



***Parent Resource Handbook:
Understanding Special
Education***

Hazel Park Schools: Department of Student Services

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Introduction

This manual is designed for use by parents, teachers, administrators, service providers, community members and other professionals involved in the identification, evaluation, and education of students with disabilities in Hazel Park Schools. The manual is intended to be a guide in complying with federal and state legal requirements as they apply to the District's interaction with students with disabilities and their parents.

All students possess differences, learn differently and demonstrate varied abilities. This is what makes us unique. Special education is more about ability than disability. What a child can do is far more important than any perceived or actual limitations he or she may be experiencing.

We hope this information will give you a better understanding of the special education process in the state of Michigan, Oakland County, and Hazel Park Schools .

If you have any questions about special education rules or regulations, you may contact Tamaran Dillard, Director of Student Services at tamaran.dillard@hazelparkschools.org .

The Mission and Vision of Hazel Park Schools

BELIEFS

- *The school district supports the social, emotional, physical, and academic needs of each child in a caring, healthy, and safe environment.*
- *All students have the ability to learn.*
- *A culture that celebrates diversity and promotes equity.*
- *Student achievement and social emotional learning are at the core of every decision.*
- *Students are successful when staff, families and community are engaged and support learning.*
- *Research based curriculum, aligned with state standards is the foundation for high quality instruction.*
- *Student driven learning environments foster self-efficacy and individual ownership of learning.*
- *Student success is fostered and supported through multiple pathways toward graduation.*

A Letter from our Director of Student Services

Dear Parents~

In Special Education, it is our mission and goal to empower our students to reach their fullest potential. We strive towards independence for each student we work with; the ultimate goal of achieving success as adults to the fullest extent possible is our target! Our special education staff in Hazel Park work diligently to provide high quality instruction with fidelity as we seek to improve learning in academic as well as behavioral domains. You will find that our instruction is targeted to meet the unique needs of each student we work with; Specially Designed Instruction is critical as no two students are the same. We are always working toward improving in the areas of math and reading for all of our students. Hazel Park special educators use a variety of programs that seek to elevate learning with research based results. Our elementary programs use Reading Mastery as an intervention while Read Naturally can be found at our junior high school, and Read 180 is embedded at our high school. Additionally, math intervention programs are utilized to help support instruction our students receive. Touch Math is used at the elementary and junior high school levels; Math 180 is our high school intervention program. Hazel Park is proud to be introducing a researched based program, Handwriting Without Tears. This program provides a hands on, tactile approach to writing that is multi-sensored with a positive impact for all learners. For our self contained programs we utilize Unique Learning System (ULS) as curriculum. This is an interactive program that is targeted to meet the individual needs of each student. Our center based programs (Edison and Jardon Vocational School) have implemented the Practical Assessment Exploration System (PAES), which is a measure of vocational potential and identifies transition planning needs related to vocational training.

Language and acronyms in special education can be confusing and often sound like your child's team is speaking another language! This information manual is a guide that can help you navigate the special education process. We encourage you to participate in your child's education and the special education process to provide important information to help support your child.

Hazel Park Schools is proud of the full continuum of programs and services that are provided to students with disabilities from birth to age 26. This manual provides some general guidelines and information. All placement and program decisions are made at the Individualized Education Planning (IEP) team meeting and are based on student needs.

Feel free to contact your child's teacher or special education administrator about your child's program or services. You may also contact the Director of Student Services at 248-658-5206.

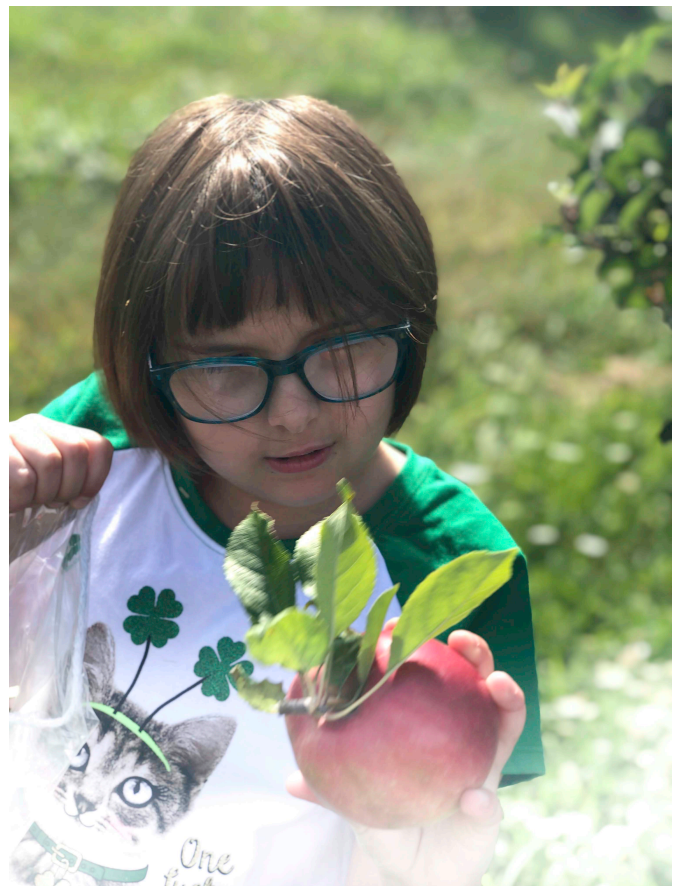
Thank you for allowing us the opportunity to work with your child each day! We are honored you have chosen Hazel Park for their education and will strive toward their individual growth and development each step of the way.

