



Florham Park Public Schools

Community Guide

to the

Special Education Process

Based on a "The Guide to the Special Education Process"
Prepared by a Subcommittee of
Morris-Union Jointure Commission Directors of Special Services
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OVERVIEW

We are pleased to present parent(s)/guardian(s), staff members, and other individuals interested in special education with, "A Guide to the Special Education Process." This guide is meant as a broad overview of the special education process. Particular district procedures may vary. Please contact Jane Steffen, Director of Special Services, for further information regarding the special education process and related procedures. While this document is meant as a general basis of information, it was not intended, nor should it be construed, as defining the legal basis of special education identification, evaluation, and/or placement.

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I. INITIAL INTERVENTION

Intervention and Referral Services (I&RS) for general education students is intended as a primary way in which general education teachers or specialists can assist a student who is at risk for school problems within the general education environment. I&RS programs are not intended to replace traditional methods or resources for helping students to function effectively in school. Rather, they exist primarily to focus on particular student problems using available resources within the general education environment.

The primary purposes of the I&RS team are to identify students in need and then plan and provide appropriate intervention for those students within the general education community; identify the responsibilities of building staff who participate in the planning and provision of intervention and referral services; actively involve parent(s)/guardian(s) in the development and implementation of the I&RS plans; review and assess the effectiveness of the services provided in achieving the outcomes identified in the intervention and referral plan; provide professional development to general education staff members who either refer students to the I&RS or who assist in providing the intervention and referral services; and, finally, coordinate the services of community based social and health agencies.

An I&RS team is one of the many resources used by schools to intervene with student problems, prior to Child Study Team (CST) evaluation.

A. INTERVENTION AND REFERRAL SERVICES TEAM PROCESS (I&RS)

The Intervention and Referral Services Team process is a collaborative school effort between district personnel and parent(s)/guardian(s) to intervene when a student has been identified as making minimal academic and/or emotional progress in the general education setting. The team or committee collects and evaluates relevant data in order to determine or identify specific barriers to student performance. Once these barriers have been identified, individualized interventions are determined and implemented through an action plan in order to alleviate the concerns. In some instances, this may include the use of the Response to Intervention Model. Although several variations of the model have been proposed, in general, RTI is based upon three components: the use of multiple tiers of increasingly intense interventions; a problem-solving approach to identify and evaluate instructional strategies; and an integrated data collection and assessment system to monitor student progress and guide decisions at every level. Student monitoring continues throughout this process by the identified individuals in the action plan. This process is ongoing and it continues to identify and evaluate problems, solutions and progress within the student's academic setting.

I&RS PHASES

1. Request for assistance
2. Information collection
3. Parent(s)/guardian(s) notification and participation
4. Problem solve
5. Develop I&RS action plan
6. Support, monitor and continue the process
7. Problem resolved or referral to CST

If the I&RS process exhausts all of the available school based general education interventions with minimal success, often, the student is then referred to the CST for a comprehensive evaluation in order to gather additional information as well as to determine if the student is eligible for special education and related services. The recommendation for a CST evaluation could come directly from the I&RS team or from the parent(s)/guardian(s) at any time during the process.

