruction, at no cost to the parent(s), to meet the unique needs of a child with a disability, including instruction conducted in a classroom, in the home, in hospitals, in institutions, and in other settings and instruction in physical education.

Specially designed instruction means adapting, as appropriate to the needs of an eligible child as defined by the *Regulations*, the content, methodology, or delivery of instruction:

- To address the unique needs of the child that result from the child’s disability; and
- To ensure access of the child to the general curriculum, so that the child can meet educational standards that apply to all children within the jurisdiction of the school district.

Secondary Transition:

The IDEA 2004 defines secondary transition as: a coordinated set of activities designed to be within a results-oriented process, focused on improving the academic and functional achievement to facilitate movement from school to post-school activities.

In order to plan effectively, begin no later than the first Individualized Education Program (IEP) to be in effect when the student is 14 and update annually. Beginning with the 2010-2011 academic year, all schools will begin the development of a personal Academic and Career Plan for each 7th grade student. Diploma options and courses of study discussions must begin no later than 8th grade.

Age 14 is the deadline, not the starting point. When discussing diploma options, refer to the graduation requirements in *Regulations Establishing Standards for Accrediting Public Schools in Virginia*.

The purpose of planning is to improve academic achievement and functional performance and facilitate movement from school to post-school activities such as:

- Postsecondary education;
- Career and Technical Education;
- Integrated employment;
- Continuing and adult education;
- Adult services;
- Independent living; or
- Community participation.

Planning is based upon age appropriate transition assessments that outline the student’s individual needs, strengths, preferences, and interests. Transition assessments may include observations, interviews, inventories, situational assessments, formal & informal assessments, and academic assessments.

Transition services include:

- Activities needed to assist the student in reaching postsecondary goals; and
- Course of study to support postsecondary goals.

Transition activities may include: instruction, related services, community experience, employment and other adult living objectives, daily living skills, functional vocational evaluation.

CHILD FIND

The Rockingham County Public School system conducts ongoing child find programs designed to identify, locate, and evaluate those children ages two to twenty-one, inclusive, who are in need of special education and related services. This includes children who are highly mobile, such as migrant and homeless children; children attending private schools, including those who are home-schooled; children suspected of being disabled even though they are advancing from grade to grade; and children who are incarcerated.

General Screening Procedures:

The screening process for all children enrolled in Rockingham County Public Schools, including transfers from out-of-state, is as follows:

All children, through grade three, within sixty (60) business days of initial enrollment in a public school, shall be screened for:

- speech, voice, and language, and
- fine and gross motor skills

to determine if a referral for an evaluation for special education and related services is indicated.

All children, within sixty (60) business days of initial enrollment, shall be screened in the areas of vision and hearing to determine if a referral for an evaluation for special education and related services is indicated. In addition, the vision and hearing of all children in grades three, seven, and ten shall be screened during the school year.

Children who fail any of the above screenings may be rescreened after sixty (60) business days if the original results are not considered valid. Children shall be referred to the Student Study Committee no more than five (5) business days after screening or rescreening if results suggest that a referral for evaluation for special education and related services is indicated.

Child find activities include:

- Dissemination of information describing disabilities, levels of service, directory and other information through central office staff presentations to civic clubs, organizations, and advisory groups.
- Information on suspected disabilities from the local school sixty (60)-day screening process.
- Referrals from community agencies (including the Community Services Board's Early Identification [PACE] program), clinics, physicians, and day care centers.
- Activities of the student study committee in each school.
- Preschool child-find screenings/activities.
- Referrals from parents and/or other family members.

- Notifying and educating clinics/physicians about disabilities through various brochures.
- Use of the local media through newspaper articles, public notices in the newspaper, and public service radio announcements.

Student Study Committee

Purpose

In the general sense, “student study” refers to any systematic effort to collect information about a child and can refer to any number of initiatives in the public school system.

The Student Study Committee (SSC) provides a school-based mechanism to enable school personnel to meet the needs of individual children within the school who are having difficulty in the educational setting. The SSC may also be responsible for the review and implementation of procedural safeguards for children who are not yet enrolled in school. For example, children under the age of five (5) being referred for early childhood special education programs (preschool), homeless, or immigrant students. The committee is child-centered and facilitates a process that results in the implementation of accommodations, services and interventions that will enable a child to be successful in school. The options to be considered exist along a wide continuum of support. This continuum includes the initiation of the referral process for a special education and related services evaluation.

Section 22.1-7 of the Code of Virginia addresses the educational responsibility for children served by state agencies, “Each state board, state agency, and state institution having children in residence or custody shall have responsibility for providing for the education and training to such children which is at least comparable to that which would be provided to such children in the public school system.” Further, Section 22.1-215 of the Code of Virginia provides that all persons with disabilities, ages two (2) to twenty-one (21), inclusive, residing in the Commonwealth of Virginia shall be identified, evaluated and have available a free appropriate public education. The process of identification typically begins with the Student Study Committee.

Children may be referred to the SSC through a variety of sources but the principle responsibility of the committee and the process to be followed is a consistent one, regardless of the referral source. Simply stated, when a child is referred to the Student Study Committee, the committee has the responsibility to review the relevant data regarding factors interfering with the child’s performance in school (academic/developmental, behavioral, communication, social/emotional), recommend pertinent interventions, review intervention progress, and, if determined appropriate, initiate a referral for a special education and related services evaluation to the Director of Pupil Personnel Services.

Timelines

Upon receiving a referral, the SSC shall meet within 10 business days. Interventions (ASSIST or otherwise) should begin immediately following the initial SSC meeting. The SSC shall refer the child to the special education administrator (Director, Pupil Personnel Services) or designee within three (3) business days if the committee determines a suspicion of a disability and seeks an evaluation for special education and related services.