Sincerely,

Tamaran Dillard, EdS, LMSW

Director of Student Services

"Every child is gifted; they just
unwrap their packages at
different times"



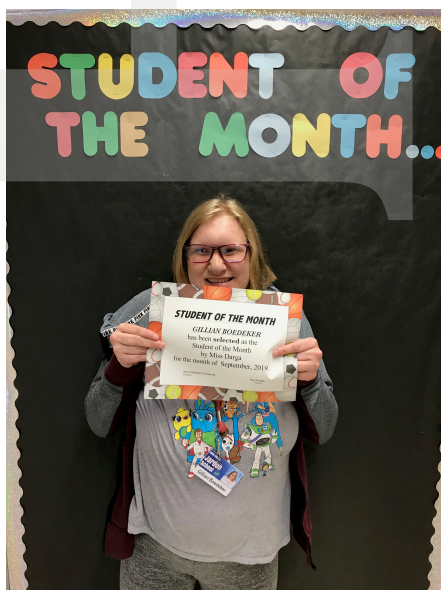
What do Parents do if you suspect a disability?

What do parents do when they suspect their child has a disability? When parents suspect that their child has a disability, it is helpful to contact the student's teacher to review their concerns and learn what resources the district has to support the student's learning. Schools often have in place "child study teams" or "student assistance teams." The teacher presents the student's learning and/or behavior concerns to the building team for suggestions on strategies and interventions. In Hazel Park, we have Building Intervention Teams.

If those interventions are not successful and the student's learning and/or behavior are significantly different from same-aged peers, the parents or the teacher may make a referral for an evaluation for eligibility for Special Education Services.

A parent starts the referral process by making a written request to the school administrator and/ or Special Education staff asking that their child be evaluated for Special Education Services due to specific concerns.

Within ten (10) school days of receiving the request, the District will contact the parent to review their concern, make a plan for an evaluation and request their consent to evaluate their child.



Parent Involvement in the Special Education Referral Process

Both state and federal laws and regulations governing the administration of educational programs for students with disabilities have recognized the important role of parents in the special education process. Parents and school personnel should establish a positive relationship with shared goals and a common understanding of the child's needs at home, at school, and in the community. It is essential that parents and schools work cooperatively together to improve student performance. Below are some tips to help you with parent involvement.

Be an active participant in your child's education:

- » Inform yourself about what help is available in or through your child's school.
- » Talk to other parents, teachers, doctors, and community providers.
- » Be able to talk about your child's strengths and needs.
- » Learn about your child's legal rights.
- » Participate in the meetings that look at information to decide if your child is eligible to receive special education services.
- » Attend and be prepared to participate in the Individualized Education Program (IEP) meetings. Parents are key decision makers and an equal member of the IEP team.
- » Ask questions if you do not understand terms, language, or other things that happen during your child's meeting(s).
- » Call, email, or request a meeting if you are worried about how your child is doing at school.

Additionally:

- » Share letters, reports, or other materials that can help the school understand your child and provide appropriate services to your child. This information could be from teachers, doctors, or community agencies. Be sure to keep a copy of these items for your records.
- » Start a file or log in which you write important dates and milestones of your child's learning. This will also be a good place to record the results of important conversations and meetings you have had with teachers and others regarding your child's progress.
- » Send emails or letters confirming important conversations regarding your child and/or promises made with respect to that the school will or will not do.

- » Always put in writing any important requests to the school, including requests for an evaluation (as well as requests for IEP meetings and records).
- » Keep a copy of all letters that you send.
- » Whenever possible send your correspondence by certified mail, return receipt requested to assure delivery of the letter, or hand carry the letter and request a receipt.
- » Keep printed copies of important e-mail messages to or from the school.
- » Keep all papers and letters from the school that you feel are important such as IEPs, samples of your child's work, and notices regarding the dates of meetings. Keep these documents in your file.
- » Develop an ongoing working relationship with those persons who are responsible for providing services to your child. Get to know the names and responsibilities of all those working with your child.
- » Communicate positive information as well as concerns.



Evaluation and Re-evaluation

Evaluation is defined as regulations *and* procedures that are used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs.

The school district must assess the child in all areas of suspected disability including:

- » academic performance
- » health
- » vision
- » hearing
- » social & emotional status
- » communication
- » motor abilities
- » general intelligence
- » functional performance
- » other areas as needed.