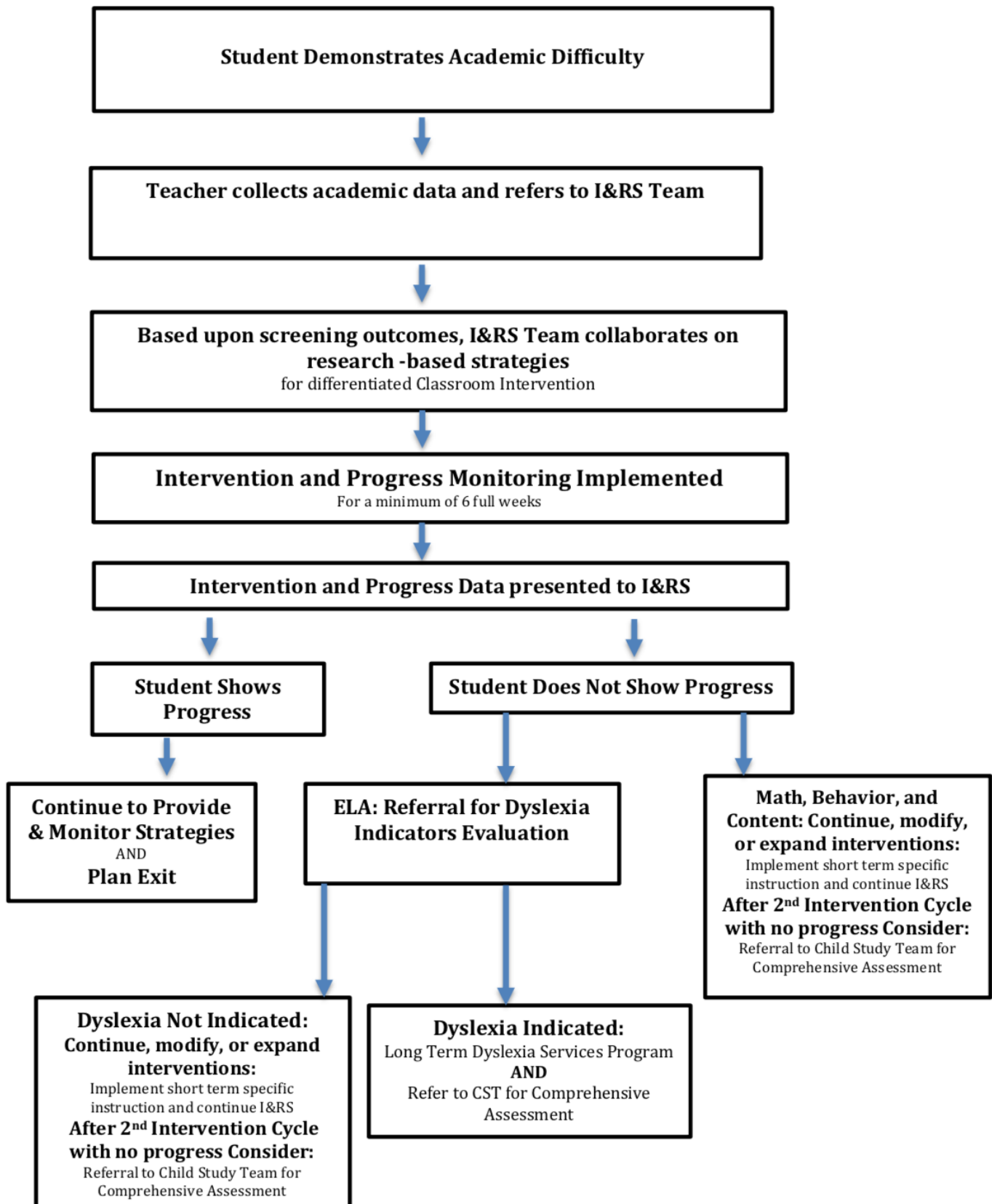
B. WHAT INTERVENTION IS AND IS NOT

The term **intervention** is used when teachers and other school personnel study and creatively problem solve educational issues that place a student at risk for school failure. Using a team approach that also significantly involves parent(s)/guardian(s), each school carefully considers the needs of students who are identified “at risk” for learning, behavior, and health problems. After careful consideration, strategies are put in place to work with the student and effectively address the issues at hand.

By its nature, intervention is a process. **It is often the case that plans are revisited and modified.** In most cases, however, a successful intervention plan which is created and shaped over a period of time proves to be a powerful method tool for the at-risk student. If successful, it is preferable to special education referral which requires a student to have an identified disability and undergo an evaluation.

In some cases, intervention is not successful and a referral for special education is deemed necessary. Even in these cases, the prior period of intervention is valuable. Prior intervention will illustrate that a referral is appropriate and will help inform the IEP team about strategies that have or have not produced success when it is time to develop the written IEP. It is important that parent(s)/guardian(s) not see intervention as merely a waiting process or a “red tape” step for special education.

Intervention Flow Chart



II. REFERRAL TO THE CHILD STUDY TEAM (CST)

What is a Referral?

A referral is the first step in the special education process. It is a **formal written request** that a student be evaluated by the CST to determine whether a student is eligible for special education and related services or by the speech/language specialist to determine whether a student is eligible for speech services.

Who Can Refer?

Students may be referred to the CST or for a speech evaluation by instructional staff, school administration, parent(s)/guardian(s) and/or community agencies. Parent(s)/guardian(s) should submit their written request to the teacher, principal, or director of special services. School staff should submit the written request to the Director of Special Services, Jane Steffen at Florham Park Schools Child Study Team, Brooklake School, 235 Brooklake Road, Florham Park, NJ 07932.

When Should a Student Be Referred?

Generally, students who present with academic and/or behavioral difficulties are first brought to the attention of the Intervention and Referral Services (I &RS) Committee. This committee will create interventions to address educational difficulties in the general education classroom. Interventions in the general education classroom should be attempted prior to a CST or speech referral.

When interventions in the general education classroom are not appropriate for the student or when interventions are not effective, the student will be referred to the CST or speech/language specialist for evaluation.

Once a Student is Referred, What Happens Next?

Once a referral is received, the parent(s)/guardian(s) will be invited to a meeting that will be scheduled within 20 days of receipt of the referral, excluding school vacations other than summer vacation.

Based on a review of available information about the student's educational progress, a decision will be made at this meeting whether a CST or speech evaluation is warranted. If an evaluation is warranted, the nature and scope of the CST or speech evaluation will be discussed. If it appears that the problem can be alleviated with interventions in the general education program and the student has not participated in the I&RS process, there may be a decision not to conduct an evaluation, but to refer the student to the I&RS Committee for development of interventions, suggestions for other interventions for the parent(s)/guardian(s) to pursue, or refer the student to the 504 Committee. If the student is already in the I&RS process and an evaluation is not warranted, the I&RS plan can continue or be adjusted.