If the committee decides not to refer for an evaluation for special education and related services during the initial SSC meeting, or any subsequent meeting(s) to review the efficacy of interventions, “prior written notice” (Form 90.10) must be provided to the parent(s). A copy of the procedural safeguards (“Parental Rights”) must be offered to the parent(s) at this time as well to ensure that the parent’s right to appeal the decision through due process proceedings.

Process

The SSC process is clear and straightforward. In order to fulfill its role as a problem-solving committee, the members must:

- analyze problems which impact the student's school performance/development by reviewing existing information (e.g., cumulative folder, classwork samples);
- generate possible solutions for the identified problems;
- create an intervention plan to meet the needs of the child;
- assist the individuals implementing the plan as appropriate;
- establish a method to monitor the success of the interventions (this is generally completed by the reconvening of the SSC following an intervention plan); and
- review the student's progress and make adjustments or referrals as needed.

The process is on-going and should be reactivated whenever the program in place is not meeting the student's needs. The SSC may meet several times to develop an intervention plan and evaluate progress. After modifications or strategies have been tried for a reasonable length of time, follow-up SSC meetings will be held to assess the effectiveness of the suggestions made in the initial meeting. The classroom teacher shall be included in follow-up meetings to evaluate the options attempted and/or proposed.

Requests for assistance from the SSC may be initiated by any individual who has concerns about a specific student or may be initiated by the student. Typical referring sources are parents, teachers, or other school personnel such as principals, school guidance counselors or reading specialists. The procedures for record review and parent/child contact will allow the principal or designee to ensure that the composition of the SSC includes the individuals who will be able to address the problems/issues identified in the request for assistance and that sufficient information is available at the time of the meeting for the SSC take action.

Committee Membership

The SSC is an important, child-centered committee within the school and should be recognized as such by members of the committee as well as other school personnel. In order to be effective, membership should include:

- The referring source, as appropriate except when the referring source would breach the confidentiality of the student;
- teachers, both regular and special education;
- the principal or designee; and
- specialists with expertise in areas such as reading, special education, Title I curriculum, pre-kindergarten initiatives, at-risk programs, or pupil personnel services.

It is recommended that committees invite the student's parents even if they are not the referring source.

At least one member of the SSC must be knowledgeable about alternative interventions and about procedures required to access programs/services that are available to assist children within the school division and community.

Parental consent is required if an individual from another service agency, such as the Department of Rehabilitative Services (DRS), the Community Services Board (CSB), or the Department of Social Services (DSS) is invited to attend and participate in the Student Study Committee. This consent is evidenced on the SSC minutes.

Meeting Procedures

Initial Student Study Committee Meeting

Using an open and solution-oriented problem-solving process, the SSC meeting should follow an agenda that includes:

- a review of the request and supporting information;
- discussion and statement of identified problems in behavioral and measurable terms;
- discussion of possible causes of identified problems;
- the development of an intervention plan that may or may not include a referral to other existing programs (it is highly recommended, however, that a 6 to 9-week intervention be employed prior to a referral for special education and related services evaluation or other school-based service) or a referral to the ASSIST (response-to-intervention) program;.
- the intervention plan may include a structured interview with the parent(s), legal guardian, student, or teacher in order to assist the committee in the revision or successful implementation of the plan;
- the development of a method to evaluate the efficiency of the plan;
- a selection of a date for a follow-up meeting; and
- completion of the SSC initial meeting form (20.10)

Please note, this process should not inhibit procedural safeguards inherent within the Individuals with Disabilities Education Improvement Act.

The “Student Study Intervention Plan”, if completed properly, provides excellent documentation for defining the target behaviors, listing intervention strategies, identifies the person responsible for implementation, target dates, and evaluation procedures.

Subsequent (follow-up) Student Study Committee Meeting(s)

At the follow-up meeting, all relevant information should be reviewed. If the information indicates that the plan is successful, no further SSC action may be necessary. If the reports and data suggest otherwise, the following actions may be considered:

- make adjustments in the existing plan (recommend further classroom modification or intervention strategies);
- develop a new plan;
- make a referral to the Director of Pupil Personnel Services (if there is a suspicion of a disability) or other appropriate school-based service(s);
- involve community-based supports that might provide additional assistance*; or

- additional follow-up meetings should be scheduled if necessary.

If the Student Study Committee decides to refer the student for a formal special education evaluation, the referral to the Director of Pupil Personnel Services must occur within three (3) business days following the determination. In addition, the Student Study Committee shall report, in writing, on strategies implemented to address the child’s learning, behavior, communication or development (Forms 20.40 and 20.45).

***Note:** The building principal or designee and the Student Study Committee chairperson should be familiar with School Board Policy JO, particularly in regards to the protection of student confidentiality. If the Student Study Committee is considering the involvement of community-based supports, then a “Release of Information” form must be completed and signed by the parent(s) or legal guardian(s) prior to contacting any outside agency.

Final Meeting

At the conclusion of the Student Study Committee meeting:

- If the SSC decides to refer the student for a formal special education evaluation the referral to the Director of Pupil Personnel Services must occur within three (3) business days following the determination. In addition, the SSC shall report, in writing, on strategies implemented to address the child’s learning behavior, communication or development.
- The building principal, or designee, has the primary responsibility for obtaining permission for the formal assessment from the parent(s) or legal guardian(s) and notifying the Director of Pupil Personnel Services.
- The building principal, or designee, has the responsibility to inform the referring source (if not present at the Student Study Committee meeting) of any decisions rendered.
- The building principal, or designee, has the responsibility of providing the parent(s) or legal guardian(s) with a copy of the procedural safeguard requirements if the student is referred for a formal special education evaluation.