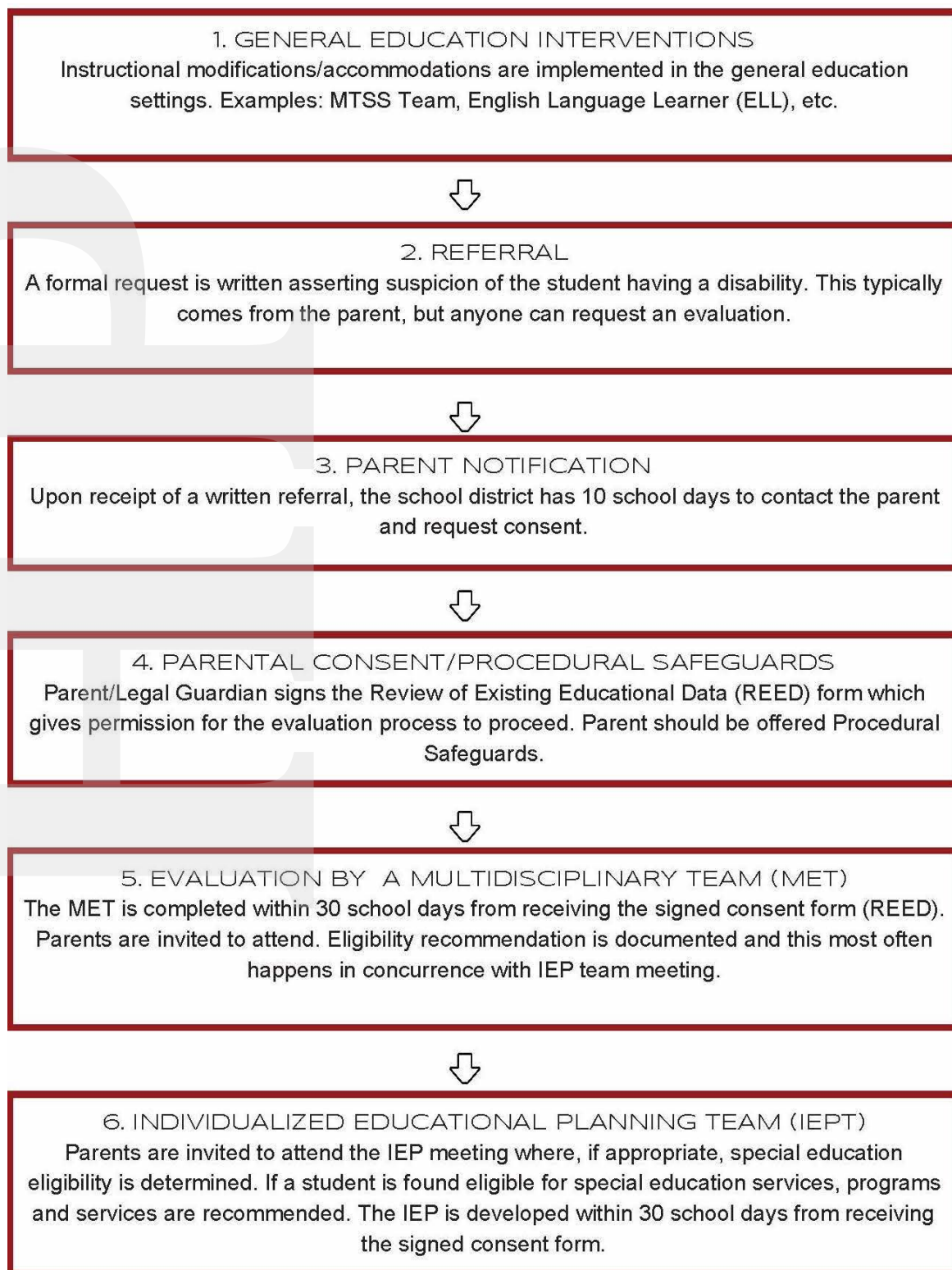
Public agencies are prohibited from using a measure or assessment for purposes different from the purpose for which the measure was designed. Assessments are provided and administered in the child's native language or mode of communication to get accurate information on what the child knows and can do. The school district must use a variety of assessments, tools, and strategies to conduct the evaluation.

When conducting an **initial evaluation**, a child must be tested in all areas of assessments and other evaluation materials used should be administered:

- * so as not to be discriminatory on a racial or cultural basis, and
- * in the child's native language or other mode of communication.
- *Parent written informed consent must be obtained before the evaluation can be conducted.
- *Information from parents should be included as part of the evaluation.
- *Information should be collected through a variety of approaches (observations, interviews, tests, curriculum-based assessment, and so on) and from a variety of sources.

Special Education Referral Process

Below is an overview of the special education referral, evaluation, and special education placement process. Since the process is individualized, differences may occur .



Definitions of Disability Areas

The following definitions are included in this handbook to help familiarize you with some of the requirements necessary for each area of disability. They have been simplified for ease of understanding. Specific definitions can be found in the Michigan Administrative Rules for Special Education (MARSE). In Hazel Park Schools, all children are treated as individuals. Their programs and services are based on their specific educational needs.

A student with a disability is defined as a person, age birth through 26 years, who is determined by an Individualized Education Planning Team to have an impairment necessitating special education or related services, or both. There are a total of 13 special education eligibility areas. In the state of Michigan, a child can only have one primary disability.

Autism Spectrum Disorder (ASD) – Students identified with autism spectrum disorder have a lifelong developmental disability that adversely affects a student’s educational performance academically, behaviorally, and socially . Children with autism spectrum disorder may have varying degrees of difficulty with reasoning, social interactions, and communication .

Cognitive Impairment (CI) – Students identified with a cognitive impairment have mild (MiCI), moderate (MoCI), or severe (SCI) impairment in cognitive functioning. Cognitive impairment becomes evident in the early developmental period and is apparent in several areas including: impairment in adaptive behavior, a lack of development primarily in the cognitive domain, and comparatively lower scores in academic achievement. The degree of cognitive impairment adversely affects the student’s educational performance.

Deaf-Blindness (DB)- Students have concomitant hearing and visual impairment, the combination of which causes severe communication and other developmental and educational needs that require special support.

Early Childhood Developmental Delay (ECDD) - Students identified with an early childhood developmental delay must be between the ages of birth through 7 years of age . The child must have a developmental delay in one or more areas equal to, or greater than, half of the expected

development for their chronological age. (For example, a 4 year old may function at or below a 2 year old level).

Emotional Impairment (EI) – Students identified with an emotional impairment exhibit behavioral problems, over an extended period of time, which interferes with the student’s ability to profit from learning experiences. These students may be unable to build or maintain relationships or to exhibit appropriate behavior and feelings.

Hearing Impairment (HI) – Students who are Deaf or Hard of Hearing include those who have varying types and degrees of hearing losses which interfere with development or adversely affect the student’s educational performance in the general education setting.

Physical Impairment (PI)- Students with physical impairment have physical challenges which affect their ability to learn and may require adapted and/or special materials or equipment.

Otherwise Health Impairment (OHI)- Students with other health impairments have limited strength, vitality, or alertness which adversely affect the student’s ability to learn. This may include attention deficit disorder, and/or health problems such as asthma, epilepsy, and diabetes.

Specific Learning Disability (SLD)- Students with a specific learning disability have 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 the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. Condition may include perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Speech and Language Impairment (SLI)- Students who have difficulty with understanding or use of language may have a speech or language impairment. This may interfere with learning and/or social adjustment in school and elsewhere. Typical symptoms may include poor listening skills, unclear speech, slow vocabulary development, immature grammar, difficulties with conversation, unusual loudness or quality of voice, or stuttering.

Severely Multiply Impaired (SXI)- Students with multiple impairments have more than one disability in intellectual, physical and/or functional abilities. They typically require intensive intervention and supports for activities of daily living.