Referral Timelines

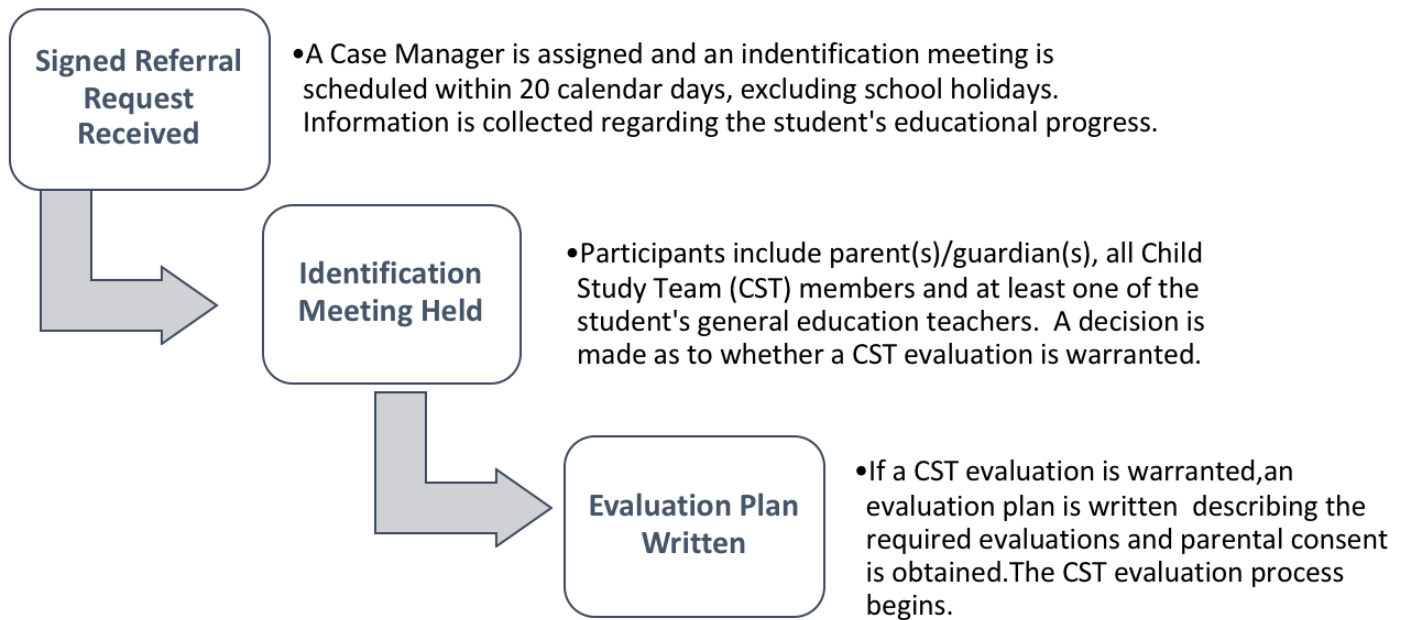
The classroom teacher and the (I&RS) Committee may recommend other strategies and building level support that can be utilized in general education setting. If the student's difficulties persist after the strategies and/or services have been implemented, a referral to the CST may be made. A referral is a written document that has been dated by the staff member or administrator who receives the referral. This provides a start date for the first timeline.

The CST will convene a meeting to consider the evaluation within 20 days from the dated receipt of this request. The parent(s)/guardian(s) and referring teacher will meet with the entire CST at this time to review the student's needs and jointly determine if an evaluation should occur. Meeting attendees will be asked to sign an attendance sheet.

If there is an agreement to perform an evaluation, a written plan for the evaluation is developed at the meeting, describing the nature and scope of the evaluation. Written consent for an evaluation is required by the parent(s)/guardian(s). This consent for evaluation can be provided at the conclusion of the meeting or the parent(s)/guardian(s) may wish to take additional time before providing written consent. **Evaluations can only begin after the parent(s)/guardian(s) has provided written consent.** The district has ninety (90) days from the time written consent is provided to complete the entire evaluation, eligibility, and placement process. Preschool aged students should complete the evaluation and eligibility process in time to receive services upon attaining the age of three.

Parent(s)/guardian(s) will receive written notice of the results of the evaluation planning meeting. A decision may be made that an evaluation may not be warranted. Students may be referred back to the I&RS Committee or for other community or school-based services.

REFERRAL TO CST FLOW CHART



III. EVALUATION AND ELIGIBILITY

A. IDENTIFICATION/EVALUATION PLANNING MEETING

The identification/evaluation planning meeting concludes the referral process to the CST. If the decision is made at the identification/evaluation planning meeting that an evaluation is warranted and signed parental consent is obtained, the individual evaluations of the student will commence. The comprehensive diagnostic evaluations are provided at no cost to the parent(s)/guardian(s) and completed in the student's native language. They are completed by certified professionals who will explain the results of their testing.

1. Eligibility for Special Education: The evaluation shall include assessments by at least two members of the CST for a preschool age child, who requires a speech-language assessment; it may be utilized as one of the two required assessments. If autism or communication impaired is the area of suspected disability, a speech-language assessment is required. A hearing and vision screening by the school nurse is required. Other areas from which information may be gathered include a specialized medical evaluation(s), speech-language evaluation, occupational therapy evaluation, physical therapy evaluation, and/or an audiological evaluation. The tests may be conducted by the members of the CST or by practitioners contracted by the school district.
2. Eligibility for Speech/Language Services: The evaluation shall include an assessment of voice, fluency and articulation. A hearing and vision screening by the school nurse is required. The evaluations recommended by the school district are deemed to be in the student's best interest; however, the parent has the right to refuse consent or withdraw consent at any time. If the school district disagrees with this action, it may invoke a due process hearing.

Upon completion of the evaluations, the professional staff will provide the parent with a written report of the details of the testing results. **Parent(s)/guardian(s) will be provided with copies of the district's evaluation**

reports 10 calendar days prior to the eligibility meeting. These evaluations will help determine if the student has an educational disability and whether special education services are required.

The discussion of the evaluations and the determination regarding special education and related services will take place at the eligibility meeting.

Parent(s)/guardian(s) may have obtained private evaluations at their own expense before or during the evaluation timeframe. If the parent(s)/guardian(s) wish to share this information with the school personnel, it will be taken into consideration in identifying the student as being eligible for special education and related services or speech language services and, if appropriate, in planning the program.

B. ELIGIBILITY MEETING

Upon completion of the evaluations, an eligibility meeting will be scheduled to determine whether the student is eligible for special education and related services or speech language services. Meeting attendees will be asked to sign an attendance sheet. The case manager or evaluator will review evaluation results and answer all questions. The case manager will discuss the rationale for determination of eligibility or non-eligibility. Parent(s)/guardian(s) will receive written notice of the results of this meeting. Should there be disagreement, parent(s)/guardian(s) should contact Jane Steffen, Director of Special Services.

