Like its predecessor, the newly reauthorized Individual with Disabilities Education Improvement Act (IDEA ’04) emphasizes a strong role for parents, ensuring their participation in the provision of appropriate educational services for their children. We know that parent involvement greatly enhances the effectiveness and ultimate success of the special education experience. It is well recognized that parents bring pertinent information to the education decision-making process. Parents need to be prepared to participate in this important process. Careful preparation and planning is required. This handout is designed to provide a review of the basic elements of the Individual Education Program and your role in its development and implementation. Here we’d like to share some of the ideas and suggestions that many feel make a successful IEP meeting.

The IDEA ’04 is fairly straightforward as to what legally constitutes an IEP and what’s required to make an IEP document legally binding. What the IDEA does is provide a starting platform from which to build a program that is more than just a free and appropriate public education, but a meaningful education experience for children and youth with disabilities.

Start with the assumption that you are an equal partner in your child’s education.

4 Steps in Advocating for Your Child

1. You accept and understand yourself as a parent of a child with special needs.

2. You acquire knowledge…
   + Know the law
   + Understand your rights & responsibilities
   + Know that not all issues are controlled by the local school system
   + Know how the system operates
   + Know the people

3. You improve your skills…
   + Communication
   + Documentation & letter writing
   + Record Keeping

4. Participate, Participate, Participate…
   + In the development of the IEP
   + In teacher conferences
   + In parent group meetings
   + In school functions
   + In training opportunities

Don’t Be Intimidated. Remember you are an Equal Partner!
The Special Education Evaluation

Parents are entitled to provide information during all evaluations and must provide informed consent before their child can be evaluated or reevaluated. The IDEA requires that the child be evaluated in all areas of suspected disability and the guidelines must be followed:

- **Using the native language:** The evaluation must be conducted in your child’s native language or sign language if appropriate.
- **No discrimination:** Tests must be given in a way that does not discriminate against your child because he or she has a disability or is from a different racial or cultural background.
- **Trained evaluators:** The people who test your child must know how to give the tests they decide to use. They must give each test according to the instructions that came with the test.
- **More than one procedure:** Evaluation results will be used to decide if your child is a “child with a disability” and to determine what kind of educational program your child needs. These decisions cannot be made based on only one procedure such as only one test.

**Additionally, a thorough evaluation:**

- Is completed by a certified school psychologist
- Often includes evaluation of general intelligence (problem-solving skills, instructional needs, learning strengths/weaknesses, social emotional dynamics)
- Includes a social history
- Includes a physical examination (or screening) for specific assessments related to vision, hearing and health
- Includes an observation (by a special education/resource teacher) of the student in the current educational setting
- Is an assessment of educational achievement & academic needs

**“CHILD FIND” Can Help Open the Door**

If there appears to be a delay in any area of your child’s development, you may seek assistance from Child Find. Even if a child is not yet school age, he/she may benefit from screening and evaluation. All needed screenings and evaluations are free of charge.

If any of the following items seems to apply to any child that you know, please call Child Find, the central BabyNet Office, or your local school district to discuss your concerns. Does the child:
- Have difficulty turning over;
- Have difficulty sitting-up alone;
- Have difficulty crawling;
- Often bump into objects.
- Or if the child:
  - Does not respond to affection;
  - Does not talk;
  - Has limited vocabulary;
  - Does not ride a tricycle or pedal toy if age appropriate;
  - Cannot feed self;
  - Does not assist in dressing;
  - Does not respond to own name;
  - Does not say words clearly;
  - Does not play well with others;
  - Has poor balance or coordination;
  - Cannot name family members;
  - Cannot put toys/materials away;
  - Does not follow simple commands; or
  - Is Not successful in school.

For information on Child Find screenings for children Birth to 3 contact BabyNet Central Office: 1-800-868-0404; children 3-21 contact the State Dept. of Education, Office of Exception Children: 803-734-8224, or for all children 0-21 you can call CHILD FIND: 866-SC-FIND-1
AFTER THE EVALUATION - DETERMINING ELIGIBILITY

*Federal Law determines those disabling conditions that qualify students for special education services. The are:*

**Autism:** Students with a diagnosis of autism are provided services to address social deficits, communication, behavior, and learning.