SCREENING PROCEDURES

When screening entire grade levels of students for vision, speech, and hearing, parent permission is not required. Individual student results that indicate a problem should be provided to the Student Study Committee for a possible referral to the special education administrator.

I. VISION

Anytime a student is referred for possible vision services, follow the procedure outlined below:

- Physician/Parent/Agency/Teacher makes a referral to the Student Study Committee (Form 20.10);
- Student Study Committee meets to discuss the referral;
- Additional screening may be requested. Parent permission is required (Form 20.20). The school nurse should complete the screening;
- Results of the screening are sent to the Student Study Committee (Form 20.25). Parents should also be notified of the results of the screening (Form 20.30); at this point, options include; no further intervention, an intervention plan is put in place (Form 20.40), or a formal evaluation is recommended;
- Request for evaluation sent to Director of Pupil Personnel Services (Forms 20.40; 20.45; 30.00; 30.01; 30.02; 30.03);
- Evaluation is conducted (Form 40.80);
- Eligibility meeting held;
- Student is found eligible or not eligible for services (Form 50 Series);
- IEP meeting held within thirty (30) calendar days if eligible;
- If eligible, the eligibility group should provide a description of the present level of visual functioning (including field of vision, acuity) to be forwarded to the IEP group. The IEP team determines actual placement and amount/time of service(s). The eligibility group meeting minutes should suffice as an accurate description of functioning.

Any cost associated with buying eyeglasses for any student failing the vision screening will be the responsibility of the parents. The school social worker should be contacted in cases where parents are considered indigent.

II. HEARING

Anytime a student is referred for possible hearing services, follow the procedure outlined below:

- Physician/Parent/Agency/Teacher referral to Student Study Committee (Form 20.10);
- Student Study Committee meets to discuss referral;
- Screening by speech/language pathologist; parent permission is required (Form 20.20);

- Students who fail the initial hearing screening (pure tone) should be retested within 15 to 45 calendar days;
- Students who fail the second hearing screening (pure tone) should be referred for an impedance screening. If the impedance screening is failed, then the student may be referred for an audiological evaluation.* Other assessment components, such as a psychological and an educational, should be obtained if the audiological assessment is part of an initial request for special education and related services;
- Results of the hearing screening should be shared with the Student Study Committee using Form 20.25; parents should also be notified of the results of the screening (Form 20.30);
- The Student Study Committee may refer a child for a formal assessment when a hearing impairment adversely affects a child's educational performance;
- Request for evaluation sent to Director of Pupil Personnel Services (Forms 20.40; 20.45; 30.00; 30.01; 30.02; 30.03);
- The assessor's test results will be reported to the eligibility group on Form 40.70. Please note, Form 40.60 (Speech/Language Evaluation Component) is not to be used for screening purposes.
- Student is found eligible or not eligible (Form 50 Series);
- IEP meeting held within thirty (30) days if eligible;

* The audiological assessment must be requested on Form 30.00. Such an assessment is to be pursued only if there is a suspicion of a disability.

III. ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

In addressing the educational and behavioral needs of identified ADHD students or possible ADHD students, please refer to the following:

Attention Deficit Hyperactivity Disorder (ADHD) is a condition diagnosed by a physician (with input from parent and school staff); each condition requires a medical diagnosis. ADHD is not an educational condition to be diagnosed solely by teachers or administrators. ADHD is not defined as a separate disability category under IDEA. ADHD students may qualify for special education and related services and are usually found eligible under the specific learning disability or other health impairment educational disability classifications or disabled under Section 504 of the Rehabilitation Act, as amended.

Follow this procedure for students diagnosed as having or suspected of having an Attention Deficit Hyperactivity Disorder:

1. Referral to Student Study Committee by parent, teacher, or other referral source (Form 20.10);
2. Discussion by Student Study Committee, with one of the following outcomes:
 - a. No further action at this time;
 - b. Development of an intervention plan (Form 20.40);

1. Parents should be encouraged to participate in the student study proceedings;
 2. School psychologist/school social worker, school nurse may be involved in the student study process;
 3. Plan may include behavior management in the classroom, counseling, academic remediation, parent involvement, and medical consultation if necessary. The medical consultation may include observations, data gathering and reporting (for student study committee and physician) by school nurse, psychologist, social worker, teacher, or administrator. The Student Study Committee should be reporting to the parent and/or physician. The parent component might strive for support of the school behavior plan, contact with the counselor, parenting skills training, referral to a parent support group, or other activities. Form 20.20 (Student Study Screening/Observation Request) should be used to secure parental permission for any such activities as noted in this paragraph;
 4. Plan should be reviewed frequently;
 5. It would be reasonable to see an intervention plan of this nature lasting 6-9 weeks.
- c. Referral for formal assessment (Forms 20.40; 20.45; 30.00; 30.01; 30.02; 30.03);
- d. In the case of referral where a physician, clinic, or other professional in community has diagnosed a student as ADHD, the student study committee may develop an intervention plan. A referral for formal assessment may be initiated simultaneously with the intervention plan if deemed appropriate by the committee.

Concerns regarding identified or possible ADHD students should be handled through established student study procedures. It is appropriate for a principal to recommend to the parent(s)/guardian(s)/surrogate(s) to exchange staff concerns with the child's primary physician. School and central office special education personnel should assist in providing information to the physician.

At no time should a teacher or principal refuse to educate a student until "he is put on Ritalin or other drugs." Please refer to the January 31, 2005 memorandum titled "Students with Disabilities and Prescription Medication" for further explanation.

Do not tell a parent that they should put their child on Ritalin.

Do not recommend medications.

It is appropriate, and recommended, that the medical component be requested when pursuing a special education evaluation given a suspicion of attention deficit concerns.

If a student is placed on medication for ADHD, the principal should establish some means of monitoring students and involve the student study committee, school staff, parents, and physicians as needed.