Traumatic Brain Injury (TBI)- Students with traumatic brain injury have an acquired injury to the brain that has been caused by external physical forces. This results in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance.

Visual Impairment (VI)- Students who have severe problems with vision, whether partially sighted or blind, which interferes with development and learning. Characteristics may include visual acuity of 20/70 or less in the better eye, after correction, or a peripheral field of vision restricted to not more than 20 degrees.

"All kids need is a little help,
a little hope, and someone
who believes in them".



Child Find Programs and Services

If you suspect that your child may need special education services (ages birth to five years), please call the Child Find Coordinator, Jennifer Jaszalt at 248-658-5550. For ages six through 25, please contact your child's school administrator. Eligible children are referred to appropriate programs and services.

What is Child Find? Child Find, a special education evaluation program available through Hazel Park Schools, identifies resident children – ages birth through five years – who may be in need of special education services. Child Find offers special education evaluations to children suspected of having a disability, at no charge. Following the special education evaluation, eligible children are referred to appropriate programs and services.

What is a Child Find evaluation? A team specializing in the areas of concern works with the parents and child to determine eligibility for Special Education Services. The Child Find Team and parents work together to determine the appropriate programs and services for eligible children. The Child Find Team can include the following highly qualified specialists:

- Teacher Consultant
- Speech/Language Pathologist
- School Psychologist
- School Social Worker
- Occupational Therapist
- Physical Therapist

What programs and services are available? A variety of programs and service options are available at Hazel Park Schools and through other Oakland County School districts. Some of the possible programs that service special education preschoolers are:

- Early Intervention
- Hearing Impaired – Early Intervention
- Early Childhood Special Education (ECSE) Program
- Severely Multiply/Severely Mentally Impaired Classroom

(Child Find continued)

- Visually Impaired Classroom
- Hearing Impaired Classroom
- Speech/Language Therapy

Early Intervention: Early Intervention is a varied combination of school and home-based services to children ages birth to three. The goal of this educational service is to support and guide parents, who are considered the young child's primary teacher. The services are led by a highly qualified Early Childhood Special Education Teacher. Additional support services may be provided by a Speech/Language Pathologist, Occupational Therapist, or Physical Therapist, as needed.

ECSE Program: The Early Childhood Special Education (ECSE) Program is a classroom-based program for children ages three to five. The class is led by a highly qualified Early Childhood Special Education Teacher with support services provided by an Occupational Therapist, Physical Therapist, and Speech/Language Therapist. A strong home-school connection is encouraged so that each child's educational program can be enhanced.

Speech/Language Therapy: Speech/Language services are provided to children ages three to five in a small educational group setting. Services are provided by highly qualified Speech/Language Pathologists. The therapists work closely with each child's parents on developing appropriate home programs to enhance the child's goals.

Early On: Early On is designed to provide support to children under age three and their families. Non-profit agencies in Oakland County have partnered together to do assessments and provide service coordination for eligible children and their families. If your child is under age three, please call the Early On referral line at 248.209.2084.

Developmental Milestone Guide by Age

By one year: Pulls self to standing; may step with support. Gives toy on request. Picks things up with thumb and one finger. Stacks two blocks. Follows simple directions accompanied by gestures. Gives affection. May say two or three words.

By two years: Kicks large ball. Turns pages (one at a time). Identifies six body parts. Imitates housework. Asks for items by name. Uses two or three words together, such as more juice.

By three years: Walks up stairs. Stands momentarily on one foot. Uses utensils to feed self. Copies a circle. Uses short sentences to relate experiences. Matches colors. Demonstrates interest in toilet training.

By four years: Rides a tricycle. Is toilet trained. Copies a cross. Names six basic colors. Can wait for turn. Begins to play with other children. Washes hands unassisted. Uses sentences.

For more information, contact: Jennifer Jasczalt, Early Childhood Special Education teacher/Child Find Coordinator at Webster Elementary at 248-658-5550.



Special Education Services and Programs

Hazel Park Schools is committed to providing quality services and programs designed to meet students' individual needs by offering a full continuum of services to identified students birth through age 26. With a few exceptions, students receive educational support in their neighborhood school with assistance from a resource teacher, a speech and language provider, a social worker, a teacher consultant, a psychologist, a physical therapist or an occupational therapist. Special education services are available at all of the District's schools. Students who require more support than is available at their neighborhood school, may attend programs at designated schools within the district or at regional centers. All placement and programming decisions are made at Individual Educational Planning Team meetings.

Services

Speech and Language Services:

The Speech and Language Department provides programs and services that will meet the communication needs of students within Hazel Park Schools. Consultation services at a pre-referral level are provided to parents and professional staff by the Speech and Language Pathologist (SLP). They are also involved in identification, assessment, and delivery of services to speech and language impaired students ranging in age from birth through 26 years. Programming for eligible students is planned to meet their individual communication needs. Infants and preschoolers may receive services individually, in small group settings, or attend programs designed to meet specific needs. Elementary, middle, high school, and post-secondary level services are provided through a variety of models. Speech and Language Pathologists work closely with professional and paraprofessional staff at all of these levels in order to effectively integrate a child's speech and language skills into their school and community environments.

Psychology Services

School psychologists help students across the age and grade levels to succeed academically, socially, and behaviorally. They also work with their fellow educators and parents to create safe, healthy and supportive learning environments for all students. School Psychologists work with

students and their families as part of the school community to identify and address learning/behavior/emotional problems that can interfere with school success. They are part of the Multidisciplinary Team that evaluates students who may be eligible for Special Education services. They participate in the gathering and interpretation of relevant academic and behavioral data which can guide general education interventions. They also assist with the development and employment of behavior plans with their fellow team members. A School Psychologist also consults with parents, teachers, and professionals in the community on behalf of students.