**Learning Disabled (LD):** Must have *at least* low average abilities and a significant discrepancy between measured intellectual skills and achievement in one of the following academic areas: basic reading skill (reading decoding), reading comprehension, written expression, math computation, or math applications.

**Speech or Language Impairment:** Refers to a communication disorder such as stuttering, impaired articulation or language impairment that adversely affects a student’s educational performance. (This category is most often reserved for students with an articulation disorder, but physicians can also advocate for special education placement under this category for those students who are language impaired.)

**Emotionally Disabled (ED):** (sometimes referred to as Seriously Emotionally Disturbed-SED): Must be found to evidence significant emotional, motivational or social disturbances, requiring special classes and educational instruction.

**Educable Mental Disabled/Mild MR (EMD):** IQ, achievement and adaptive skills must be between 48 & 70.

**Trainable Mental Disabled/Moderate MR (TMD):** IQ and adaptive skills must be between 25 & 48.

**Profound Mental Disabled/Severe MR (PMD):** IQ and adaptive skills must be between 0 & 25.

**Visually Impaired:** Students qualifying for this program are those whose visual limitations result in educational disabilities.

**Hearing Impaired:** Student qualifying for this program are those whose hearing loss results in educational disabilities. The hearing loss may range from mild to profound.

**Orthopedically Impaired:** Children in this category are either orthopedically or physically impaired to the point that it is impractical or impossible for them to benefit in the regular education classroom.

**Traumatic Brain Injury:** A continuum of services is available to students who require special education as a result of a traumatic brain injury. These services may be provided in any appropriate program.

**Deaf/Blind:** Deafblindness is a severe disability involving both seeing and hearing, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

**Multi-handicapped:** When multiple disabilities are present and identification of a primary disability is not possible or practical, children may be served in any one of a range of models and services under the classification of multi-handicapped.

*Continued on Page 4*
Determining Eligibility Continued

**Preschool Services:** Preschool children with disabilities transition into public schools at age three with a full continuum of options available to them in all domains including cognitive, social-emotional, sensory, motor and speech/language.

**Other Health Impaired:** This category refers to the students who because of health impairments such as ADHD, asthma, rheumatoid, HIV positive, etc., are experiencing difficulty and require special instruction or classes to meet their needs.

Once a child has been found eligible for special education services, a meeting will be held to develop an Individual Education Program (IEP) that will identify the support and services the child needs in order to receive the Free and Appropriate Public Education (FAPE) mandated by Federal Law.

**Who’s Invited to the IEP Party?**

The IEP or Individual Education Program for your child with a disability is planned by the “IEP Team.” The Law (IDEA) is very clear about who makes up the IEP team. If you have questions about the role each member plays...ASK. If you are in question as to who is acting as LEA (Leading Education Authority)....ASK. This is an important position and the LEA should be present and involved.

The IEP Team must include:

- The Parent
- Not less than 1 Special Education Teacher
- Not less than 1 Regular Education Teacher
- A Person who can interpret the instructional implications of evaluation results
- A Representative of the Local Educational Agency (LEA)
- At the discretion of the Parent or LEA, other individuals who have special knowledge or expertise
- When appropriate the student with a disability

Each person on the team plays an important role and each should have good information to bring to the meeting. You may see one person occupying two roles and that’s OK. The reauthorization of IDEA has allowed for members to be excused from the meeting if certain parties (parent included) agree in writing. The roles played by member of the team are largely obvious, except perhaps the LEA. This is the individual who takes responsibility for the implementation of the IEP and is authorized to allocate district funds to do so. Most frequently, this is the principal or vice principal, sometimes the guidance counselor or maybe an individual from the district office. It’s important to identify who is acting as LEA at the meeting. Sometimes it may be necessary to ask. If there are any questions as to the authority of the person who identifies him/herself as the LEA, be sure to indicate on the IEP that the team acts with the understanding that the designated person is serving as the LEA.

