

# **A Parent's Guide to Special Education**



**Ohio Valley Educational Service Center  
(OVESC)  
Parent Mentor Program**

This booklet was developed by the OVESC Parent Mentor Program to help you understand the special education process as you work cooperatively with your school district. You are your child's first teacher and have seen your child function in different surroundings and conditions over the span of his or her childhood. You can provide valuable information as a partner with school staff throughout your child's education. The Individuals with Disabilities Education Act (IDEA) recognizes that children are most successful when parents and professionals form partnerships to identify the strengths, needs, and developmental and educational goals for children.

Be advised, this booklet is not all inclusive of your rights and special education laws, but an overview of the process. Your rights are explained in a booklet developed by the Ohio Department of Education and titled "A Guide to Parent Rights in Special Education: Special Education Procedural Safeguards Notice". Please contact a parent mentor, your school district's special education director, or the Ohio Department of Education with questions.

Parent mentors are parents of children with disabilities who provide free peer-to-peer support (through funds from the Ohio Department of Education) to other families of children with disabilities. Parent mentors can help families understand the special education process, their rights and responsibilities, and education laws. Mentors also provide families and school districts with information, resources, and collaboration with community agencies and organizations.

Ohio Valley Educational Service Center (OVESC) Parent Mentor Program  
Cambridge 740-439-3558  
Marietta 740-373-6669



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## **Special Education**

Special Education is defined as “services, programs, and instruction specially designed to meet the individual educational needs of a student with a disability”. Special Education, for children ages 3 to 21, is guided by federal and state requirements. The federal law is the Individuals with Disabilities Education Act (IDEA 2004). IDEA protects the rights of children with disabilities and the rights of their parents. IDEA establishes a formal process for evaluating children with disabilities, and providing specialized education and services.

The state requirements are referred to as the “Ohio Operating Standards for the Education of Children with Disabilities”. The Ohio Operating Standards identify the state requirements that apply to the implementation of special education and related services to children with disabilities by school districts, county boards of developmental disabilities and other educational agencies. They provide a framework to ensure that all children receive quality education tailored to their unique needs.

### **The Guiding Principles of IDEA 2004**

There are six guiding principles addressed in IDEA 2004:

- Free Appropriate Public Education (FAPE)
- Appropriate evaluation
- Individualized Education Program (IEP)
- Least Restrictive Environment (LRE)
- Parent and student participation in decision-making
- Procedural safeguards (Your Rights)

School districts are also required to have written policies and procedures to ensure all children with disabilities within the school district limits are located, evaluated, and identified (Child Find).

### **Free Appropriate Public Education (FAPE)**

**F-** Free and at no cost to parents.

**A-** Appropriate to the child’s individualized needs, with special education and related services as described in their IEP.

**P-** Public education that meets the standards of the Ohio Department of Education.

**E-** Education provided to every eligible child with a disability between the ages of three and twenty-one. This includes an appropriate preschool, elementary or high school education.

Children with disabilities are to be provided “full educational opportunities” appropriate to the child’s needs and manner of learning.

## Eligibility for Special Education

IDEA defines “children with disabilities” as individuals between the ages of 3 and 21 who have one or more of the following categories:

- Autism
- Intellectual disability (ID)
- Hearing impairment (HI)
- Speech or language impairment
- Visual impairment (VI)
- Emotional disturbance (ED)
- Orthopedic impairment (OI)
- Traumatic brain injury
- Other health impairment (OHI)
- Specific learning disability (SLD)
- Deafness
- Deaf-blindness (D/B)
- Multiple disabilities (MD)
- Developmental delay (preschool age only)

For your child **to qualify** for special education, he/she must have a disability that **meets the criteria** of one of these categories **and** there must be evidence that the disability **adversely affects his/her educational performance**. This simply means that your child has a disability as defined in one of the categories **and** needs specialized instruction for him or her to participate and make progress in public education.

## Eligibility Determination

Eligibility is determined by a comprehensive evaluation. The evaluation process will determine if your child has a disability that **meets the criteria** for one of the categories **and** if the disability **adversely affects his/her educational performance**. This evaluation isn’t one assessment or test. Many areas or aspects of your child should be examined for affecting his/her education. According to federal and state requirements, children must be assessed in all areas of development related to the suspected disability. Refer to the evaluation section of this guide for more information.

## **Clinical Diagnosis vs Educational Identification**

Having a medical condition or clinical diagnosis does not necessarily mean that a child requires special education and related services. Medical professionals may conduct evaluations which include a physical exam, medical history, neurological exams, standardized assessments, or other specific medical tests. A clinical diagnosis can be made based on specific symptoms that can be seen or are known.

Conditions do not have to affect educational performance in order for medical professionals to make a diagnosis. In education, there must be an adverse impact on educational performance which warrants specially designed instruction and possibly related services. Therefore, a child may have a medical condition or clinical diagnosis but not meet educational criteria. Educational eligibility or identification is also not a clinical diagnosis. A clinical diagnosis can only be made by a medical professional.

## **Procedural Safeguards**

When your child is being evaluated for special education or is already eligible for special education, you and your child have legal rights and protections under the Individuals with Disabilities Education Act (IDEA 2004). These rights and protections are called procedural safeguards, and they are listed in a booklet from the Ohio Department of Education (ODE) called "A Guide to Parent Rights in Special Education: Special Education Procedural Safeguards Notice". The school district will provide you this booklet per ODE requirements throughout the special education process and upon your request.