School Social Work Services (SSW)

School Social Workers play a primary role in assessing, evaluating and observing a student's social, emotional, and behavioral adjustment that may be interfering with school success. They are part of the Multidisciplinary Team that evaluates students who may be eligible for Special Education services. School Social Workers in Hazel Park Schools provide services to students eligible for special education in need of direct support for social, emotional or behavioral problems. They also provide support for general education students, when appropriate, through short-term direct support groups, crisis intervention, and resources/referrals to parents and educational staff. School Social Workers serve as resource persons to educational staff, students and parents in providing problem solving techniques, behavior intervention, resources, consultation and training on various topics, and act as a liaison between the school, home and community. School Social Workers also facilitate completion of functional behavior assessments, as well as the development, implementation and monitoring of behavior intervention plans.

Occupational and Physical Therapy Services (OT/PT)

- The Occupational and Physical Therapists evaluate and provide services to students whose level of functional fine and gross motor abilities impede them from maximizing their participation in the educational process. They provide direct or consultative support to students, families and staff. Their services include:
- Defining the impact certain physical limitations may have in the educational or vocational setting.
- Assisting with the development of reasonable performance expectations.
- Acquiring and instructing on the use of adaptive equipment and assistive technology.
- Developing and training on daily exercise routines.
- Activities of daily living, as well as mobility training.

Additional Information on OT/PT Services

Occupational Therapy

The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 defines Occupational Therapy as a related service: -Occupational therapy—(i) Means services provided by a qualified occupational therapist; and (ii) Includes—

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

Michigan Administrative Rules for Special Education (MARSE, February 2018, R 340.1701b) defines Occupational Therapy as:

(c) “Occupational therapy” means therapy provided by an occupational therapist or occupational therapy assistant who provides therapy under the supervision of a licensed Occupational therapist. Occupational therapists and occupational therapy assistants are licensed by the state of Michigan under 1978 PA 368, MCL 333.1101 et seq.

The Need for Special Education Services

As part of the evaluation requirements, in addition to meeting the eligibility requirements as cited above, the IEP team must determine whether the child needs special education and related services. The IEP team has the responsibility to document whether or not the need for special education service exists. Interventions in general education, which may include special or supplemental materials, modification of instructional techniques, or other support services provided within the general education environment, may suffice to meet the student’s needs. This could also include accommodations made under Section 504 of the Civil Rights Act, 1973.

A child may have a medical diagnosis and not qualify for special education. A child will be eligible as a special education student only if their impairment adversely affects his/her educational performance. A child whose impairment does not interfere with his/her day-to-day functioning within the educational setting would not be eligible for special education services. In order for a student to qualify for OT services, they must meet the criteria for eligibility (i.e., ASD, LD, PI, OHI, etc.) as determined by the Michigan Administrative Rules for Special Education—OT cannot stand alone on an IEP.

The continuum of impairment depends on the level of severity. A student with a mild impairment would likely require no special education services. A student with a mild to moderate impairment may require some adaptation or modification in the school setting. A student with a moderate to severe impairment may require a more intensive services and/or programs.

To preserve the child's right to a Free Appropriate Public Education (FAPE), accommodations may be made under section 504 of the Civil Rights Act of 1973. Not all students with impairments experience learning problems, nor do they require special education and/or related services. Only when the accommodations are beyond what is required under Section 504, should eligibility for special education be considered.

Re-determination of OT Eligibility

Re-determination of eligibility will be established in the same manner as for initial evaluations. Some students upon reevaluation may be found ineligible for special education programming. This may occur when the conditions have stabilized such that the student no longer requires special education and/or accommodations, including assistive technology. This may also occur if the student has acclimated and developed strategies to be successful within the general education curriculum. While the student may be ineligible for special education programming, accommodations may still be necessary under Section 504 or the Americans with Disabilities Act.

School Based Occupational Therapy

OT is a related service that supports students' academic achievement and functional performance. OTs support academic and non-academic outcomes with focuses on visual perceptual/motor integration skills, fine motor skills, self-help skills, functional life skills, sensory processing skills (including sensory modulation and sensory motor skills) and assistive technology.

OT provided within the school setting must be educationally relevant and necessary for the student to benefit from Michigan’s educational system for all students. Several issues must be considered when determining the appropriate level of school-based therapy. The academic focus of Elementary and Secondary Education Act (ESEA) and the Individuals with Disabilities Education Act (IDEA) requires that supports be provided in the child's natural environment. OTs, as part of an education team, provide the most effective therapy intervention services when delivered according to a collaborative model, using a team approach in the design and implementation of the student's Individualized Educational Program (IEP) or Individual Family Service Plan (IFSP) goals.

School-based therapy involves “teaming” in which recommendations and decisions are made based on input from all team members in order to determine a student’s total educational plan. OTs therefore function as part of a multidisciplinary evaluation team for students suspected of being in need of special education. Evaluative input by the occupational therapist includes clarifying the reason for evaluation, observations in various school environments, interviews, testing, progress monitoring, and record review. Determination of therapy services is the decision of the Individualized Educational Planning Team (IEPT).

Consideration of the following questions may assist the IEPT in determination of therapy provisions:

1. What are the student’s educational needs for which the occupational therapist can provide unique skills and perspective?
2. How do the needs of the student impact educational performance?
3. How will OT services improve performance that will contribute to the achievement of the student's educational goals?
4. What can the OT provide that is different from other team members?

School-based therapists identify needs of the student and assist in providing strategies on how to best capitalize on abilities and minimize the impact of disabilities in the educational environment. The school-based therapist evaluates a student to determine abilities as well as disabilities. The school-based therapist provides data for the IEP Team to determine the adverse effect these disabilities may have on the student’s performance in the educational environment. Input is gathered from teachers, parents, students, and other educational staff as to how these challenges may influence performance areas within the educational environment.