Administer medications at school by following the **Administrative Guidelines for the Health Care of Students** (July 2009).

Central office special education staff can assist you with any inservice program related to ADHD at your request.

IV. OCCUPATIONAL/PHYSICAL THERAPY (OT/PT)

Once a child has been found eligible for special education and related services as a student with a disability, the IEP team may request an initial screening for OT or PT services.

- IEP case manager makes a referral to the Student Study Committee for screening (Form 20.10);
- Permission to screen is secured using Form 20.20;
- A copy of Form 20.20 is sent to the Occupational Therapist or Physical Therapist to do the screening;
- Screening for physical therapy is conducted and reported on Form 20.21; or
- Screening for occupational therapy is conducted and reported on Form 20.22;
- Results of screening are to be sent to the Student Study Committee by the Occupational or Physical therapist (Form 20.21; 20.22). The parents and the therapist should be invited to the Student Study Committee meeting;
- If an assessment for consideration of OT/PT to be added to the IEP is recommended:
 - a. Complete Forms 20.45; 30.00; 30.01; 30.02; 30.03 and “check” evaluations for related services only.
 - b. If a student is currently receiving OT and/or PT, and reevaluation is requested, routine referral procedures apply.

<p>When determining service delivery for occupational and physical therapy, consider the individual needs of each child in relation to his/her total educational program and school environment.</p>

V. ASSISTIVE TECHNOLOGY

Assistive technologies (AT) are the tools and strategies that act to liberate the use of technology for all students as well as to provide new ways to “assist” interactions and learning. They act to augment abilities and bypass or compensate for a disability. AT is anything that makes it easier for a student to: read, write, speak, see, get around or move and play. Educational and assistive technology give students with disabilities greater possibilities to master content, organize and control behavior.

Assistive technology includes devices and services. According to the Individuals with Disabilities Education Act (IDEA) and the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia (July 2009)*, the terms are defined as:

“Assistive technology device” means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such a device.

“Assistive technology service” means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:

1. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;
2. Purchasing, leasing or otherwise providing for the acquisitions of assistive technology devices by children with disabilities;
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5. Training or technical assistance for a child with disability or, if appropriate, that child’s family; and
6. Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to employ or are otherwise substantially involved in the major life functions of that child.

Once a child has been found eligible for special education and related services as a student with a disability, the IEP team may request a consultation/screening for assistive technology services or devices.

- IEP team determines that a referral to the Assistive Technology (AT) team for consultation/screening is warranted;
- Permission to consult/screen is secured using Form 20.23 by the IEP case manager;
- A copy of Form 20.23 is sent to the Director, Pupil Personnel Services at the central office. The Director will forward to the Assistive Technology (AT) team;
- Consultation/screening for an assistive technology accommodation(s) is conducted and reported on Form 20.23;
- Results of screening are presented to the IEP team by a member of the AT team. Parents are informed of screening outcomes via Form 20.23 by the IEP case manager if they are not present at the IEP team meeting;
- If assistive technology accommodations are considered warranted, then an IEP team meeting must be conducted to review the recommendations and addend the IEP as appropriate;
- A member of the AT team should be present at the IEP team meeting;
- If considered appropriate at the IEP team meeting, assistive technology devices and/or services are noted on the IEP in the “Supplementary Aides and Services” section.

The Referral for Consideration of Special Education and Related Services Process

Initial Evaluation

An initial evaluation may be generated on any child, aged two to twenty-one, inclusive, who resides within Rockingham County. This includes migrant and homeless children, children attending private schools (including home instructed), and students suspected of being disabled even though they are advancing from grade to grade. All such students, whether enrolled in public school or not, shall be referred to the Director of Pupil Personnel or designee (SSC) in order to initiate the process of determining eligibility for special education and related services.

A full, individual evaluation must be conducted prior to the initial provision of special education and related services to a student with a disability. The evaluation components must be “sufficiently comprehensive” to identify all of the child’s special education and related services needs and must include a classroom observation or, in the case of a child of less than school age or out of school, a group member shall observe the child in an environment appropriate for a child of that age.

School staff, a child’s parent(s)/guardian(s)/surrogate(s), a physician, community service agency, or any other source (in conjunction with parental permission) may generate a referral for an initial evaluation.

It is the responsibility of the Student Study Committee (SCC) to determine, following intervention, if appropriate, if there is a suspicion of a disability. This determination follows a review of:

- existing evaluation data;
- current classroom-based assessments and observations;
- information provided by the implementation of the intervention plan;
- and information provided by the parent(s).

This is the appropriate procedure to follow for all referrals, regardless of the point of origin. The SSC has no time constraints limiting exploration of alternatives within the general education program. When and if it becomes obvious that reasonable intervention strategies have not been effective and there is a concomitant suspicion of a disability, then the SSC has three (3) days to forward the referral to the Director of Pupil Personnel Services.

Should the SSC not recommend a special education evaluation, despite parental objection, the Notification of Initiation or Refusal to Change (Form 90.10; aka “prior written notice”) must be completed and a copy presented to the parents. This occurs only in the absence of parental agreement, not when there is a lack of consensus among school staff.

Upon receipt of the referral for evaluation, the Director of Pupil Personnel Services or designee shall assign assessment components. The sixty-five (65) business day timeline begins with the date of the referral to the Director (inclusive of the three day notification timeline).

The 65 business day timeline shall not apply to the school division if:

- the parent(s) of the child repeatedly fail or refuse to produce the child for the evaluation;
- the child enrolls in a school served by the division (including private schools) after the required 65 business day timeline has begun and prior to a determination by the previous school division as to whether the child is a child with a disability (“sufficient progress” to ensure prompt completion of the evaluation must be in effect); or
- the parent(s) and the eligibility group agree in writing to extend the 65-day timeline to obtain additional data.