## **Request for Evaluation**

The special education process starts with a request for evaluation which can be initiated by the child's parent, school personnel, or another agency. For example, Early Intervention or Help Me Grow Programs will initiate this referral for children before their 3<sup>rd</sup> birthday to transition to preschool services, and some preschool programs may initiate a referral to transition to kindergarten.

If you are making a request for your child, it is recommended that you make your request in writing to provide documentation. The letter should include your concerns, anything you have done to help your child, and if your child has been identified with a disability by other professionals. The school district will document the date the referral was received. This date starts the 30-day timeline to inform you what the district intends to do and to obtain your consent for an initial evaluation. If the district believes there is no suspected disability and

declines to conduct an evaluation, the district must send you a Prior Written Notice (PR-01) stating the action and reason for refusal.

School personnel may not submit a referral for evaluation without including data from interventions that have been provided to address the deficit or difficulty.

## **Interventions**

Federal and state laws require that school districts provide interventions to resolve concerns for any preschool or school-age child who is performing below grade level standards.

An intervention is a specific skill-building strategy that is implemented and monitored to help a child achieve adequate progress in a specific area (academic or behavioral). Interventions often teach new skills/techniques and provide additional instruction for the child's individual needs. Educational decisions regarding the intensity and duration of interventions are based on data from progress monitoring. Currently, academic interventions are termed Multi-Tiered Systems of Support (MTTS) and behavior interventions are termed Positive Behavioral Interventions and Supports (PBIS).

A school district may not use interventions to delay unnecessarily a child being evaluated to determine eligibility for special education services. If interventions have not been implemented prior to the referral, appropriate interventions should be provided during the same 60 time frame during which the school district conducts a comprehensive evaluation.

## **Evaluation Planning**

If a school district suspects a disability, the district will invite you to participate in the evaluation planning meeting. This is done using the Parent Invitation (PR-02) form and will include other persons that have been invited to attend. During the meeting, the Evaluation Planning Form is completed which documents the area(s) of suspected disability, all of the data and documentation that the team currently has, and the proposed assessments and evaluations. Evaluation must be comprehensive and appropriate to your child's individual needs.

You will be involved in the planning and decision making to ensure that there is an understanding of what areas will be assessed, by whom and for what purpose. At the end of the planning meeting, you must sign the Consent for Evaluation (PR-05) before the school district can complete the proposed evaluations, assessments, and data collection. When the district receives the signed parental consent, the 60-day timeline to complete an initial evaluation starts.

After the planning meeting, a Prior Written Notice (PR-01) will be sent to you explaining all the assessments and evaluations proposed in the meeting. If another area of disability is suspected during the assessment process, the team must reconvene to include the new suspected disability.

## **The Evaluation Team**

You are a member of your child's evaluation team and should be asked to provide information about your child. The professionals evaluating your child will be determined at the planning meeting and are based on your child's individual needs. Other members also include a district representative and when appropriate, your child.

## **The Evaluation**

The evaluation is performed using a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about your child, including information provided by you and existing data (Early Intervention or other professionals). The evaluation may include:

- intelligence testing to assess cognitive ability and help identify a child's specific strengths and weakness in learning
- achievement and academic testing to assess specific educational skills or areas such as reading and math
- exams for vision and hearing
- data from interventions
- speech/language evaluations
- large/gross motor evaluations
- fine motor/occupational evaluations
- social emotional assessments
- behavior assessments
- observations of your child

After the evaluation is completed, you will receive an invitation (PR-02) to meet with the team to review the Evaluation Team Report (ETR). This report includes each evaluator's assessment results with a description of your child's educational needs and implications for instruction. The report also includes a complete summary of all the assessments, the data and information provided by you, and any medical information that is educationally relevant.



After the assessment results and team summary, is an eligibility determination section. This section indicates if your child is/is not eligible and the disability category for special education and related services. On the signature page, all team members (including you) note agreement or disagreement with the evaluation and determination. Any team member who is not in agreement must attach a written statement explaining his/her reason for disagreeing. If you disagree, you may request an independent educational evaluation (IEE). The school district has 14 days to provide a copy of the ETR to you, and you will also receive a prior written notice (PR-01) of the meeting.

If the team has determined your child qualifies for special education, the school district has 30 days to hold a meeting to develop an Individualized Education Program (IEP).

If your child is not eligible for special education services, the school district may consider whether your child is eligible for services under another federal law, Section 504 of the Rehabilitation Act of 1973. The district may also determine other appropriate interventions or assistance to help your child.

### **Independent Educational Evaluations (IEE)**

An independent educational evaluation (IEE) means an evaluation conducted by a qualified examiner who is not employed by the school district responsible for the education of your child. The school district may pay for an IEE only if your child has been evaluated by the district and you disagree with the evaluation. If you request an IEE, the school district can agree and provide you with the criteria, or can disagree and submit a request to the Ohio Department of Education's Office for Exceptional Children for a due process hearing. Detailed information on this process can be found in the "Special Education Procedural Safeguards Notice".

### **Independent Services**

Your child may already have independent/private services (such as outpatient therapies), or you may obtain an evaluation by an independent evaluator at your own expense. When you provide private evaluations to the school district, the team is required to consider the findings of these evaluations. The school district is not required to implement the recommendations in your child's IEP.