The IEP team can have many members. The above list is just the mandatory players. Therapists or related service providers working with your child may be excused with permission from you and LEA. However, if the meeting includes modifications in related service, a written report

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The “IEP” Team Continued

must be provided to the Team. Often, it will be the school psychologist who can best interpret evaluation results. You may ask anyone to attend your meeting. The school has the same rights. However, no matter how many other people are there, if your IEP meeting does not include the mandatory people listed above, then it is not an IEP meeting as identified by IDEA ’04. The following are not IEP meetings: meetings held between the teacher & the parent, discussions occurring in the hall between the parent and the principal, phone conversations between district personnel and parents. Should you arrive at your IEP meeting and find an absence among the mandatory players, simply excuse yourself in the nicest way and ask that the meeting be rescheduled at such a time that all required members can be present.

Scheduling IEP meetings seems to be a tricky thing. The law expects that the meetings be held at a time that is convenient to all members...including parents. Your schedule is important too. Be reasonable and respectful of the time constraints of school personnel during busy times and you should expect that same consideration.

Putting Your Ducks In A Row

Be Prepared. It’s a good motto...and not just for scouting.

Your IEP meeting should be a place where concerned people plan the best program to serve your child with special needs. As the parent, you must expect your child’s free and appropriate public education be meaningful and you must participate in the planning process to the fullest. Here are some key points to think about as you prepare for the meeting:

• Know who will attend the meeting.
• Know the contents of your child’s current IEP. Have the current goals and objective been met? Has progress been satisfactorily reported? Has lack of progress been addressed in a proactive manner? Are the goals and objectives still relevant?
• If you need to obtain or review your child’s files, parents (or their representatives) have the right to inspect and review all educational records in their child’s file. This includes a response by the agency to a reasonable request for explanations and interpretations of the records. (300.562 Access rights)
• Ask for and review evaluation data before the meeting. Surprises and IEP meetings don’t mix.
• What related services (ie: speech, OT, PT, etc.) does your child currently receive? How much? Where are the services delivered – classroom/pull out? How are services delivered – large group/small/1:1? Are services direct or consultative?
• How is behavior addressed in the IEP? Is there a history of behavior problems? Has a functional assessment been done if behavior interferes with learning? Is there a Positive Behavior Intervention Plan in place?
• Does your child need a transition plan?
• To what extent do you want your child to participate in activities with non-disabled peers?
• Write down your priorities (but realize you may need to negotiate). Things to consider: your values and goals, your child’s, the immediacy/urgency of need, contribution to overall intellectual achievement, contribution to social and career development, contribution to independence, transferability to other curriculum areas, age appropriateness, usefulness in other environments.
• Ask for a DRAFT copy of the IEP the school prepares in advance of the meeting. Write down your questions.
The fact is that computers generate the IEP. This method is helpful to teachers as they prepare the many IEP documents for the children they teach. At first it may seem impersonal, maybe less that “individual” but think of that computer generated IEP as a starting point. That’s why it is important to review this draft copy before the meeting so that you may add your comments and suggestions. There are certain things that must be included in the IEP document:

- **Present Levels of the child’s academic achievement and functional performance** including how the child’s disability affects involvement in regular education curriculum. This is an important part of the IEP and will provide guidance in the development of annual goals.

- **Annual Goals.** Based on the child’s evaluation and present level of performance, there should be measurable academic and functional goals that should address all educational needs. The annual goals will tell you what your child will accomplish when the services specified in the IEP have ended. Short term goals or benchmarks are required for those students taking an alternate assessment aligned to alternate achievement standards.

- **How Progress will be reported to parents.** Progress toward IEP goals must be reported at least as often as reports are provided to parents of students without disability.

- **Related Services and Supplementary Aids.** The IEP will clearly state what related services your child will receive and what supplemental aids will be provided. Related services are considered necessary when needed to advance the attainment of annual goals and to allow the child to make progress in the general education curriculum.

- **Dates of Service.** The IEP will have beginning and ending dates. The IDEA states that an IEP meeting must be held at least annually. An IEP meeting may be called at anytime at the request of a team member-including the parent.