Eligibility for special education required meeting participants: Parent(s)/guardian(s), general education teacher, student (where appropriate), and case manager. CST member(s) and other school district personnel, when appropriate, can also be invited to attend.

Eligibility for speech/language services required meeting participants: Parent(s)/guardian(s), student (where appropriate), general education teacher, and speech/language specialist.

C. RECOMMENDATIONS

1. Eligibility for Special Education

In developing recommendations, the CST, parent(s)/guardian(s), and any others present will discuss the evaluations and any other pertinent information on the student. The first decision is **whether the student possesses an educational disability that adversely affects educational performance and requires special education and related services.** There are 14 categories for special education eligibility: auditorily impaired, autistic, intellectually disabled, communication impaired, emotionally disturbed, multiply disabled, orthopedically impaired, other health impaired, preschool with a disability, social maladjustment, specific learning disability, traumatic brain injury, visually impaired and deaf/blindness. For a complete definition of each of the disabilities see <http://www.nj.gov/njded/code/current/title6a/chap14.pdf>.

If the CST determines that the student exhibits an educational disability, a determination must be made as to the **least restrictive educational setting** in which the student can receive educational benefit from special education services. In order to accomplish this task, there are a variety of placements to consider. These placements range in levels of restriction, including class size, student-teacher ratio, and degree of inclusion. The progression of services is as follows:

- General Education with Supplementary Aides/Services
- Resource Center/Support

- Resource Center Replacement
- Special Class – In District
- Out of District Placement
- Temporary Home Instruction

2. Eligibility for Speech/Language Services

In developing recommendations, the speech/language specialist, parent(s)/guardian(s), and any others present will discuss the evaluations and any other pertinent information on the student. Eligibility requires a disorder of articulation/phonology, voice or fluency that adversely affects educational performance and requires speech/language services.

D. CONSENT

Consent means that the parent(s)/guardian(s) have been given all the information necessary to make an informed decision about the proposed activity. Consent also means that the parents/guardians understand and agree in writing to the proposed activity.

Consent is immediate. This means, after the parent(s)/guardian(s) have given written consent, the school district must start the activity as soon as possible.

Giving consent is voluntary. Parent(s)/guardian(s) can revoke (withdraw) their consent at any time by writing to the school district. Revoking consent does not stop an action that has occurred after the consent was given and before the consent was revoked. The school district must accept a parent(s)/guardian(s) written revocation of consent and cannot utilize mediation or a due process hearing to seek to overturn that written revocation of consent. Within 10 days of receiving the parent(s)/guardian(s) written revocation of consent, the school district must provide the parent(s)/guardian(s) written notice that they have revoked consent and that their child is now a general education student. The school district shall cease providing special education and related services after the expiration of the 15 calendar-day notice unless the parent(s)/guardian(s) rescinds the revocation of consent, in writing, within that time period.

E. INDEPENDENT EVALUATIONS

Parent(s)/guardian(s) may request in writing to the Director of Special Service an independent evaluation upon initial evaluation or reevaluation if there is disagreement with the evaluation provided by the board of education. Parent(s)/guardian(s) shall be entitled to only one independent evaluation at public expense each time the district board of education conducts an initial evaluation or reevaluation with which the parent(s)/guardian(s) disagrees. The request shall specify the assessments the parent(s)/guardian(s) is seeking. The district may ask the parent(s)/guardian(s) to explain why he or she objects to the school districts evaluation.

1. Upon receipt of the parental request, within 20 days, the school district shall provide the parent(s)/guardian(s) with information about where an independent evaluation may be obtained or file for due process to show that its evaluation is appropriate.
2. Any independent evaluation purchased at public expense shall: be conducted according to NJAC 6A:14-3.4, be obtained by another public school, educational services commission, approved clinic or agency, or appropriately certified and/or licensed provider in NJ.

3. The provider must be mutually agreed upon and must meet the districts reasonable cost criteria. The district can ask the parent(s)/guardian(s) to demonstrate the unique circumstances to justify an IE provider not on the districts list or that exceeds the districts reasonable cost criteria.

IV. IEP MEETING

Once a student has been found eligible for special education and related services or speech/language services, an IEP meeting must be held. This meeting is required before any special education services can commence. The purpose of the meeting is to determine the child's current educational status and develop a program designed to meet the child's unique needs. This meeting must be held as soon as possible following a determination of eligibility, and no more than 30 calendar days following the eligibility meeting with parental consent.

All evaluative reports will be sent for review 10 days prior to the scheduled meeting as well as all requests for attendance excusals for specific district personnel.

At the beginning of the meeting, all participants will be asked to sign and date an attendance sheet. This signature does not indicate consent or approval of the IEP. The IEP team may work from a blank or draft version of the IEP.

At an IEP meeting, the child's present levels of academic achievement and functional performance will be discussed, including how the child's disability affects involvement and progress in the general education curriculum. For preschool children there will be a description of how the disability affects the child's participation in appropriate activities. This discussion will include the results of the initial or most recent evaluation and, as appropriate, consider the student's performance on any general statewide or district assessment. The sources of information including evaluation data, teacher reports, classroom observations, and other relevant information will be listed. The strengths of the child and the concerns of the parent(s)/guardian(s) will also be stated as well as the interests and preferences of the child, if age 14 and older.

If the IEP team determines that the student needs a particular assistive device or service, the IEP must include a statement to that effect in the appropriate section. These needs may include behavioral, communication, language, hearing, and vision and may additionally require assistive technology.

A statement regarding your child's transition from an elementary to secondary program will be included based upon factors such as age, social, academic, and vocational development.