The primary role of a school-based therapist is to assist students in benefiting from their educational program. A general guideline is that therapy must contribute to the development or improvement of the student's academic and functional performance. Students are evaluated using assessment tools which are appropriate to their chronological age and/or functional level, and which are the most inclusive of racial, cultural and socioeconomic differences. Evaluations are completed with, but not limited to a combination of standardized assessments, clinical observation, and checklists.

OT Caseload information

A simple caseload also does not recognize the potential occupational therapy contribution to the Individuals with Disabilities Education Improvement Act of 2004 (IDEA's) participation focus or its mandate that services support access to and progress in the general education curriculum or natural environments.

A caseload approach typically sets a limit to the number of children and number of schools a therapist can provide service to directly or as a consultant. A workload approach includes recognition that every child placed on a caseload simultaneously includes administrative tasks (i.e., assessment, writing reports, and meetings). The concept of workload encompasses all the work activities performed that benefit students directly and indirectly. Caseload refers only to the number of children seen by occupational therapy as part of the individual education program (IEP) or an individualized family service plan (IFSP).

Key Considerations

It's imperative that therapy services do not prevent students from accessing students' academic instruction. The following are key considerations for the delivery of OT services in the school setting:

- 1). Services are provided to enable the student to benefit from his/her special education program and facilitate access to the general education curriculum.

- a. Strategies should be integrated into the classroom and school environment to support learning of curriculum content.

b. Interventions should support skills needed by the student for graduation with a diploma or certificate and to prepare him/her for further education, employment, and independent living.

2). Services are provided in the student's daily educational routine.

a. Skills are taught across all educational settings.

b. Therapeutic activities occur throughout the school day and are routinely implemented by instructional staff.

c. Skills should be taught in naturally occurring environments.

d. Skills should be generalized across different school settings, not isolated solely with the therapist in a separate area or in only one classroom.

3). Services are provided through a team approach.

a. Team members share information, strategies, and techniques to assure continuity of services.

b. Educational strategies and interventions are developed and implemented jointly by team members, including the student when appropriate.

4). Services may vary over time.

a. Student therapy needs may differ in intensity and in focus during the student's school years and could differ in intensity within a school calendar year. For example, there might be the need for a therapist to provide more intensive services at the start of the school year to train new teachers and staff on appropriate strategies, with the services of the therapist to decrease when the educational team can implement the strategies with less frequent input from the therapist.

b. These fluctuations are reflected in the IEP and should be based on the immediate educational needs at any time during the student's course of study.

c. If the student no longer requires the services of an occupational therapist to benefit from special education, then services are discontinued through the IEP process

Consultation for IEP Goals and Objectives-

An IEP Team may determine that a student with an IEP does not need direct OT services, but OT consultation support for remaining special education providers is appropriate. Consultation is documented in the IEP as a related service. If listed as "consultation" in the section "Supplementary/Aids/Service" on the IEP, then the therapist is NOT obligated to write goals/objectives in the IEP. The OT consultation should be focused on helping special education providers address goals and objectives on the IEP. To verify service delivery, the OT should log dates and topics of consultation contacts.

Monitoring for Observation/Screening not Directly Linked to IEP Goals and Objectives—

After terminating direct OT service for a student, it may be appropriate for the OT to continue involvement in general screening, observation, or individual screening (consultation services). Monitoring activities may also include crisis intervention, assistive technology or other prosthetic equipment issues, or classroom material preparation. If the student will continue to have an IEP under another eligibility after termination of direct OT services, consultation services need to be documented under the "programs and services" page of the IEP, specifying frequency and location for when consult service occurs.

Physical Therapy

The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 defines Physical Therapy: §300.34(c) (9) Physical therapy means services provided by a qualified physical therapist. The Michigan Revised Rules for Special Education of 2002 R340-170b(f) “Physical therapy” means therapy prescribed by a physician and provided by a therapist who is licensed by the state of Michigan under 1978 PA 368, MCK333.1101 et seq. or a physical therapy assistant who provides therapy under the supervision of a physical therapist.

School-based physical therapists focus on removing barriers from students’ ability to learn, helping students develop skills which increase their independence in the school environment, and educating school personnel about the different considerations required for students with disabilities.

Everything the therapist does with students in the school must be educationally relevant. Therapists examine and intervene to improve students’ functional abilities in school classrooms, hallways and other areas that may be part of their educational program (i.e., community facilities and vocational settings).

PTs work with teachers and other staff to help students acquire functional abilities necessary to access educational materials and move about the school. To help students function better in their classrooms, lunchrooms, or restrooms, therapists may work with them or with school personnel on adapting or modifying their equipment/materials. Other assistance includes helping students participate in activities outside of the school through mobility on field trips, sports events, on playgrounds, and within the community.

Physical therapy services include the following;

- A). Evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysiological, musculoskeletal, cardiovascular, respiratory, and sensorimotor functions.

- B). Planning and implementing treatment strategies for students based on evaluation findings.

- C). Improving, maintaining and slowing the rate of regression of the motor functions of a student to enable him/her to function in his educational environment.

- D). Administering and supervising therapeutic management of students with disabilities, recommending equipment, and providing training to parents and educational personnel.

Teacher Consultant Services (TC)

The Teacher Consultant is a teacher with expertise in one or more areas of special education. The Teacher Consultant may participate on the diagnostic team. They also provide services to students whose disability requires a minimum amount of intervention. Middle and high school students receiving TC services participate fully in the general education classroom and may see the TC for such services as test-reading, organizational assistance, or special materials. The Teacher Consultant also consults with and provides assistance to general and special education classroom teachers regarding the student's individual needs.

The Teacher Consultant facilitates the inclusion of students with special needs into the most appropriate environment. Often, the placement is in a general education classroom at the student's home school with peers of their same age. The TC assumes many other responsibilities. These responsibilities include ensuring that accommodations are made so that students can actively participate in classroom and school activities. The TC also functions as a resource locator, searching for appropriate material, equipment, or specialists who have expertise in a particular area. Teacher Consultants often organize and conduct training sessions for paraprofessionals, school staff and parent organization

What is a "Free Appropriate Public Education" (FAPE)?