- **Accommodations made to the General Education Curriculum, including accommodations on state required assessments**

- **The extent to which your child will be included in activities with non-disabled peers.**

- **A transition plan when the student turns 16 years old, and annually thereafter.**

If a student’s behavior regularly interferes with learning (of self or others) there should be a behavior plan included in the IEP that is positive in nature and based on a functional assessment of behavior.

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**An Opinion Worth Noting from Dr. Patricia J Krantz, Educator**

“If a child hasn't learned something, we never assume it's because he can't; it's that we haven't found a way to teach him yet.”

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Please note that the “Crash Course in Special Education” is available to download from our website: www.frcdsn.org
Models of Service Delivery Within School Settings

Once eligibility for special education services is determined based on the categories previously listed, children receive help in one of the settings listed below. According to the IDEA, children MUST receive their special education in the Least Restrictive Environment (LRE) and participate, to the greatest extent possible, in classes alongside their non-disabled peers. Service delivery is discussed and determined by the IEP Team during the IEP Meeting.

Regular Class with Consultation to the Teacher: In this placement option the student spends the entire school day in the regular classroom & receives no direct special education services. An instructional specialist or other staff member provides assistance to the teacher in relating to the individual needs within the classroom.

Itinerant Services: A special education teacher provides direct services less than 50 minutes daily. Such a model can provide flexibility to students who have less severe disabilities or who are being transitioned out of special education.

Resource Services: A special education teacher provides at least 50 minutes of daily services directly to the student.

Inclusion (Push In) Resource: Students receive Resource Services only within their regular education classroom for the amount of time specified in their Individual Education Program (IEP).

Pull Out Resource: Students are removed from their regular education classroom to receive Resource Services for the amount of time specified in their IEP.

Self Contained Services: The student attends a special education program taught by a special education teacher who is certified in the child’s specific disabling condition. Only students with a disability will be in the self-contained classroom unless there is a program that includes reverse inclusion. The child should be mainstreamed as much as possible with general education students in the subjects/areas which are strengths.

Special Day School: Some districts have contractual arrangements with agencies to provide treatment for those students who cannot benefit from inclusion in a regular school.

Homebased Services: Such services are deemed necessary for those students exhibiting severe problems such as significant emotional problems, those who are posing a danger to themselves or others. Originally designed specifically for preschoolers with disabilities, homebased services are provided when the team determines the child’s needs can best be met at home.

Homebound Services: Services provided when students are too ill (physically or mentally) to attend school. Instruction is provided at home by certified teachers on a daily basis.

Eligibility Criteria Note for Related Services: In order for a student to receive additional services such as OT, PT or speech services, a determination has to be made that the services are educationally relevant.
Support Personnel Who Provide Related Services

Related services are provided to students at no cost and delivered as described in the students IEP. Related Services must be provided if needed to ensure a Free and Appropriate Public Education (FAPE), even if special education services are not provided.

**Audiologist:** The audiologist provides diagnostic audiological testing for children who fail the hearing screening evaluation. Maintenance of hearing aids and other equipment is provided.

**Braillist:** The braillist is responsible for converting regular classroom texts and other material into braille for students with visual impairments.

**Guidance Counselors:** All students, K-12, including those with disabilities, receive assistance and services from the guidance counselors in the areas of personal, social, educational and career development.

**Interpreters:** These individuals assist students with hearing impairments by providing interpreting services in classrooms, at school functions and for extracurricular activities.

**Job Coaches/Transition Specialists:** Students are introduced to the work force through the intervention of a job counselor. Placement and supervision of the students improve the transition from school to the adult world or from school to post secondary programs.

**Nurses:** All students are served by the nursing staff. Some students may require written Health Management Plans which are developed and monitored by the nursing staff.

**Occupational Therapists:** Skills and work experiences are provided for students with physical disabilities in order to prepare them for functional participation in the community at large. Therapy is provided in order for the students to benefit from their special education instruction.

**Orientation/Mobility Specialists:** Students with visual impairments are assisted in their development of mobility skills within the school & community.

**Parent Counselors and Trainers:** Schools provide assistance to parents in understanding the special needs of their child and child development.