Beginning at age 14, a transition plan for the student's future will begin to be developed. A statement will be written about the student's interests and preferences and post-secondary plans. At age 16, the IEP will include in this transition statement relevant assessments, goals and services determined by the IEP team to be necessary to facilitate the student's movement toward appropriate post-secondary outcomes. Depending on the individual needs of the child, the transition services may include instruction, related services, community experiences, and the development of daily living skills and vocational skills.

At least three years before the student's 18th birthday, a statement advising both parent(s)/guardian(s) and student of the transfer of rights at age 18 will be included in the IEP.

Annual measurable academic and functional goals may be developed that are related to the New Jersey Student Learning Standards through the general education curriculum unless otherwise required according to

the student's educational needs. Annual benchmarks or short-term objectives will be included, and methods of progress reporting will be addressed.

The IEP will explain the extent, if any, to which the student will not participate with non-disabled peers in the general education class and in extracurricular and nonacademic activities and determine whether the student requires an extended school year (ESY) program.

Participation in district and state assessment will be addressed; and, if necessary, modifications and/or accommodations will be developed. Beginning at age 14, the IEP will identify the State and local graduation requirements that the student will be expected to meet for graduation. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, a rationale for the exemption or modification and a description of relevant alternate proficiencies to be achieved will be included in the IEP.

Special education services are listed by instructional area. For in-class programs, the amount of time the resource teacher is present in an in-class support class is noted. Related services are listed with the frequency, location (in class or pull out) and duration (length of session).

The least restrictive environment (LRE) is typically the student's neighborhood school. This is always considered first for placement. However, the IEP may be delivered in another school in the district, another public school district or a state approved school for special education students if that is considered the LRE for that particular student.

An IEP may be amended without a meeting if the parent(s)/guardian(s) or district makes a written request for such change and both parties are in agreement. This change will be reflected either in an amended IEP, or in an addendum made to the IEP.

Parental consent is required to implement the initial IEP. The program and services will not begin prior to signed consent. For IEPs developed beyond the initial, however, parental consent is not required. All IEPs will be reviewed annually or more often if determined necessary by the IEP team.

V. ISSUES AFTER PLACEMENT

A. REEVALUATION

A reevaluation will be conducted within three years of the student's prior eligibility meeting to determine whether the student continues to be a student with a disability. The IEP team will hold a reevaluation planning meeting at which time the team will discuss whether formal testing is warranted or if there is sufficient available information to continue the eligibility without formal testing.

A reevaluation may be waived with parental consent except for the reevaluation of preschoolers to determine school age eligibility and when a change in eligibility is being considered, such as declassification.

If testing is not warranted, with written parental consent, the IEP team may proceed to the eligibility meeting. If testing is warranted, an evaluation plan is developed, written parental consent is obtained and the evaluations performed. Upon completion of the evaluations, the CST will provide the parent(s)/guardian(s) with copies of the district's evaluation reports 10 days prior to the eligibility meeting. These evaluations will help determine if the student continues to be eligible for special education services.

B. ASSISTIVE TECHNOLOGY

There is much information currently available related to assistive technology for special needs students. This information has raised many questions regarding how assistive technology can help your child with specific challenges related to his/her educational disability.

Assistive technology devices are identified in the IDEA 2004 as: 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 children with disabilities.

When looking for a solution regarding what is the most appropriate assistive technology for your child, a team approach is optimal. The focus of the team's work is to assess your child's strengths and challenges, consider his or her functional and educational needs and then identify specific tasks to be accomplished through goals and objectives in the IEP related to assistive technology. The final process in the team's work is matching an appropriate technology tool (high tech/mid tech/low tech) that will support your child's identified need, keeping in mind that the least complex intervention needed to remove the barriers to performance should be the first consideration. A qualified assistive technology professional can assist in this process when needed. Parent(s)/guardian(s) and districts to work together to measure effectiveness of assistive technology and provide assessment and intervention as a dynamic and continuous process of problem solving toward each new step in achieving desired goals.

C. TRANSITION SERVICES

Transition is a formal process of long-range cooperative planning that will assist students with disabilities to successfully move from school into the adult world. High quality transition planning and services will enable students with disabilities to pursue their desired postsecondary goals. Transition services are those activities that are designed to assist the student from school to post-school activities. This may include preparation for postsecondary education, vocational training, employment skills, continuing and adult education, independent living, or community participation. Transition services include the instruction, related services, community experiences, and development of employment or other adult learning objectives sufficient to assist the student with becoming an independent and lifelong learner and adult. Transition services commence at age 14, or younger, if deemed appropriate by the IEP team.