The SSC shall obtain permission for evaluation from the parent(s)/guardian(s)/surrogate(s) and select the appropriate assessment components. The committee chairperson will:

- complete Forms 30.00, 30.01, 30.02, and 30.03 (if signed at the meeting) and send to the Director of Pupil Personnel Services;
- student study Forms 20.40 and 20.45 should accompany the referral;
- give the parent(s) a copy of the Procedural Safeguard Requirements;
- assign a “case manager” to oversee compliance with the assessment timelines; and
- provide reasonable notice to the parent(s) of the date, time, and place of the eligibility meeting in compliance with state and federal regulations.

The school principal has the primary responsibility for obtaining permission for the formal assessment and notifying the Director of Pupil Personnel Services. The referral must be accompanied by parental permission and the requested assessment components.

Parental consent for the initial evaluation shall not be construed as consent for initial provision of special education and related services.

If the parent(s) refuse permission for the proposed evaluation or parts of the evaluation, the SSC may:

- accept the parent(s) decision and provide instructional leadership and consultation to the classroom teacher in an attempt to address the referral concerns; or
- appeal the parental refusal to the Director of Pupil Personnel Services who may choose to employ regulatory mechanisms to obtain consent.

Once consent has been secured and components assigned, the school system has sixty-five (65) business days to complete the assessment proceedings. Evaluation reports shall be available to the parent(s) no later than two (2) business days prior to the meeting to determine eligibility. If the parent(s) did not take the opportunity to receive a copy of the reports prior to the meeting, a written copy of the evaluation report shall be provided to the parent(s) at the time of the meeting.

At any time during the evaluation process the parent(s)/guardian(s)/surrogate(s) may request termination of the evaluation. It is recommended that such a request be presented in writing. However, if unable to obtain a written termination request, then the SSC must reconvene and document the request in the minutes. Such a request may be accepted or appealed as noted above.

Triennial Re-Evaluation

A triennial re-evaluation shall be conducted every three years. The evaluation shall be initiated no less than sixty-five (65) business days prior to the third anniversary of the date eligibility was last determined.

As per current practice, the initial and first triennial review of the eligibility decision must consist of a complete evaluation. The second triennial review assessment components are determined by the SSC. If the SSC concludes that no additional evaluation components are necessary a parent of the student must be informed of the right to request evaluation components and must provide consent to the decision not to acquire additional assessment data. This will continue to be accomplished with the “30 series” forms. An eligibility group meeting will be convened to acknowledge continued eligibility. Form 50.20 with accompanying minutes will be sent to the Director, Pupil Personnel Service or designee.

A change in the disability classification of a student requires an evaluation, regardless of circumstances.

Procedures for a Triennial Re-Evaluation

1. The Director of Pupil Personnel Services (or designee) will initiate all triennials and secure parental consent.
2. Pupil Personnel Services staff will notify the principal and special education teacher of the students need for a triennial re-evaluation.
3. Each individual responsible for an assessment component should complete the evaluation by the date indicated on the referral form (30.00).

Assessment Component(s) Determination

Review of existing evaluation data (“status review”)

As part of the triennial evaluation, the SSC, or a representative subgroup of the group [including regular education teachers and parent(s)/guardian(s)/surrogate(s), as appropriate], will:

- (a) review the reason for the triennial review, if applicable, and existing evaluation data on the student, including:
 - evaluations and information provided by the parent(s) of the child;
 - current classroom-based assessments and observations; and
 - observations by teachers and related services providers; and
- (b) identifies, on the basis of the above review, and input from the student’s parent(s), what additional data, if any, are needed to determine:
 - whether the child continues to have a particular disability or has any additional disabilities;
 - the present level of performance and educational needs of the student;
 - whether the student continues to need special education and related services; and
 - whether any modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum.

By state regulation, if no additional data is necessary to continue eligibility and with no change relative to the child’s current special education classification, this review may be conducted without a meeting. However, “best practice” will continue to be the scheduling and completion of an eligibility group meeting. Minutes of the meeting, albeit brief, along with Form 50.20, will be sent to the Director, Pupil Personnel Services or designee.

Although not regulatory, there should be a historical record of at least two sets of evaluation data prior to approving such a decision.

Parent permission is not required to conduct this review, however, parental approval of the decision not to obtain any additional data is mandatory. So, in other words, we will continue to obtain consent to conduct the review by the eligibility group even when no additional data is requested or necessary to continue eligibility under the existing classification.

If no additional data is requested, this process shall be considered the triennial evaluation. As such, an eligibility meeting will be convened to acknowledge this decision and to document staff and parental approval (Form 50.20).

If additional assessment data is necessary to conduct the review, the Director of Pupil Personnel Services or designee must assign the evaluation components within sixty-five (65) business days of the triennial anniversary of the prior (most recent) eligibility group meeting.

Parental refusal to participate in the triennial evaluation process must be forwarded to the Director, Pupil Personnel Services for procedural review.

Review Assessments

- A. A review of a student's special education classification should be conducted when:
- A child's parent(s) or school staff submits a request. This request should be submitted through the Student Study Committee and Form 20.40; 20.45; 30.00; 30.01; 30.02; 30.03 sent to the Director of Pupil Personnel Services.
 - If conditions warrant a review of the student's educational needs at an earlier date other than the scheduled triennial evaluation.
- B. Relative to component selection, a review assessment is conducted in the same manner as an initial evaluation.
- C. Parental refusal to participate in the review process must be forwarded to the Director, Pupil Personnel services for procedural review.