## Timeline Summary

The school district has...

**30 days** from the date of the referral to determine if they will evaluate your child for a disability.

**60 days** from the date you provide written consent to evaluate your child to complete the evaluation.

**30 days** to have an Individualized Education Program (IEP) in place, if your child is found eligible for special education services.

An Individualized Education Plan (IEP) must be in place within **120 days** from the date of the referral for an evaluation if your child is eligible for special education services.

## Reevaluation

When a child qualifies for special education, a reevaluation must occur at least once every three years to determine continued eligibility unless you and the school district agree that reevaluation is unnecessary. Reevaluations are also conducted when a preschool child with the disability category of developmental delay transitions to school-age services (developmental delay is not a category for school age children), if your child's needs warrant a reevaluation, and to change a disability category. Reevaluations may not occur more than once a year unless the parent and school district agree otherwise.

Reevaluations follow the same planning and report (ETR) process as the initial evaluation, and include a review of existing evaluation data. The reevaluation team is your child's current IEP team. The Team determines if your child continues to be eligible, and the disability category for special education and related services. Your child must be evaluated before determining that he/she no longer qualifies for special education.

## Individualized Education Program (IEP)

If your child has been identified as having a disability and has been determined eligible for special education, you will be invited (PR-02) to participate with the team in writing an Individualized Education Program (IEP). It is the plan for your child's special education program and contains information about his/her strengths and weaknesses, educational goals and objectives, and supports and services needed to achieve the goals. Your child's IEP will be reviewed yearly to determine what progress has been made and whether goals, supports, and/or services need to be adjusted or changed. The IEP has a 364 day timeline based on your meeting date, but it can be reviewed sooner. You will receive a copy of the IEP and prior written notice (PR-01) from the school district within 14 days of the meeting.

When you sign the IEP giving the school district permission to provide the program and services, it becomes a legally binding document. This means the school district is now required by law to provide all the services and accommodations included in the IEP, and must work toward helping your child achieve his/her goals. The school district is not required to make sure your child meets his/her goals in a specific time frame.

### **The IEP Team**

You are the only permanent member of your child's IEP team, and your information about your child is part of this program. Other members include the regular education teacher, special education teacher, district representative, an individual who can interpret the instructional implications of evaluation results, individuals who have knowledge or special expertise regarding your child, and when appropriate your child. You can bring any person to an IEP that you need in order to feel supported and comfortable, but the law requires the person to be knowledgeable about your child or his/her disability.

### **IFSP vs IEP**

The Individualized Family Service Plan (IFSP) is used in Early Intervention programs for children ages birth through 3 and their families. The major difference between the IFSP and the Individualized Education Program/Plan (IEP) is that the IFSP focuses on the child and the family, and the services that a family needs to help them enhance the development of their child. Whereas, the IEP is an educational document for children ages 3 to 21 and focuses on special education and related services in schools.

### **PLOP and Goals**

The IEP team will develop measurable annual goals for your child's areas of need affecting his/her academic performance based on the results of the evaluation. The Present Levels of Academic Achievement and Functional Performance (PLOP) indicate your child's current academic and functional levels compared to grade level standards (and same age peers). This comparison provides a frame of reference and establishes a baseline from which your child's goals can be developed. Each of your child's goals must contain the following:

- Clearly defined behavior: the specific action your child will be expected to perform
- The condition (situation, setting, or given material) under which the behavior is to be performed

- **Performance criteria:** the level your child must demonstrate for mastery and the number of times your child must demonstrate the skill or behavior

Objectives are the smaller skills that your child needs to accomplish/master to reach the goal. School districts are required to provide you with progress reports on your child's goals as often as report cards are issued (and interim reports if applicable). This report will contain information on how your child is presently performing on each of his/her goals.

## **Specially Designed Services**

This section of your child's IEP documents the different types of special education services for your child's individual needs. These services look different for every child because they are based on how each child's disability affects his/her education.

**Specially designed instruction (SDI)** defines how your child's instruction is adapted to meet his/her unique needs. Essentially, how your child is taught and how it is different from what every child receives. The SDI statement in your child's IEP must include the content (skill), methodology (teaching strategy), and delivery of instruction (individual, small group, etc.) for each of your child's goals.

**Related services** are the supportive services your child needs to assist him/her to benefit from special education. These services may include, but are not limited to: speech-language pathology, occupational therapy, physical therapy, interpreting services, instructional aides, psychological services, audiology, medical, and orientation/mobility services.

**Assistive technology** is any item, piece of equipment, or system that helps maintain, increase, or improve your child's functional capabilities.

**Accommodations** refer to the adjustments to how your child is taught to help him/her access the curriculum with success and make progress in the academic content standards. For example: special seating, large print or Braille, visual supports, graphic organizers, extended time for timed tasks, sensory breaks, repeated/auditory directions, headphones, and audiobooks. Your child is learning the same information as their peers.

**Modifications** change the complexity of the material or academic content standards your child is being taught. Your child is not learning the complexity of the material or academic standards as their peers.

**Support for school personnel** documents the interaction between school personnel by identifying the specific support needed, who will receive it, and who will provide it. For

example, a speech pathologist may consult with the general education teacher on specific techniques for articulation skills that can be used in the classroom.

**Support for medical needs** refers to the health-related support for your child, such as: special feedings, administering medication, medical protocols, and chronic disease management.