FAPE means that education and related services are provided at public expense, under public supervision and direction, and without charge. The services provided must meet the standards of the Department of Education for all students and be designed to meet the student's IEP goals and short-term objectives.

What is the Least Restrictive Environment (LRE)?

LRE looks at the setting in which the student will be receiving an education. The law presumes that students with disabilities are most appropriately educated with their same-aged, non-disabled peers in the general education setting. Attending special classes or separate schools, or removing students with disabilities from the general education classroom, occurs only when the nature or severity of the disability prevents the student from achieving satisfactory progress even when supplementary aids and services are used.

What are Accommodations and Modifications?

Accommodations are a change in the way students access instruction and demonstrate understanding. Accommodations do not change content, benchmarks, or performance criteria. Ex: extended time, alternate test format (oral or written). Students who have accommodations are generally working towards a diploma. Modifications change what students are expected to learn. Modifications change the content, benchmark or performance criteria. Ex: content at instructional level instead of grade level, reduction in the number of benchmarks or new ideas. Students who have modifications are usually working towards a certificate of completion.

Diploma versus Certificate of Completion

High School Diploma

A general education diploma is given to students meeting all of the graduation requirements as defined by Hazel Park Schools. Students need:

- 4 credits of English Language Arts
- 4 credits in Mathematics
- 3 credits in Science
- 3 credits in Social Studies
- 1 credit in Physical Education and Health
- 1 credit in Visual, Performing and Applied Arts

Certificate of Completion

A Certificate of Completion is not an academic credential. There are no state, course or grade requirements for receiving a Certificate of Completion. Credits are not earned towards a Certificate of Completion. Generally, students concentrate on their IEP goals. The student's IEP team will determine if the student will receive a High School Diploma or a Certificate of Completion.

Students who do not receive a High School Diploma are eligible to continue receiving special education services until the age of 26 or per Rule 340.1702. The student who accepts a Certificate of Completion is still able to participate in senior graduation activities if they choose.

Sections of the IEP Document

Annual Goals

A goal is measurable statement that can be obtained within a school year by the student receiving special education services. Data should form the basis for instruction and the goals should be written to allow access to the general curriculum and other activities during or after school. Goals must be measurable, identify who will be responsible for working on them, and identify how progress will be reported to parents.

Short-term objectives

Short-term objectives are the steps toward meeting the goals. A short term objective is something that can be attained within a reporting or grading period. Each benchmark or short-term objective should list the steps necessary to achieve the goal by the end of the school year.

Progress toward goals

The IEP should include information about how the school will measure the student's progress and when reports to the parents will be issued. The measurement should be clear enough so that parents can understand whether their child is being successful or not.

Special Education and Related Services

These services and supports assist the student to advance toward the annual goals, progress in the general curriculum, participate in extracurricular and nonacademic activities, and be educated and participate with all children. The IEP should include any additional training or support needed by the parents, educators, and paraprofessionals.

Participation in the General Curriculum

The IEP must explain how the child’s disability affects and adversely impacts his/her participation in the general education setting and other school activities. If a student is removed from any part of the general curriculum, a statement explaining the reason(s) why must be part of the IEP. Adaptations or modifications can be used to support student success in the classroom.

Statewide assessments

All children with disabilities must be part of state and districtwide assessments with appropriate accommodations, including English language proficiency, where appropriate. The IEP team decides whether the student should be given state and/or district assessments, with or without accommodations; or if the student should take the alternate assessment.

- An explanation of why the child cannot take the regular *assessment*
- A statement explaining how the student will be assessed

Frequency, location, and duration of services

This is the “what, when, where, and for how long” part of the IEP. Each of the services the student needs should be written into the IEP and indicate:

- 1) how long or how often each session will last (the number of minutes);
- 2) where the services will be provided (i.e., general education classroom, a resource room, or another setting such as the community); and
- 3) when the services will begin and end.



Transition Services

For students who will reach the age of **16** during the school year, the IEP must document a statement of transition service needs that focuses on the student's course of study and goals to address those needs. Transition services are a coordinated set of activities that focuses on improving academic and skill achievement to prepare for life after school.

The goals should include the needs for: training, education, employment, and independent living, where appropriate. Transition services may include academic instruction, related services, postsecondary education, vocational training, supported employment, community experiences, daily living skills, and work evaluation. Transition plans must include the student's strengths, preferences, and interests. The student must be invited to the IEP meeting.

In preparing for the meeting, parents and teachers should:

- Think about what the child needs to learn to help them be successful after graduation
- Help students explore work and career options while still in high school
- Decide what skills the young person needs to live and work in the community after high school
- Make connections with education and training programs, colleges, agencies, and support services
- Assist in the selection of classes and services that might help the child be successful in his/her adult life
- Learn what agencies provide services to adults with disabilities in the community and invite them to the IEP meeting.



Other IEP Considerations

In addition to the required parts of the IEP described in the previous section, the following components can also be part of the IEP. The decision to add one or more of the following pieces will depend on the nature of the child's disability and how it impacts the child's performance in school.

Behavior

If a child's behavior gets in the way of his/her learning or the learning of other students, then the IEP team should consider the use of positive behavioral interventions and supports. The IEP of a student who requires a behavioral intervention plan (BIP) shall:

- summarize the findings of the functional behavioral assessment;
- summarize prior interventions implemented;
- describe any behavioral interventions to be used, including those aimed at developing or strengthening alternative or more appropriate behaviors;
- identify the measurable behavioral changes expected and methods of evaluation;
- identify a schedule for a review of the interventions' effectiveness; and
- identify provisions for communicating with the parents about their child's behavior and coordinating school-based and home-based interventions.

Limited English Proficiency (LEP)

The language needs of a student who has difficulty understanding and speaking English must be considered by the IEP team. The IEP must include a statement as to the languages or modes of communication in which special English language learning services the student may require, along with necessary support services.