“Transfer” Evaluations

In keeping with state and federal regulations, a student who is entering the Rockingham County Public School division as a “transfer” student with a disability and an Individualized Educational Program (IEP) from another division or school within the state of Virginia is not required to receive a complete special education evaluation. The first triennial review, however, must, pending parental consent, consist of the psychological, educational, and sociocultural evaluations, at a minimum.

If, upon review of existing records, the SSC feels that an evaluation should be initiated immediately, or at any time before the anniversary of the triennial review date, consent may be sought to begin the process. It is not mandatory to wait until the triennial review date before seeking consent to evaluate. Such an evaluation request should be treated as a “review” assessment and all procedures noted above should be followed accordingly.

Out-of-state transfers continue to require a complete (classroom observation, educational, psychological, sociocultural) evaluation upon arrival.

If a transfer evaluation is necessary or requested, the school is responsible for completing the following:

- secure a copy of the student's IEP from the sending district or the parent(s);
- hold an IEP meeting to complete the “Parental Consent for the Implementation of a Previous IEP” form (Form 50.35) and refer the student to the Student Study Committee to initiate a transfer student evaluation. Inform the parent(s) that the placement is temporary (30 calendar days) pending evaluation and eligibility results, and, if appropriate, a new IEP is written;
- secure parent permission to evaluate (Forms 30.00, 30.01, 30.02, 30.03 and 20.45);
- a transfer assessment is conducted in the same manner as an initial evaluation;
- send a copy of Form 50.35 (interim IEP) and consent series (Forms 30.00, 30.01, 30.02, 30.03 and 20.45) along with the current IEP attached to the Director of Pupil Personnel Services; and
- complete Special Education Student Enrollment Change (Form 50.40) and send to the Director of Pupil Personnel Services.

Note: All transfer students must have a Form 50.35 (Parental Consent for the Implementation of a Previous Individualized Educational Program) completed shortly after enrollment followed by a new IEP within 30 calendar days and a completed Form 50.40 (“drop-add”). A copy of the student’s special education records should also accompany these forms. It would be preferable if all documents arrived in one packet.

“End of Year” Referrals

Please see that components below are completed before school ends for students referred for formal assessment as the school year ends. The last student study committee meeting should be held prior to the beginning of May to allow time for in-school testing and classroom observation. As teachers “check out” at the end of school, please see that they have completed the required components:

1. Components to be completed by school-based personnel on all initial referrals (except speech)
 - Part I educational (Form 40.10)
 - Part II educational (Form 40.20)
 - Classroom observation (Form 40.30)
 - Hearing screening/assessment (Form 40.70)
 - Developmental (Form 40.40-preschool only)

2. Components to be completed by school-based personnel for speech referrals
 - Speech educational (Form 40.50)
 - Speech evaluation (Form 40.60)
 - Hearing screening/assessment (Form 40.70)
 - Developmental (Form 40.40-preschool only)

Note: For students referred as the school year ends, eligibility will be held during the summer. We cannot complete eligibility if these components are not completed. The building principal will be called to arrange attendance at this meeting.

Eligibility

I. Purpose

- A. To review the evaluation components and any other available information in order to determine if a student has a disabling condition that significantly impacts the child's educational/developmental performance.
- B. To determine if the student has a disability which requires a special education program.

II. Composition of The Eligibility Group

- A. Upon completion of the administration of tests and other evaluation procedures, a group of qualified professionals and the parent or parents of the student must determine whether the child is, or continues to be, a child with a disability. This group shall include, but not be limited to, the following members:
 - school personnel representing each of the disciplines providing assessments;
 - the building principal;
 - parent(s)/guardian(s)/surrogate(s);
 - the child's regular education teacher; and
 - at least one person qualified to conduct diagnostic examinations of children, such as school psychologists, speech-language pathologist, a teacher with a special education endorsement, or a teacher of remedial reading.
- B. At least one representative of the school system in the group must have either assessed or observed the child.
- C. The group may be an IEP team as long as the appropriate group membership is maintained and proper notice requirements (both eligibility and IEP) have been met.

III. Scheduling

- A. Pupil personnel staff will schedule a date and time for the Eligibility Group meeting in compliance with regulatory timelines. The scheduled meeting time is sent to the school principal and/or student study chairperson. The school principal or designee shall be responsible for notifying the parents and other school staff.

The parent shall be invited in writing within a reasonable amount of time (at least five (5) business days prior to the meeting) to attend the meeting by the principal or designee (Invitation to Eligibility Group Meeting; Form 50.10). If notified by phone, written documentation should be secured at the meeting.

IV. Eligibility Determination

- A. Eligibility determinations are made by a team of qualified professionals that includes school personnel representing each of the disciplines providing assessments, a designated chairperson, administrator/designee, and the parent(s)/guardian(s)/surrogate(s) of the child. The group will draw upon information from a variety of sources, including cognitive and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background and adaptive behavior.

- B. If determining whether a child suspected of having a specific learning disability is a child with a disability, then the group shall include:
- (1) the child's regular teacher;
 - (i) if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of that age; or
 - (ii) for a child less than school age, an individual qualified to teach a child of that age; and
 - (2) at least one person qualified to conduct diagnostic examinations of children, such as a school psychologist, speech-language pathologist, teacher endorsed in the area of learning disabilities, or a teacher of remedial testing.
- C. The chairperson (or designee) shall record the essential deliberations and the various sources considered, in order to determine whether the student has a disability that requires a special education program that may include related services (Form 50.20).
- D. All reports will be read and discussed. The group making the eligibility decision shall work toward consensus.

Relative to the acquisition of consensus, the eligibility group consists of the following:

- an administrator;
- the parent(s)/guardian(s)/surrogate(s)/student (when appropriate);
- representatives of each discipline providing assessments (one representative per component);

If present, the regular education teacher's participation is included in the presentation of the "educational" report and is incorporated into the conclusions and recommendations of that component.