**Transportation** includes travel to and from school and between schools; travel in and around school buildings; and specialized equipment (such as special or adapted buses, lifts, and ramps), aides, or alternative pick-up and drop-off locations.

### **Least Restrictive Environment**

School districts are required to ensure that children with disabilities are educated with children who are nondisabled to the maximum extent appropriate. Your child's IEP requires a justification statement if he/she receives services, including related services, anywhere other than in the general education setting with nondisabled peers. School districts must explain "why" the instruction can't be delivered in the general education setting, and the presence of a disability alone can not be a reason. The least restrictive environment (LRE) is anywhere the IEP team decides is appropriate for your child.

### **State and District Testing**

Children with disabilities are to be included in all statewide and district wide assessments. District tests are any that the district administers to all students in a specific content area or grade level. State tests are any that are provided by the Ohio Department of Education for use in all participating schools in the state. The IEP contains a section for documenting the accommodations for testing if your child needs any. Alternate Assessments are only available for students with a cognitive disability and the IEP team must justify the decision.

### **Extended School Year (ESY)**

Extended School Year (ESY) is any special education and related service provided beyond the normal school year of the district, including both the days of the school year and hours of the school day. ESY should be considered for your child when he/she is making great gains which would be affected by interrupting services, or when a prolonged stop in the learning process would cause a notable regression (known as recoupment). Eligibility for ESY is a team decision and data should be kept throughout the school year to make a determination.

## **Secondary Transition Planning**

Secondary transition planning focuses on what your child needs to prepare him/her for a successful life after high school, and is included in your child's IEP. This transition is important to view in the context of your child's total learning experience and build on his/her development at an early age. School districts are required to include the elements of secondary transition in your child's IEP that will be in effect when he/she turns 14 years of age, but can be completed earlier if the IEP team determines a need. Transition plans need to be reviewed and updated annually. Your child will also be invited to every IEP meeting when secondary transition is discussed.

The school district is required to complete age-appropriate transition assessments (AATA) with your child to determine his/her preferences, interests, needs, and strengths. The information from these assessments is used to develop goals for Training and Education, and Competitive Integrated Employment. The goals should focus on what your child intends to accomplish after high school. Independent Living goals can be written if assessment data indicates a need. The service listed in your child's goals is what the school district will do to help your child, and must be individualized. Progress on your child's transition goals will be reported as frequently as your child's IEP Progress Report.

## **IEP Amendment**

The purpose of the IEP Amendment is to make minor changes to your child's IEP. You and the school district may agree not to have an IEP meeting, and instead may amend or modify the current IEP. An amendment may be used to change the time or frequency of a service, modify a goal or objective, change a transportation provision, or correct minor omissions. An IEP amendment does not change the date for the annual IEP review and you will receive a copy of the amended IEP.

An amendment may not be used to change your child's type of program or placement, or to end any of your child's services. If substantial or comprehensive changes need to be made to your child's IEP, the IEP Team must convene/meet to develop a new, complete IEP.

## **504 Plan**

Section 504 of the Rehabilitation Act of 1973 is a federal law designed to protect the rights of individuals with disabilities in programs that receive federal financial assistance, which includes public school districts and institutions of higher education. Disability is defined broadly and

includes a physical or mental impairment that substantially limits a major life activity, including the operation of major bodily functions. This law guarantees that a child with a disability receives “equal access” to education.

Just like special education, an evaluation process will establish eligibility and identify a child’s individual education needs. Section 504 requires school districts to eliminate barriers that would prevent a child from participating fully in the programs and services offered in the general curriculum, and requires a documented plan.

A child who is receiving services on an IEP does not need a 504 plan, because the IEP includes educational services and support to ensure a child has access to and benefits from the general curriculum.

### **Insurance Benefit Access**

The school district must obtain initial informed consent from the parent prior to accessing insurance benefits for related services (billing your insurance for services provided at school). This notice will be provided by the district on an annual basis. Your refusal may not be used by the district to deny your child services.

### **Age of Majority**

In the state of Ohio when a child reaches their 18<sup>th</sup> birthday, they are no longer considered a minor. Under IDEA, when your child reaches the age of majority the rights afforded to you transfer to your child unless you have obtained guardianship. An explanation of these rights, a copy of “Special Education Procedural Safeguards Notice”, will be given to your child at least one year prior to his/her 18<sup>th</sup> birthday. The IEP must also include a statement that you and your child have been informed that all rights under IDEA will transfer to your child.

### **Parental Consent**

You must give your permission, in writing, for the school district to take certain actions. Permission also means that the school district gave you information about the proposed action. The school district must have your permission before:

- evaluating your child for the first time to determine eligibility for special education
- starting special education services as listed in your child’s IEP
- re-evaluating your child
- conducting extra assessments (such as a Functional Behavioral Assessment)

- changing your child's educational placement (except when it is the result of a disciplinary action)
- giving information about your child to someone other than those listed in state or federal law

### **Revoking Your Consent**

Revoking or withdrawing consent means that you take away your permission. If you decide you no longer want special education services as offered in your child's IEP you may revoke your consent. You must do this in writing. Your school district will then give you notice in writing that special education services will no longer be provided and your child will not be considered eligible for special education.