VI. FREQUENTLY ASKED QUESTIONS

1. **Question: I get confused by all the meetings. Can you explain the different types of meetings that occur before and after classification?**
 - **I&RS Meeting:** The I&RS Team process is a collaborative school effort between district personnel and parent(s)/guardian(s) to intervene when a student has been identified as making minimal academic and/or emotional progress in the general education setting. The team or committee collects and evaluates relevant data in order to determine or identify specific barriers to student performance.
 - **Identification Meeting:** This meeting provides the opportunity for the school and/or parent(s)/guardian(s) to convey concerns related to the student's educational progress. The full CST is in attendance and will determine if an evaluation is warranted. If an evaluation is warranted, the CST will develop an evaluation plan and present it to the parent(s)/guardian(s) for their consent. If the parent(s)/guardian(s) consent to the plan, the CST has 90 days to complete the assessments, determine the child's eligibility, and have the child placed in a program.
 - **Eligibility Meeting:** At this meeting, the case manager presents the findings from the completed assessments, reviews the student's eligibility status, and if eligible, develops appropriate programming for the student in collaboration with the IEP team.
 - **IEP Meeting:** In this meeting, the IEP team reviews the student's progress in the current program and then plans for future programming based on the information presented.
2. **Question: At what point is my child considered classified?**
 - After the eligibility meeting is held that deems the student eligible for special education and related services.
3. **Question: Does my child have to be classified to have speech/language services?**
 - Yes, either as eligible for special education and related services or as eligible for speech/language services.
5. **Question: I would like my child evaluated for special education eligibility by an outside agency. Can this be done?**
 - In some cases, yes. Parent(s)/guardian(s) are entitled to an independent evaluation of their child at no cost if they are in disagreement with an evaluation provided by the district's CST. The independent evaluation would occur, however, after the district's CST has conducted its own evaluation. Districts often maintain a list of agencies that provide independent evaluations. It is important that the district's CST evaluate your child since it is in the best position to observe classes, speak to teachers and be knowledgeable of curriculum delivery in the child's school. The evaluation process also helps the CST become more knowledgeable of your child's needs and puts the CST in a better position to assist teachers and therapists who may be working with your child in the future.
6. **Question: I have had a private evaluator assess my child and several recommendations are made in the evaluator's report. Will these be accepted by the district?**
 - The district's CST must **consider** the findings of any evaluation report provided by the parent(s)/guardian(s).
7. **Question: My child is receiving private services outside the school day and is responding well to the methodology that is used in this program. Will the school district adopt this methodology if I request it?**
 - The fact that your child is responding to a particular strategy or method is important information of which the IEP team should be aware. To a degree, district staff will consider strategies that the parent(s)/guardian(s) identifies as productive for the child. The ability to adopt a particular method may be limited in many instances by factors such as lack of supportive scientific research or

environmental conditions; some methods that are successful in a non-school setting do not transfer to a classroom setting. For these reasons, districts are given the responsibility of choosing the method which they view to be most appropriate. However, particular methodologies are not a required component of an IEP.

8. Question: Are parent(s)/guardian(s) part of the team who decides eligibility for special education and related services?

- No. Although parental input is utilized in making eligibility determinations, the CST is responsible for determining eligibility for special education and related services and consent is not required.

9. Question: What do I do if I just want occupational therapy?

- Occupational therapy is a related service and is only required to be provided if a student is determined as eligible for special education and then found to be in need of occupational therapy, as determined by the IEP team based upon an occupational therapy evaluation.

10. Question: When is a child eligible for Extended School Year (ESY) services?

- The IEP team determines eligibility for ESY services by reviewing several factors. One factor to be considered includes the regression/recoupment analysis which considers the amount of regression a student experiences as a result of an interruption in educational services over the course of the summer with the amount of time required to regain the prior level of skill upon the student's return to school in the fall. The IEP team may also consider other factors such as the nature and severity of the student's disability.

11. Question: As a parent/guardian, am I a member of the CST and IEP team?

- The CST consists of a school psychologist, a learning disabilities teacher/consultant, school social worker, and when needed, a speech-language specialist, responsible for conducting evaluations to determine eligibility for special education and related services for students with disabilities. Parent(s)/guardian(s) are members of the IEP team. (See glossary for definition of IEP team.)

12. Question: What are related services?

- Related services are services that are provided to help classified students benefit from special education. The services are specified in the student's IEP and are provided in conjunction with the special education program. Many times the related services to a special education program are provided in the classroom setting. Some examples of related services include:
 - counseling services
 - occupational therapy
 - physical therapy
 - speech/language services
 - transportation
 - parent training
 - aide

13. Question: Once my child is classified, can my child have transportation if I live too close for the regular bus?

- While transportation is a possible related service, most classified students are not eligible for transportation as part of their IEP. Transportation is only provided as a related service due to a condition of the student's disability and in accordance with specific needs of the student as detailed in their IEP. If the IEP is placing a student at a school other than his home school, transportation would be provided.

14. Question: Who has access to pupil records?

- The parent(s)/guardian(s), adult student or their designated representative has access to inspect and review the contents of the pupil's records kept by the school district. The school district's certified staff who has educational responsibility for the student has access to the pupil records. Certified educational staff employed by approved private schools, outside clinics and agencies that the district employs and who has educational responsibility for the student also have access to the pupil records. Secretaries and clerical staff have limited access, under the supervision of certified

staff, to access the pupil records so that they can enter or record data and conduct routine clerical tasks. Additionally, the district must obtain consent from the parent(s)/guardian(s) or adult student before releasing the pupil's records to a person or organization that is not otherwise authorized to see them.

15. Question: Can I get copies of my child's records?

- Yes, a parent or guardian can have access to all records concerning his or her child, except notes made by a teacher or another school district employee for his or her use only. We provide copies of all evaluation reports and IEPs when they are completed. If you would like additional copies of your child's special education records, please submit a request in writing to either the CST Secretary, Lorraine Casale, or your child's case manager. Please allow one week for processing the request. Please note that at this time the District does not charge for copies, but reserves the right to do so.

16. Question: Can I request an IEP meeting for my child who already has an IEP?

- Yes. If you would like to review and revise your child's IEP, please submit a request in writing to your child's case manager and detail your concerns. We will review your request and your child's progress and respond within 20 days in writing, not including school holidays. If the district agrees that a new meeting is required, we will schedule the meeting.

17. Question: Can I change my mind about my child receiving special education services?

- A parent/guardian may remove their child from special education at any time through a process known as "Revocation of Consent". In such a case, the parent(s)/guardian(s) should put their decision in writing to Jane Steffen, Director of Special Services. The school district is then required to respond in writing indicating they are aware of the parent(s)/guardian(s)'s decision and will act accordingly. The decision of the parent(s)/guardian(s) in this regard is final.