In regards to procedure, following eligibility deliberations, the building level administrator will seek a "yes" or "no" opinion regarding eligibility. If all are in agreement, then consensus is reached.

If there are an equal number of "yes" and "no" opinions, or when consensus cannot be reached, then the decision regarding eligibility is "not eligible" and the eligibility group must choose between the following options:

1. When school staff cannot agree:
 - immediately request additional components (complete forms 20.45, 30.00, 30.01, 30.02, 30.03 and submit to the Director of Pupil Personnel Services);
 - request a third party review of the existing reports (submit the eligibility file to the Director of Pupil Personnel Services with a written request for the review);
 - accept the majority opinion and have members of the minority opinion, with the exception of the child's parent(s)/guardian(s)/surrogate(s)/student (when appropriate), submit a "dissenting opinion."
2. When the parent(s)/guardian(s)/surrogate(s)/student (when appropriate), object:
 - the Parent Notification of, or Refusal for, Change in Student's Identification, Placement or Provision of FAPE (aka "prior written notice") form (Form 90.10)

must be completed. This will begin the process of obtaining an “independent educational evaluation” or initiate other regulatory proceedings.

- E. The group chairperson shall complete appropriate eligibility criteria checklists.
- F. Each eligibility group member and others present shall sign the Eligibility Group Meeting Summary (Form 50.20).
- G. Parents not in attendance shall be notified in writing of the outcome of the eligibility meeting.
- H. If found eligible for receipt of special education and related services, the principal or designee must give or send a notification letter to parents inviting them to participate in the development of an IEP (Form 50.30).
- I. The eligibility summary and a copy of all evaluation components are to be delivered to the Director or Pupil Personnel Services. Following processing, a copy of the minutes will be returned to the school for the student’s scholastic record.

<p>Note: In an effort not to adhere rigidly to any method, system, or formula, Rockingham County Public Schools recognizes that the eligibility group may find a student eligible for special education services, even though the student does not meet all of the specified criteria set herein.</p>
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Termination of Special Education Services

A. Related Services

The termination of related services (i.e., Occupational Therapy, Physical Therapy, Speech, etc.) is a function of the IEP team. This termination occurs when the IEP team determines that a service is no longer required in order for the child to benefit from special education or if a parent requests termination of the related services. This may occur during the annual IEP review or through an addendum to the current IEP. An eligibility meeting is not required.

When removing a related service through the IEP process it is important to complete an IEP addendum noting the dismissal or, if removing the related service at the annual review of the IEP, explain the change in the “Present Level of Performance” section. In addition, the IEP case manager must complete the “Special Education Student Enrollment Change” form (Form 50.40) and send to the central office.

Please note, if an IEP team is considering a termination of a related service, you must invite the respective related service personnel to the meeting.

B. Complete Termination

Complete termination of all special education services is the responsibility of the eligibility group. The IEP team should refer the student to the eligibility group (through student study using Forms 30.00, 30.01, 30.02, 30.03 and 20.45) when they believe the student is no longer eligible to receive special education.

C. Parent/Student Request

If a parent requests that his/her child be removed from special education, the eligibility group must meet to consider the request.

If the eligibility group agrees with the request, then Form 50.20 and the eligibility group meeting minutes should reflect this consensus.

If the eligibility group disagrees with the petition but removes the student from special education placement (as per custodial direction), then the minutes should document that services have been offered but were terminated by parent request.

Should the school division officials believe that continued special education placement to be in the best interest of the student, the school division always has the right to initiate regulatory proceedings and document the student’s need for the continued placement. Form 90.10 (Notification of Initiation or Refusal) must be completed.

Related Services

The term related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

The IEP team determines which instructional services are necessary to enable the student to accomplish the goals and objectives of the IEP. Only if the instructional services are insufficient to enable the pupil to meet the goals and objectives should a related service be considered or provided. If the Individualized Education Program (IEP) goals and objectives can be attained without related services, related services should not be provided. If related services are necessary to accomplish the IEP goals, justification for each related service is required.

While the IEP team ultimately determines a student's need for any special education service, these decisions must be based on objective assessment data and professional interpretation. There are many cases where a student may benefit from a related service, such as physical therapy, occupational therapy, speech therapy, or music therapy, without those services being necessary for the student to profit from primary instructional services identified in the IEP. The IEP team must be able to differentiate those cases where a related service is not just beneficial, but necessary, for the student to attain the instructional goals.

To provide a related service, the team must document that, without the related service, the student will not benefit from the primary special education service. That is, the primary special education service(s) will be insufficient to provide benefit. If the IEP team determines that a related service is necessary, the basis for this conclusion must be documented in the IEP (Present Level of Performance) and the related service must be directly linked to the student's IEP goals. Moreover, the notion that the related service may "benefit" the student does not, in and of itself, constitute identification of a special education need. If the IEP goals can be obtained without related services, then such services should not be provided. Frequent past practice has been for PT, OT, or speech/language services to supplement instructional services of the special education teacher when student data in language, and/or motor, or perceptual/motor domains have been low. Such practices have the appearance of assuming that special education teachers are unable to provide instruction in these domains. On the contrary, staff with special education teaching endorsements have competencies which take into consideration language and physical dexterity (motor) needs.

Related services are only to be provided when the IEP team documents through objective assessment that, in order to attain the goals prescribed for by the team relative to the primary educational disability, a student needs those additional services.

Adding a Related Service

To add a related service, please complete Forms 30.00, 30.01, 30.02, 30.03 and 20.45 to initiate the related services assessment process (i.e., OT, PT, Speech/Language). Secure parental permission and send to the central office. Once the evaluation has been completed, conduct an individualized education program (IEP) meeting to complete an addendum. Write the addendum to reflect the results of the assessment and, if appropriate, note eligibility for related services. If the IEP team determines that a related service is necessary, the basis for this conclusion must be documented in the student's IEP addendum, and the related service must be directly linked to the student's IEP goals and objectives. The addendum would also indicate the additional percentage of special education service delivery. Then return a copy of the completed addendum, including a copy of the related service evaluation report, to the central office.