### **Prior Written Notice**

The school district must give you a written notice, called a prior written notice, within a reasonable amount of time before it proposes or refuses to take certain actions. These actions include the district initiating or changing the identification, evaluation or educational placement of your child or the provision of a free appropriate public education to your child. Details of what the notice must include can be found in the "Special Education Procedural Safeguards Notice".

### **Exiting Special Education**

When a child with a disability reaches the age of 21 or has received their high school diploma, the Individuals with Disabilities Education Act (IDEA 2004) no longer applies and the school district's responsibility including the IEP ends. An individual with a disability falls under the protection of the Americans with Disabilities Act (ADA). Education is no longer an entitlement or right, it is a privilege. A student must be "otherwise qualified" to benefit from further education. Institutions of higher education that receive federal financial assistance must provide "reasonable accommodations" to provide "equal access" to education under Section 504 of the Rehabilitation Act of 1973.

Your child may also exit special education services if he/she is determined no longer eligible. During a reevaluation, it may be determined that your child no longer has a disability that meets the criteria of one of the categories or that the disability does not adversely affect his/her



educational performance. The school district may then consider if your child is eligible for Section 504 of the Rehabilitation Act of 1973.

## **Special Education Forms**

The Ohio Department of Education provides required and optional forms for school districts. The following are some of the required forms that will be used throughout the special education process for your child.

**PR-01 Prior Written Notice to Parents** There are certain times when the school district must put in writing its decisions about your child's education and the reason for those decisions. This written communication is called "prior written notice".

**PR-02 Parent Invitation** The invitation documents the purpose of the meeting, location, and others invited, as well as your response to the invitation.

**PR-04 Referral for Evaluation** This form documents the reason for referral for special education, educational history, health/developmental problems, and other factors that may affect a child's performance in school.

**PR-05 Parent Consent for Evaluation** Your school district must get permission from you before evaluating your child for special education services.

**ETR PR-06 Evaluation Team Report (ETR)** This report includes each evaluator's assessment results with a description of your child's educational needs and implications for instruction. The report also includes a complete summary of all the assessments, the data and information provided by you, and any medical information that is educationally relevant. Eligibility for special education is determined utilizing this report.

**IEP PR-07 Individualized Education Program (IEP)** It is the plan for your child's special education program and contains information about his/her strengths and weaknesses, educational goals and objectives, and supports and services needed to achieve the goals.

**Evaluation Planning** This form is used to document the area(s) of suspected disability, all of the data and documentation that the team currently has, and the proposed assessments and evaluations. There are 2 different evaluation planning forms: preschool and school age.

## **ACRONYMS COMMONLY USED IN SPECIAL EDUCATION**

|                  |  |
|------------------|--|
| <b>ADD/ADHD</b>  | Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder |
| <b>APE</b>       | Adaptive Physical Education  |
| <b>ASD</b>       | Autism Spectrum Disorders  |
| <b>AT</b>        | Assistive Technology   |
| <b>BIP</b>       | Behavior Intervention Plan   |
| <b>D/B</b>       | Deaf-Blindness   |
| <b>DD</b>        | Developmental Delay  |
| <b>DODD</b>      | Ohio Department of Developmental Disability                          |
| <b>ED</b>        | Emotional Disturbance  |
| <b>EI</b>        | Early Intervention   |
| <b>EIS</b>       | Early Intervention Services  |
| <b>ESC</b>       | Educational Service Center   |
| <b>ESY</b>       | Extended School Year   |
| <b>ETR</b>       | Evaluation Team Report   |
| <b>FAPE</b>      | Free Appropriate Education   |
| <b>FBA</b>       | Functional Behavior Assessment                                       |
| <b>HI</b>        | Hearing Impairment   |
| <b>HIPPA</b>     | Health Information Portability and Accountability Act                |
| <b>ID</b>        | Intellectual Disability  |
| <b>IDEA 2004</b> | Individuals with Disabilities Education Act 2004                     |
| <b>IEP</b>       | Individualized Education Program                                     |
| <b>IFSP</b>      | Individual Family Service Plan                                       |
| <b>IS</b>        | Intervention Specialist  |

|               |   |
|---------------|---|
| <b>ITP</b>    | Individualized Transition Plan                                      |
| <b>LD/SLD</b> | Learning Disability/Specific Learning Disability                    |
| <b>LRE</b>    | Least Restrictive Environment                                       |
| <b>MD</b>     | Multiple Disabilities   |
| <b>MTSS</b>   | Multi-Tiered Systems of Support                                     |
| <b>OCECD</b>  | Ohio Coalition for the Education of Children with Disabilities      |
| <b>ODE</b>    | Ohio Department of Education  |
| <b>OEC</b>    | Office for Exceptional Children (Ohio Department of Education)      |
| <b>OHI</b>    | Other Health Impairment   |
| <b>OI</b>     | Orthopedic Impairment   |
| <b>OT</b>     | Occupational Therapy  |
| <b>PBIS</b>   | Positive Behavioral Interventions & Supports                        |
| <b>PLOP</b>   | Present Levels of Performance (Academic Achievement and Functional) |
| <b>PT</b>     | Physical Therapy  |
| <b>RTI</b>    | Response to Intervention  |
| <b>SCD</b>    | Social (Pragmatic) Communication Disorder                           |
| <b>SID</b>    | Sensory Integration Disorder  |
| <b>SLI</b>    | Speech/Language Impairment  |
| <b>SLP</b>    | Speech-Language Pathologist   |
| <b>SPD</b>    | Sensory Processing Disorder   |
| <b>SST</b>    | State Support Team  |
| <b>TBI</b>    | Traumatic Brain Injury  |
| <b>VI</b>     | Visual Impairment   |
| <b>504</b>    | Section 504   |

## 14 DISABILITY CATEGORIES UNDER IDEA

These are the **federal terms** and **definitions**.