VII. GLOSSARY

Applied Behavior Analysis (ABA): A set of scientific principles and guidelines which uses direct observation, measurement, and analysis of the relationship between the environment and behavior. In programming for students with autism, ABA employs intensive, highly structured teaching approaches where skills are broken down into their simplest most manageable form.

Accommodations: Techniques and materials that allow disabled individuals to complete school or work with greater ease and effectiveness. Examples include spellcheckers, recording devices, and expanded time for completing assignments.

Adaptive Physical Education: A diversified program of physical education having the same goals and objectives as general physical education, modified when necessary to meet the unique needs of each individual.

Alternative Assessment: An alternative to conventional means of assessing achievement; usually means using something other than a paper and pencil test, such as oral testing or work sample review.

Assistive Technology (AT): Any item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Auditory Discrimination: The ability to recognize, compare, and differentiate the discrete sounds in words.

Auditory Memory: The ability to remember something heard some time in the past (long-term auditory memory); the ability to recall something heard very recently (short-term auditory memory).

Behavior Modification: A technique intended to alter behavior by positive reinforcement (rewarding desirable actions) and extinguishing undesirable actions.

Behavioral Intervention Plan (BIP): The term can be generally defined as a component of a child's IEP that describes positive behavioral interventions and other supports that the district must implement to prevent and control unacceptable behaviors.

Behaviorist: A term commonly used to identify a person who uses observable and measurable aspects of behavior to improve an individual's behavior.

Board Certified Behavior Analyst (BCBA): A trained expert in Applied Behavior Analysis (ABA) who uses proven strategies to change and individual's behavior to establish and enhance socially important independent living skills. This professional has taken a prearranged course sequence at a master's level, received supervision training with a current BCBA or a university faculty member who has been approved by the Behavior Analytic Certification Board (BACB) as an instructor in a university's approved course sequence, and passed the certification exam from the BACB.

Central Auditory Processing Disorders (CAPD): A deficit in information processing of audible stimuli with no deficits attributed to impairments in hearing or intelligence. To put it simply, it is the inability to attend to, discriminate, recognize or comprehend what is heard, even though hearing and intelligence are normal.

Child Study Team: Consists of a school psychologist, a learning disabilities teacher/consultant, school social worker, and when needed, a speech-language specialist, responsible for conducting evaluations to determine eligibility for special education and related services for students with disabilities.

Cognitive Ability: Cognitive, intellectual or innate ability tests measure identifiable skills related to learning or potential. Cognitive ability is often broken down into components such as verbal skills, non-verbal skills, processing speed and/or working memory.

Compensatory Strategies: Ways in which a student is taught to manage his or her learning problems, by manipulating and emphasizing strengths as a way to work around skills and/or abilities which may be limited.

Decoding: The process of acquiring meaning from spoken, written, or printed symbols used in receptive language.

Developmental Delay: Failure to meet expected developmental milestones in one or more of the following areas: physical, social, emotional, intellectual, speech and language and/or adaptive development. Developmental delay is usually a diagnosis made by a doctor based on strict guidelines.

Direct Instruction: A method for teaching that provides consistent interaction between students and the teacher.

Discrimination: The process of differentiating between and/or among separate stimuli when either visually or auditorily.

Due Process: A defined procedure to settle a dispute between the parent(s)/guardian(s) and the school.

Dynamic Learning Maps: The alternate assessment for students with the most significant intellectual disabilities in English Language Arts, Mathematics, and Science.

Dyslexia: A language processing disorder characterized by a difficulty in reading experienced by students who otherwise possess the intelligence and motivation considered necessary for accurate and fluent reading.

Educational Evaluation: An assessment of a student based on multiple tests, analysis of class work, classroom observation, and teacher input intended to determine levels of achievement in certain academic areas, as well as the student's learning style and perceptual abilities.

Encoding: Spelling

ESSA: The "Every Student Succeeds Act" (ESSA) is the main law for (K-12) public education in the United States. It replaced "No Child Left Behind."

Expressive Language: Communication through speech, writing, and/or gestures.

Extended School Year: Extended school year services during the summer months is considered and discussed at the annual IEP review meeting. Special education and related services that are provided to a student with a disability beyond the normal school year in accordance with the student's IEP.

Executive Functioning: Executive Functioning comprises those skills that allow an individual to interact with the environment effectively and efficiently. They include assessing the overall situation, setting goals, devising a plan to reach those goals, staying on track, and monitoring one's own performance. They also include regulating one's actions and responses.

Fine Motor Skills: The use of small muscles to complete precise tasks such as writing, drawing, buttoning, opening jars, and assembling puzzles.

Functional Behavior Assessment: A process to determine which behaviors are limiting educational progress; to design interventions that decrease target behaviors; and to promote appropriate behavior(s) through positive behavioral supports.

General Education: An educational program which follows the regular education programs which follow the core curriculum content standards.

Gross Motor Skills: The use of large muscles for activities involving strength and balance, such as walking, running and climbing.

IEP Team: The group of individuals who are responsible for the development, review and revision of the student's individualized education program.

In Class Support: Programs taught with the regular classroom teacher and the special education teacher; the student has to meet the regular education curriculum requirements for the grade or subject being taught; there will be modification to the instructional strategies or testing procedures which should be listed in the student's IEP.

Inclusion/Mainstreaming: The practice of placing a student who has special education needs into general education classrooms for a least part of the student's educational program.