**Physical Therapists:** Children who need physical therapy for improving or maintaining their mobility are aided by the therapists. Program goals are directed by attending physicians and provided in order for the students to profit from their special education instruction.

**Psychologists:** These professionals provide consultation, counseling, and diagnostic testing for both regular and special education students. They participate with school-based testing teams to formulate intervention strategies.

**Instruction Specialists** (may have a different title district by district): These master's level teachers provide consultation and intervention in all special classrooms. Assistance is proved to the teacher in adapting the curriculum to meet the students’ education needs.

**Speech Clinicians:** Students with speech/language problems receive services in individual or small group therapy sessions on a weekly basis by these professionals.

**Social Worker:** Coordinating interagency efforts to support students in the least restrictive environment, the social worker is the liaison between the home, school and community.

**Transportation** is considered a “Related Service” and should be included on the IEP.
Mapping Success with Goals & Objectives

Educational Goals are the anticipated academic, social, and life skills development for which the school is taking responsibility. An IEP goal is a long-term, broad-based, general statement. Measurable annual goals are the IEP team’s best estimate of what the student can accomplish in the school year. The goals and objectives of the IEP should focus on reducing the problems resulting from the child’s disability, which interfere with learning and educational performance in school.

Objectives are specific and include: Behavior - which refers to what the student will be able to do at the end of the IEP time period. Condition - which describes where and under what circumstances the student will perform the goal or objective. Evaluation or mastery criteria - that provides information to determine whether the student has attained the goal.

Why Annual Goals?
♦ To provide a focus for special education programs
♦ To provide a basis for monitoring progress
♦ To communicate information to parents
♦ To evaluate the effectiveness of the IEP

The Steps
♦ Identify priorities for the student
♦ Determine long-term goals from their priorities
♦ Break the goals down into short-term objectives
♦ Determine what strategies will be used
♦ Determine what resources will be needed to assist the student to reach the objectives
♦ Establish ways of assessing student progress
♦ Establish dates for review

Factors to Consider in Prioritizing Goals
♦ Priority of Need - A quality of life issue
♦ Age of the student & the appropriateness of the proposed activity
♦ Student’s present level of functioning
♦ Student’s past achievement and rate of progress
♦ Student’s transition plans
♦ Practicality of chosen goals and objectives
♦ Difficulty of the task compared to the skills of the student
♦ Sequencing of objectives – understanding the steps to success
♦ Amount of time for instruction
♦ Availability of community support, if needed

What Are The Requirements for an Annual Goal?
♦ It must be measurable
♦ It must tell what the student can accomplish in a year
♦ If achieved, it must result in meaningful educational progress
♦ It must be accompanied by short-term objectives (benchmarks)

Information based on presentations by Mitch Yell, Ph.D. & Erik Drasgow, Ph.D.
Advocacy and Diplomacy can go hand in hand. Here are our Top Ten Recommendations for Effective Meeting Conduct and Communication.

1. Learn to disagree without being disagreeable. It’s all right to be assertive, but not aggressive, abusive, or abrasive.
2. When someone says something with which you disagree, try not to be judgmental.
3. Maintain eye contact when greeting people, and shake their hands. (Touching is important.)
4. Be kind and courteous to everyone.
5. Remember that civility is a sign of strength, not weakness.
6. Speak softly. (People tune out loud, angry voices.)
7. Saving face is important. Give your opponent the opportunity to withdraw.
8. Your attitude is more important than your aptitude.
9. Mutual respect is the key to avoiding conflict.
10. Give the other person a chance to be heard without interrupting.

NEED MORE HELP?

Understanding the special education process and its components is challenging. It is important to know your rights and responsibilities as a parent and how the IDEA provides for your participation in developing an individual education program for your child. There may be several relevant areas to learn about: the evaluation, the IEP team, the functional assessment, a positive behavior intervention plan. The good news is there are agencies who can help you understand the process. Please contact the SCAS (800-438-4790) and inquire about receiving help through the Parent School Partnership or contact PRO-PARENTS (800-759-4776). If you live in Berkeley, Dorchester or Charleston County you may contact the Parent Training and Resource Center for assistance (843-266-1318) to receive the direct services of a Peer Parent Mentor.