**Autism** A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

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

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

**Developmental Delay** Children from birth to age three (under IDEA Part C) and children from ages three through nine (under IDEA Part B), the term developmental delay, as defined by each State, means a delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive [behavioral] development.

**Emotional Disturbance** A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

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

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

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

**Intellectual Disability** Significantly subaverage general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

**Multiple Disabilities** Concomitant [simultaneous] impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special educational program solely for one of the impairments. The term does not include deaf-blindness.

**Orthopedic Impairment** A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

**Other Health Impairment** Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that (a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child's educational performance.

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

**Speech or Language Impairment** A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

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

**Visual Impairment Including Blindness** An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

## Evaluation/Assessment Areas

**Adaptive Behavior** Adaptive and self-help skills form the foundation of childhood social, interactive, and life activities. Self-help skills enable your child to meet his/her own needs and involve activities and behaviors that eventually lead to independence, such as dressing on his/her own or pouring his/her own juice. However, adaptive and self-help skills also involve emotional and cognitive growth, such as learning to express anger with words or respecting the property of others. This is a required area of assessment when evaluating a child suspected of a cognitive disability and/or multiple disabilities.

**General Intelligence** Intelligence tests measure problem solving abilities and potential for learning, including: verbal comprehension, fluid reasoning, visual processing, short-term and working memory, long-term memory storage and retrieval, and processing speed. Intellectual development includes the acquisition and consolidation of knowledge.

**Academic Skills** Measure basic skills and the ability to apply skills in specific academic subject areas such as reading, mathematics, and written language. These assessments can also help identify risk factors that affect a child's ability to learn such as processing difficulties and learning disabilities.

**Data from Interventions** Intervention is the use of scientific, researched-based instruction for children performing below grade level standards. An intervention is a specific skill-building strategy that is implemented and monitored to help a child achieve adequate progress in a specific area (academic and behavioral).

**Communication** Speech, language and communication skills are crucial to young children's overall development, especially cognitive and social-emotional development. Being able to speak clearly and process speech sounds, to understand others, to express ideas and interact with others are major developmental tasks in early childhood. Communication includes:

- Receptive language- the ability to understand spoken language
- Expressive language- the ability to verbally express (formulate and organize) thoughts, ideas, and responses
- Phonological processing- the ability to organize individual sounds within words
- Articulation- the ability to produce sounds with accuracy
- Fluency- the rhythm of speech
- Pragmatics- is a term used for the rules of social language which includes conversational skills, using language for different purposes and strategically (changing language according to the situation), and nonverbal communication (facial expressions, emotions, body language)

**Hearing (Audiological)** Hearing loss ranges from mild (26 to 40 dB) and moderate (41 to 70 dB) to severe (71 to 90 dB) and profound (91+ dB). Language development, speech impairment, and gaps in communication and understanding occur at all levels of hearing loss and affect a child's educational performance.

**Vision** Since 80% of learning is visual, vision problems can have a profound effect on a child's development. The early detection, treatment, and accommodations for vision disorders give children a better opportunity to develop educationally, socially, and emotionally.

**Fine and Gross Motor** Motor skills include fine motor functions (like drawing or stacking blocks), visual motor integration, visual perception or processing, coordination of both sides of the body (bilateral coordination), gross motor functions (like walking and climbing stairs), muscle strength and tone, reflexes, balance and posture.

**Sensory Functioning** Sensory integration and processing involves the ability to receive and respond to sensory information: vision/sight, auditory/hearing, touch/tactile, gustatory/taste, olfactory/smell, proprioception (awareness to know where your body is in space), vestibular (sense of balance), and interoception (information regarding the internal state or condition of our body). All these senses work together for overall sensory functioning and self-regulation.

**Social/Emotional Status** Social and emotional development means how children start to understand who they are, what they are feeling and what to expect when interacting with others. This development consists of children's self regulation in:

- exploring and engaging with the environment in socially appropriate ways and ways that foster learning
- experiencing, managing and expressing one's own emotions and understanding others' emotions

Social/emotional development influences a child's self-confidence, empathy, the ability to develop meaningful and lasting friendships and partnerships, and a sense of importance and value to those around him/her. This development also influences all other areas of development.

**Physical/General Health** This includes medical information that: is educationally relevant, impacts current functioning or requires related services, potentially affects behavior or learning, and relates to medically-related assistive technology.

**Behavior Assessment** Behavior refers to a child's actions, reactions and functioning in response to everyday environments and situations. Challenging behaviors are repeated patterns of behavior that interfere with a child's ability to learn and be engaged in social interactions. Behavioral assessments are used to understand the purpose or function of a specific behavior

exhibited by a child and how the behavior is influenced by environmental events in order to develop an individual support or intervention plan.

**Physical Examination** Some medical conditions may affect a child's learning or behavior. Physical examinations are important in the early diagnosis and treatment of/accommodations for conditions which impact a child's functioning.