Individualized Education Plan (IEP): The written educational program designed for each classified student, incorporating certain information such as educational goals (long-term and short-term), the duration of the program, and provisions for evaluating the program's effectiveness and the student's performance.

Individual Service Plan (ISP): A written educational plan developed to support classified students in non-public schools.

Learning Styles: The ways in which a student best understands and retains learning, e.g., vision, hearing, movement, kinesthetic, or a combination. Learning style-specific approaches to assessment or instruction emphasize the variations in temperament, attitude, and preferred reflective/impulsive, or verbal/spatial dimensions.

Least Restrictive Environment (LRE): To the maximum extent appropriate, students with disabilities are educated with students who are not disabled and special classes, separate schooling, or other removal of students with disabilities from the regular educational environment occurs only when the nature and severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Mainstreaming/Inclusion: The practice of placing a student who has special education needs into regular education classrooms for at least part of the student's educational program.

Manifestation Determination: In connection with the discipline of students with disabilities, a determination whether or not the misconduct at issue was either a manifestation of the disability or the result of an inappropriate placement.

Neurological Evaluation: An examination that specifically focuses on mental status, cranial nerves, motor functions, deep tendon reflexes, sensation and gait abilities; when used more in a psychiatric context, also refers to an examination of an individual's thinking ability.

Pre-Referral Process: A procedure in which staff members and parent(s)/guardian(s) develop intervention strategies to assist a student who is having difficulty in learning, behavior or socialization to function in the regular education classroom.

Psychiatric Evaluation: An evaluation designed to diagnose any number of emotional, behavioral, or developmental disorders. An evaluation of a child or adolescent is made based on behaviors present and in relation to physical, genetic, environmental, social, cognitive (thinking), emotional, and educational components that may be affected as a result of the behaviors presented.

Psychological Evaluation: The evaluation of a student's intellectual, behavioral, social, and emotional characteristics by a certified school psychologist.

Related Services: Services that are provided to help classified students to benefit from special education. The services are specified in the student's IEP and are provided in conjunction with the special education program. Some examples of related services include: counseling services, occupational therapy, physical therapy, parent training, social work, speech/language services, and transportation.

Resource Center Replacement Programs: The subject is taught by the special education teacher. The resource center instruction includes individual and small group instruction.

Response to Intervention (RTI): The Response to Intervention (RTI) model for school-age children who are at-risk for learning disabilities emphasizes pre-referral prevention and intervention. RTI can be distinguished from traditional methods of identifying learning disabilities in that it allows early and intensive interventions based on learning characteristics and does not wait for children to fail before providing necessary services and supports. The major premise of RTI is that early intervening services can prevent academic problems for many students who experience learning difficulties.

Section 504: A federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal funds from the U.S. Department of Education (ED). Section 504 provides: "No otherwise qualified individual with a disability in the United States... shall solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance..."

Self-Contained Programs: Taught by the special education teacher, this is considered a special class program that serves students with similar educational needs; instruction is usually provided with an alternative curriculum based upon the nature or severity of the student's disability and in accordance with the student's IEP goals and objectives.

Standardized Test (Norm Referenced Test): Are designed to give a common measure of students' performance. Since the same test is given to large numbers of students throughout the country, a common yardstick or "standard" of measure can be derived to give evaluators a picture of the skills and abilities of students.

Supported Instruction: The support of a student's education in the general education class by a paraprofessional.

Transition: A coordinated set of activities for a student, designed within an outcome-oriented process, that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. Transition services for students with disabilities may be special education, if provided as specially designed instruction, or related services, if required to assist a student with a disability to benefit from special education.

Traumatic Brain Injury: The physical damage to brain tissue or structure that occurs before, during, or after birth that is verified by EEG, MRI, CAT, or a similar examination rather than by observation or performance.

Vocational Assessment: Assessment to determine the eligibility and appropriate programming for students receiving vocational education, including assessment of skills, aptitudes, interests, work ethic and social skills.

VIII. ACRONYMS

ABA: Applied Behavior Analysis

ADA: Americans with Disabilities Act

APE: Adaptive Physical Education

AYP: Adequate Yearly Progress

BCBA: Board Certified Behavior Analyst

BIP: Behavior Intervention Plan

CBI: Community Based Instruction

CTE: Career and Technical Education

DDD: Division of Developmental Disabilities

DLM: Dynamic Learning Maps

DOE: Department of Education

DVRS: Division of Vocational Rehabilitation Services

EIP: Early Intervention Program

ELL: English Language Learner

ESSA: Every Student Succeeds Act

ESY: Extended School Year

FAPE: Free Appropriate Public Education; a right mandated for every child under federal law.

FBA: Functional Behavior Assessment

FERPA: Family Educational Rights to Privacy Act

IDEA: Individuals with Disabilities Education Act/IDEA 2004 Individuals with Disabilities Education Improvement Act

HIB: Harassment, Intimidation and Bullying

IEP: Individualized Education Program

IFSP: Individualized Family Service Plan

IHP: Individual Healthcare Plan

I&RS: Intervention & Referral Services

LAL: Language Arts Literacy

LEA: Local Education Agency

LEP: Limited English Proficiency

LRE: Least Restrictive Environment

NJSLS: New Jersey Student Learning Standards

OSEP: Office of Special Education Programs, US Department of Education

OSERS: Office of Special Education and Rehabilitative Services, US Department of Education

OT: Occupational Therapy

PLAAPF: Present Level of Academic Achievement and Functional Performance

PLEP: Present Levels of Educational Performance

PT: Physical Therapy

RBT: Registered Behavior Technician

SLD: Specific Learning Disability

SLE: Structured Learning Experience

SLS: Speech Language Specialist

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