Braille

For a student who is blind or visually impaired, the school shall provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child. For a child who is functionally blind or visually impaired to the extent that Braille instruction is determined necessary, the IEP team must consider the student's reading and writing skills, the student's communication needs, the student's use of reading and writing media, and the student's future needs for instruction in Braille or the use of Braille

Assistive Technology

The term "assistive technology" encompasses a broad range of devices from "low tech" (e.g., pencil grips, splints, paper stabilizers) to "high tech" (e.g., computers, voice synthesizers, Braille readers). These devices include the entire range of supportive tools and equipment from adapted spoons to wheelchairs and computer systems for environmental control. Assistive Technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. Consideration should be given to the needs of the student for assistive technology devices and services. The IEP team must decide if the student needs assistive technology devices and services in order to receive a Free, Appropriate, Public Education (FAPE)

Communication Needs

The communication needs of the student must be considered by the IEP team. An IEP shall be considered "linguistically and culturally appropriate" if it addresses the language and communication needs of a student as a foundation for learning, as well as any cultural factors that may affect the student's education. For students who are deaf or hard of hearing, the IEP team must consider the student's language and communication needs and opportunities for direct communications with peers and professional personnel. The needs must address the student's language and communication mode. The IEP team must consider the student's academic level and full range of needs, including opportunities for direct instruction in the child's language.

Paraprofessional Responsibilities/Duties

Paraprofessionals have a very important role in the field of Special Education. A paraprofessional is an educational worker who is not licensed to teach, but performs many duties both individually with Students and organizationally in the classroom. Your child may be assigned a one-on-one paraprofessional as part of his or her IEP or your child may interact with a paraprofessional assigned to the classroom.

Paraprofessionals may also provide instructional support in the computer lab, library, or media center. A paraprofessional may also be called a paraeducator, teaching assistant, instructional assistant, or an aide. Informally, they may be referred to as a parapro or para. In general, paraprofessionals should be working in support of the teacher, and not doing the teaching by themselves.

Under ideal circumstances, having a certified, enthusiastic, well-prepared paraprofessional can make an enormous difference in the efficiency of your child's classroom and the implementation of your child's IEP. When there are problems, it is often because paraprofessionals are being asked to do things they are not trained to do or have been pressed into service to do administrative tasks for the school outside of their support role in the classroom.

Paraprofessionals often work in special education classrooms. They can work with a child who has a behavior intervention plan to take notes and use the strategies that have been identified to help the child with the problem behaviors. She may encourage positive behavior or redirect the child who is engaging in off-task behavior.

For children with physical challenges, the paraprofessional can assist with feeding and using the bathroom and might help transport a wheelchair-bound child or child prone to wandering to get around the school.

Paraprofessionals often provide one-on-one instructional assistance under the direct supervision of the qualified teacher.

Acronyms and Abbreviations

AAC	Augmentative & Alternative Communication
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactive Disorder
AG	Annual Goal
ARP	Academic Resource Program
ASD	Autism Spectrum Disorder
AT	Assistive Technology
AYP	Adequate Yearly Progress
BIP	Behavior Intervention Plan
BT	Building Team
CA	Chronological Age
CBI	Curriculum Based Instruction
CBM	Curriculum Based Measurement
CEC	Council for Exceptional Children
CF	Child Find
CI	Cognitive Impairment
CIMS	Continuous Improvement & Monitoring System
CMH	Community Mental Health
CP	Cerebral Palsy
DB	Deaf-Blind
DD	Development Delay
DHH	Deaf and Hard of Hearing
DHS	Department of Human Services
DX	Diagnosis
ECSE	Early Childhood Special Education
EDP	Education Development Plan
EI	Emotional Impairment
EO	Early-On

FAPE	Free Appropriate Public Education
FBA	Functional Behavioral Assessment
GERT	General Education Resource Teacher
GLCE	Grade Level Content Expectations
HI	Hearing Impairment
HSCE	High School Content Expectations
H/H	Homebound/Hospitalized
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IEPT	Individualized Educational Planning Team
IFSP	Individual Family Service Plan
IQ	Intelligence Quotient
K-12	Kindergarten through 12th grade
LEA	Local Educational Agency
LRC	Learning Resource Center
LRE	Least Restrictive Environment
MA	Mental Age
MDE	Michigan Department of Education
MDR	Manifestation Determination Review
MET	Multidisciplinary Evaluation Team
MMC	Michigan Merit Curriculum
NCLB	No Child Left Behind
OCR	Office of Civil Rights
OHI	Other Health Impairment
OM	Orientation/Mobility Services
OSE/EIS	Office of Special Education and Early Intervention Services
OT	Occupational Therapist
PA	Public Act
PAGES	Program of Assistance for General Education Students
PC	Personal Curriculum
PI	Physical Impairment
PL	Public Law
PLAAFP	Present Level of Academic and Functional Performance
PREP	Post-Secondary Program
PRR	Peer Reviewed Research
PSW	Pattern of Strengths and Weaknesses

PSY	Psychologist or Psychological Services
PT	Physical Therapist
PWN	Prior Written Notice
REED	Review of Existing Evaluation Data
RR	Resource Room
RTI	Response to Intervention
SBR	Scientifically Based Research
SEA	State Education Agency
SEI	Severe Emotional Impairment
S/L	Speech and Language Services
SLI	Speech and Language Impairment
SXI	Severe Multiple Impairment
TBI	Traumatic Brain Injury
TC	Teacher Consultant
VI	Visual Impairment



Notice of Nondiscrimination

Hazel Park Schools shall not discriminate against any person based on race, color, religion, national origin or ancestry, sexual orientation, gender, age, disability, height, weight, or marital status in any of its programs, services, activities or employment.

Inquiries regarding nondiscrimination policies should be directed to:

Human Resources Director, Edward Fisher at 1620 E. Elza, Hazel Park, MI 48030; 248-658-5200.