The terms used in this definition are defined as follows:

Audiology includes:

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

Counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

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

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

Music therapy is an allied health profession in which music is used within a therapeutic relationship to address physical, psychological, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, the client's abilities are strengthened and transferred to other areas of his or her life.

Occupational therapy* means services provided by a qualified occupational therapist; and includes:

- Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation;
- Improving ability to perform tasks for independent functioning if functions are impaired or lost; and
- Preventing, through early intervention, initial or further impairment or loss of function.

Orientation and mobility services means services provided to blind or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community; and includes teaching students the following, as appropriate:

- Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);
- To use the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision;
- To understand and use remaining vision and distance low vision aids; and
- Other concepts, techniques, and tools.

Parent counseling and training means:

- Assisting parents in understanding the special needs of their child;
- Providing parents with information about child development; and
- Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.

Physical therapy* means services provided by a qualified physical therapist.

Psychological services includes:

- Administering psychological and educational tests, and other assessment procedures;
- Interpreting assessment results;
- Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;
- Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations;
- Planning and managing a program of psychological services, including psychological counseling for children and parents; and
- Assisting in developing positive behavioral intervention strategies.

Recreation includes:

- Assessment of leisure function;
- Therapeutic recreation services;
- Recreation programs in schools and community agencies; and
- Leisure education.

Rehabilitation counseling services means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with disabilities by vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended.

School health services means services provided by a qualified school nurse or other qualified person.

Social work services in schools includes:

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

Speech-language pathology services includes:

- Identification of children with speech or language impairments;
- Diagnosis and appraisal of specific speech or language impairments;
- Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
- Provision of speech and language services for the habilitation or prevention of communicative impairments; and
- Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Transportation includes:

- Travel to and from school and between schools;
- Travel in and around school buildings; and
- Specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability.

*Occupational and Physical therapies are included as “related services” that are to be provided if they are necessary to help students with disabilities benefit from their special education program governed by IDEA or their accommodation plan as defined by the Rehabilitation Act of 1973, Section 504, and its amendments. Such services provided in a school setting must be educational, as opposed to medical, in purpose.

School services are not intended to provide additional treatment required following surgery or injury or to improve upon the quality or appearance of movement which does not affect function in the educational setting.

Occupational and physical therapy services are provided in a school setting when such services are:

- required to assist a student with a disability to benefit from the IEP or §504 plan,
- necessary to assist the student in becoming functionally independent and safe in the educational environment, or
- assist the student in receiving an education in an environment which is least restrictive.

Occupational Therapy services in the educational environment address the student’s learning potential and ability to interact with the environment in a purposeful and meaningful manner. Students may display some of the following problems:

- Poor posture and fatigue due to lack of strength and tone in the muscles;
- Insecurity while moving due to poor spatial awareness and internal position in space;
- Clumsiness and confusion when using both hands and feet together due to lack of coordination between two sides of the body;
- Does not effectively use the visual information to assist him in appropriate actions due to lack of coordination between the eyes and the body;
- Difficulty focusing on a task due to poor attention span;
- Threatened by unfamiliar motor tasks by thinking about each movement;
- Overactive behavior and restlessness (hyperactivity);
- Poorly developed sense of touch, and sometimes discomfort when touched, having difficulty learning the shape and texture of things;
- Difficulty using and understanding language, problems in speaking, reading and writing;
- Difficulty with self-care skills, such as doffing/donning garments and feeding skills.

Physical Therapy services in the education environment are directed toward developing and maintaining the student’s physical potential for independence in all education-related activities. This includes the ability to:

- Get on and off a chair, maintain optimal positioning in a chair;
- Negotiate around desks, other children, items on the floor;
- Line up with other children safely and on time;
- Walk in a line with classmates, keeping up during classroom transitions;
- Regain and maintain balance when bumped by another child;
- Open and close a door;
- Carry a book bag to and from school bus;

- Carry lunch tray;
- Negotiate stairs and curbs;
- Get on and off toilet for personal hygiene;
- Physically participate in school physical education.

Note: Whenever a related service is added or removed from a student's individualized educational program (IEP) Form 50.40 (Special Education Student Enrollment Change) must be completed and a copy sent to the central office for record and database management.

If a service is listed as a secondary disabling condition then an eligibility process must be employed to bring the service to a close, not simply an IEP meeting. For example, if vision impairment is listed as a secondary condition, then any service provided through the vision teacher is adjunct to the IEP; it is not considered a related service. An eligibility group must be convened to terminate the vision services.

Because of federal reporting requirements, Speech/Language Impairment is always considered a secondary disabling condition unless, of course, it is the primary disabling condition. Speech services, however, may be brought to a close through the IEP process, without an eligibility group meeting, if the service is clearly noted in the Present Level of Performance as a related service.

Occupational and physical therapy services are always considered a related service regardless of the disability classification, including orthopedic impairment or multiple disabilities.

Termination of a related service can be a function of the IEP team or an eligibility group. However, an addendum must be completed when removed via the IEP process.

All related services indicated on an IEP must be reviewed during the triennial process. This remains true even if no new assessment components are requested. In other words, previous related services evaluations would need to be reviewed as well as the educational, psychological, sociocultural, and others as appropriate when conducting the triennial eligibility meeting. As such, student study committees should carefully review the current IEP of a student when considering triennial assessment components.

Requests for occupational and physical therapy screenings should only occur after a student has been found eligible for receipt of special education and related services.