**Assistive Technology Needs** Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability.

**Braille Needs** A tactile system of reading and writing for individuals with visual impairments commonly known as standard English braille.

**Vocational/Transition** These assessments focus on what a child needs to prepare him/her for a successful life after high school including postsecondary education, vocation education, integrated employment, continuing and adult education, independent living, and community participation. Age-appropriate transition assessments (AATA) determine a child's preferences, interests, needs, and strengths.



## Assessment Methods and Results

**Structured Interview** You and others, who work closely with your child, can provide valuable information about your child through interviews. You have seen your child function in different environments throughout his/her childhood and can share this information through the interview process and in questionnaires you may be asked to complete.

**Structured Observation** Structured observations are used to collect data as a child explores and engages in their natural learning environment. Observations can capture the frequency, duration, intensity, or quality of a child's skills, actions, or behaviors in relation to environmental influences.

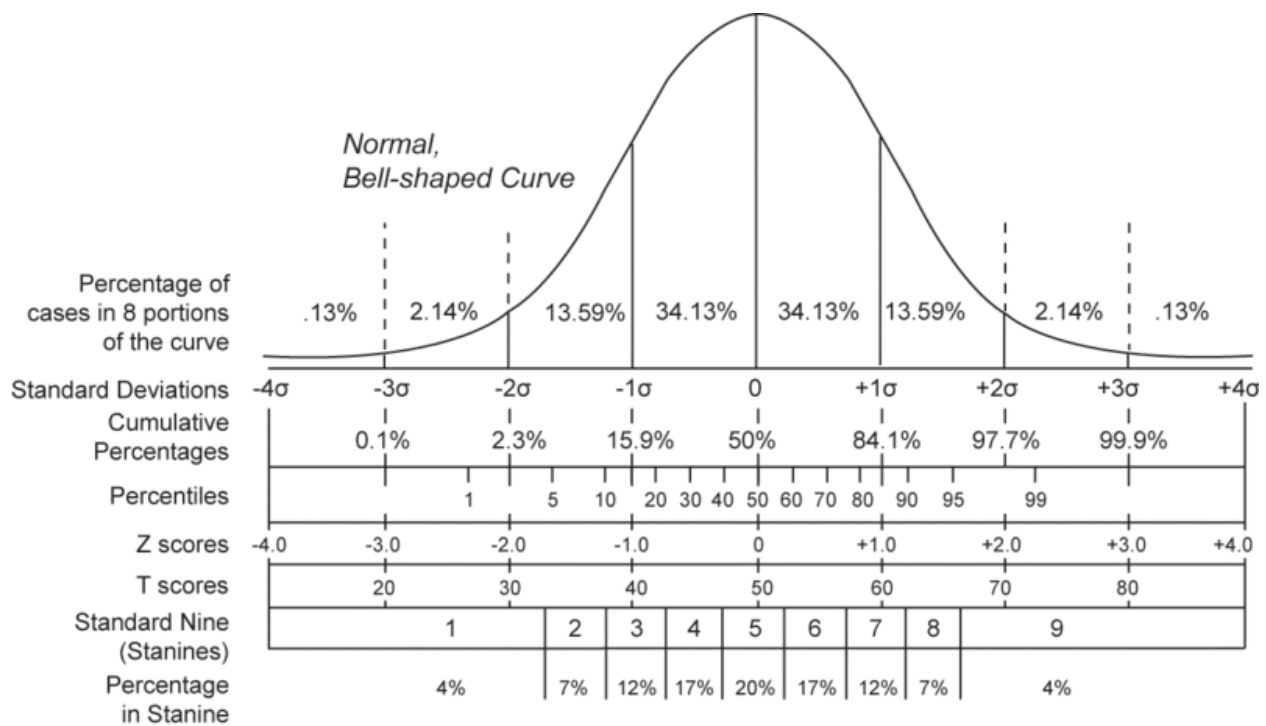
**Standardized Tests** are rigorously developed by experts to be used with large populations, and are administered according to specific standards. They can evaluate competency in academic subject areas (achievement), or predict learning potential (aptitude).

**Norm-Referenced Assessments** are standardized tests that compare a child's performance to that of peers (where a child is in relation to other children of the same age or grade).

**Criterion-Referenced Assessments** measure the specific skills or knowledge a child has mastered. They do not compare a child's relation to a group, rather they measure a child's performance against standard or established criteria (measure of achievement). They may also compare present performance with past performance as a way of measuring progress.

**Curriculum-based assessments** are developed by educational professionals to examine the progress an individual has made in learning the specific materials directly from the curriculum. These are useful in determining whether learning is occurring, but not used to determine eligibility for special education services.

**Bell Curve** is a term that refers to the bell shape of a normal distribution of scores in a population. When all scores are plotted on a graph, it forms a bell shape. Most scores fall close to the middle with few scores falling outside the average high or low. The **mean** is the middle of the bell curve or at the 50th percentile. Most tests have a mean score of 100. The bell curve is measured in units called **standard deviations** which describe how far scores spread out or deviate from the mean (or average). The mean at the center of the bell curve is 0. The closer the score is to the average, the smaller the standard deviation.



**Raw Scores** describe the number of correct answers on a test, or the number of tasks performed correctly. Raw scores are converted into standard scores, percentile ranks, grade-equivalent, and age-equivalent scores.

**Standard Scores** are raw scores that have been converted into a mean and standard deviation. This is done so that the scores can be compared at different grades or age groups by converting the scores to the same numerical scale. These scores reflect a student's rank compared to others and indicate how far above or below the mean or average the score falls. Most commonly used scoring systems have a mean of 100 and a standard deviation of plus/minus 15. Scores between 85 and 115 are the middle two-thirds of those tested.

**Z-scores** are a type of standard score with a mean of 0 and a standard deviation of 1. Typically it's a measure of how many standard deviations below or above the population mean a raw score is.

**T-scores** are a type of standardized score often used to qualify behavior, where 50 is the mean with a standard deviation of 10. A high T-score can indicate something good or bad depending on what it is measuring.

**Stanines** are another type of standardized score. Stanines have a mean or average of 5 with a standard deviation of 2, and have a scale from 1-9.

**Percentile ranks** describe a child's rank or position when compared to other children who are the same age or in the same grade. Percentile ranks are not equal units (ranks cluster around the mean, and stretch out at the low and high ends of the bell curve). If a child earns a percentile rank of 75 on a standardized test, the child scored as well or better than 75 percent of his/her peers. Percentile ranks are not the same as percent of correct answers on a test.

**Descriptive Classification/Category** describes a student's performance compared with the same age/grade peers (average, above/below average, significantly above/below average, extremely above/below average).

**Age-equivalent scores** are reported as years and months. AE: 7-6 or 7:6 means 7 years, 6 months.

**Grade-equivalent scores** are reported as grades and months. GE: 7.6 means 7th grade, 6th month. On most tests, a "month" equals one-tenth of a school year.

**Subtests** Most psychological and educational tests are composed of several subtests, or mini-tests, which assess specific skills and abilities. **Scaled scores** are the most commonly used scoring system for subtests. Scaled scores are standard scores that have a mean of 10 and a standard deviation of 3 (with a range from 1-19). Two or more subtests are often combined to report an area of knowledge called a **composite score, cluster score, or index score**. Most of these scores have a mean of 100 and a standard deviation of 15. **Subtest scatter** refers to the variability of individual subtest scaled scores within a test. Common methods for measuring scatter are to examine the difference between the highest and lowest scaled scores within a test or to examine the difference between subtest scores and the average scores across all subtests.

## Evaluation Process Checklist

### Step 1 Suspected Disability/Evaluation Planning Meeting

The school district will invite you to participate in the suspected disability/evaluation planning meeting. If your child is determined to have a suspected disability, the Evaluation Planning Form is completed which documents the area(s) of suspected disability, the current data and information, and the proposed assessments based on your child's individual needs. The evaluation isn't one assessment or test, and multiple people (a team) will be completing the evaluation. Your child will be evaluated/assessed in all areas (developmental, academic, and functional) related to the suspected disability. The evaluation may include:

- intelligence testing to assess cognitive ability and help identify your child's specific strengths and weaknesses in learning
- achievement and academic testing to assess specific educational skills and areas
- exams for vision and hearing
- data from interventions
- speech/language evaluations
- large/gross motor evaluations
- fine motor/occupational evaluations
- social emotional assessments
- behavior assessments
- observations of your child

You must sign consent before the evaluation/assessments can begin. If you refuse consent, your child will not be evaluated. Once consent is given, the district will have **60 days** to complete the evaluation. During the evaluation you may be asked to provide information (such as medical reports, developmental history) or complete questionnaires about your child.

### Step 2 Evaluation Team Report (ETR) Meeting

After the evaluation is completed, you will be invited to a meeting to review the Evaluation Team Report (ETR). This report includes all of your child's assessment results and a description of his/her educational needs. The results of the evaluation are used to determine your child's eligibility for special education (if there is a disability that meets one of the criteria and evidence that the disability adversely affects educational performance) and make decisions about an appropriate educational program. If your child is not eligible, the team may determine other interventions, accommodations, or supports your child needs. You have the right to disagree with the results of the evaluation or the eligibility decision. Refer to the Special Education Procedural Safeguards Notice\*.

### **□ Step 3 Individualized Education Program (IEP) Meeting**

If your child is determined eligible for special education by the evaluation team, the district has **30 days** to develop an Individualized Education Program (IEP) for your child. The IEP is the plan for your child's special education program and contains information about his/her strengths and weaknesses, educational goals and objectives, and the supports and services needed to achieve the goals. You are a member of your child's IEP team and will be invited to the meeting to write the IEP. If you agree with the IEP, you will sign consent giving the school district permission to provide the program and services for your child. You will receive reports of your child's progress on their goals as written in the IEP.

If you disagree with the IEP or refuse consent, refer to the Special Education Procedural Safeguards Notice\*.

### **□ Step 4 Annual IEP Meeting**

Your child's IEP is reviewed annually to discuss progress, develop new goals and objectives, and determine services and supports. The IEP can be reviewed or amended sooner if needed. You are a member of your child's IEP team and will be invited to the meeting. You can agree or disagree with the proposed changes. If you disagree with any changes in the IEP, your child will continue to receive the services listed in the previous IEP until an agreement is reached. If the disagreement continues, refer to the Special Education Procedural Safeguards Notice\*.

### **□ Step 5 Reevaluation for Eligibility**

A reevaluation to determine whether your child continues to be eligible for special education is completed at least every three years (or sooner if there is a need). This restarts the special education process at step 2 with an Evaluation Planning Meeting.