

## Chapter 2 Referral Standards

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### Referral Standards

#### Documentation of Interventions

Before a student is referred for a special education assessment, the district will conduct and document at least two instructional strategies, alternatives, or interventions while the student is in the regular classroom. The student's teacher will provide the documentation. A special education team may waive this requirement when they determine the student's need for the assessment is urgent. A student will not be denied the right to a special education assessment based on this requirement.

A school district may use alternative intervention services such as assurance of mastery programs and supplemental early education programs to serve at-risk students who demonstrate a need for alternative instructional strategies or interventions.

#### Nonpublic and Interagency Referrals

Special education instruction and services may be provided to students from birth until July 1 after the child with a disability becomes 21 years old, but will not extend beyond secondary school or its equivalent. Local health, education, and social service agencies must refer children under age five who are known to need or suspected of needing special instruction and services to the school district. A full range of education programs and services will be provided for children with a disability.

Primary referral sources include:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Parents;
- Day Care programs;
- Local educational agencies;
- Public Health facilities;
- Other social service agencies; and
- Other health care providers.

## Referral Process for Students Birth to Pre-K

Districts use the following referral process for students between birth to pre-kindergarten:

Referral is the formal, ongoing process for reviewing information related to children who show signs of needing special education services. The referral process includes reviewing screening information and deciding whether or not to conduct an evaluation. A referral may be made by anyone who has a concern.

### The individual taking the referral:

1. Gathers as much information as possible from the referral source and completes the top two-thirds of the form entitled [ECSE Referral Form](#).
2. Arranges for a home visit to be conducted by a representative of the Interagency Central Referral Team (CRT). This may be an ECSE teacher, a public health nurse, a social worker, or a combination of personnel depending upon the known priorities of the child and family.

Reminder: Once the agency receives a referral and has determined the need for an evaluation, the team will complete the evaluation activities and hold an Individual Family Service Plan (IFSP) meeting within 45 calendar days. The 45 day “clock” begins when a phone call of referral is made to the public agency. Evaluations for children over age three must be completed within 30 school days.

### Activities for Initial Home Visit:

1. Complete the [ECSE Referral Form](#) and [Central Referral Team \(CRT\) Consent for the Release and Exchange of Information](#) forms. Give a copy of each form to the parent along with the **Notice of Procedural Safeguards**.
2. Interview the parent(s)/guardian(s) to gather information needed to complete the **Family Thoughts** page of the Individualized Family Service Plan (IFSP) and any other informational document desired by the county's Central Referral Team.
3. Conduct a developmental screening unless the child was referred from a screening activity such as Early Childhood Screening, Child and Teen Checkup, or a Head Start screening (see [Head Start Referral Form](#)).
4. Carefully observe the child in order to complete the [ECSE Observation Form](#).
5. Summarize the results of the screening and discuss the next steps with parent(s)/guardian(s):

If the results of the screening and observation, combined with the information gathered from the parent, indicate no concerns, suggest local resources available to the family. Always leave a contact name and phone number.

OR

If the results of the screening and observation, combined with the information gathered from the parent, indicate no concerns at this time but suggest that it would be wise to track the child's development, arrange a tracking plan appropriate to the age of the child and utilizing interagency resources. Refer to the flow chart entitled **Early Childhood Interagency Central Referral Process**.

OR

If an educational evaluation is indicated, explain the next steps to the parent. Offer an opportunity for questions, and if possible, schedule a visit to plan the evaluation.

6. Identify an interagency service facilitator/coordinator.

## Service Coordination

Once the public agency receives a referral, a service coordinator is appointed to carry out coordination activities on an interagency basis. Service coordination must promote a family's capacity and competency to identify, obtain, coordinate, monitor, and evaluate resources and services to meet the family's needs.

Service coordination activities include:

- coordinating the performance of evaluations and assessments;
- facilitating and participating in the development, review, and evaluation of individualized family service plans;
- assisting families in identifying available service providers;
- coordinating and monitoring the delivery of available services;
- informing families of the availability of advocacy services;
- coordinating with medical, health, and other service providers;
- facilitating the development of a transition plan at least 90 days before the time the child is no longer eligible for early intervention services, if appropriate;
- managing the early intervention record and submitting additional information to the local primary agency at the time of periodic review and annual evaluations; and
- notifying a local primary agency when disputes between agencies impact service delivery required by an IFSP.

## Referral Process for Students Ages 5 - 21

Districts use the following referral process for students between the ages of 5 and 21:

A concern is identified by a parent or teacher;

1. School districts are under an obligation to respond to either a verbal or written request for evaluation. The U.S. Office of Special Education and Rehabilitative Services (OSERS) clarifies this point:

A school professional may ask that a child be evaluated to see if he or she has a disability. Parents may also contact the child's teacher or other school professional to ask that their child be evaluated. This request may be verbal or in writing. Parental consent is needed before the child may be evaluated. Evaluation needs to be completed within a 30 day time period after the parent gives consent. A guide to the Individualized Education Program, Office of Special Education and Rehabilitative Services, U.S. Department of Education. p. 2 (July 2000).

2. Information is gathered on the student using the [Child Study Worksheet](#); and
3. At least two pre-referral interventions are conducted and results are documented.

\*There are situations when a student's special education evaluation team may waive the pre-referral intervention requirements. This may include a student who enters the district with a documented history of blindness, deafness, cognitive delay, paraplegia, autism, traumatic brain injury, or a student whose disability is well documented or has had an IEP in the last 12 months. Parents may also request an evaluation. The district is obligated to conduct the evaluation whenever the district is unable to convince the parent(s) to consider other interventions before proceeding to evaluation.

4. If concerns persist and performance is discrepant from classmates/norms, the teacher submits pre-referral information and interventions to the Student Support Team (SST) to initiate special education referral.
5. The SST reviews pre-referral information and interventions and may contact the parent, teacher(s) or others for additional information.
6. A multidisciplinary team will discuss the referral. If the team determines the referral is appropriate, an evaluation plan will be written. The team will also complete a Parent Consent/Objection Form and Prior Written Notice. Documents will be sent to parents for review and written approval.
7. If it is determined that an evaluation is not appropriate, the multidisciplinary team will discuss options for action. A [Parent Consent/Objection Form](#) and [Prior Written Notice](#) will be provided to the parents.

The team should consist of the following personnel whenever feasible:

- licensed special education staff;
- a person knowledgeable in evaluation for the specific disability;
- parent\*; and
- the referring person (when appropriate)

\* Parents must be provided with the opportunity to participate in the decision-making when their child is being considered for special education evaluation. The parent must be notified of the intent to develop an evaluation plan. It is recommended that the parent and classroom teacher discuss concerns regarding the student prior to the referral which should be made to the building SAT/SST to implement and review the interventions already attempted, determine the need for evaluation, and assign a case manager. The district staff assigned will provide the parent with an opportunity to have any questions or concerns answered about the evaluation process and the instruments used.

If the parent wishes to be a part of the planning process but is unable to attend the meeting, the case manager should seek input and provide the parent with an opportunity to have questions answered. Attempts to include the parent in the meeting and/or opportunities for participation should be documented on the student's Parent Contact Documentation.

## Documentation

- ECSE District Profile (filed in individual districts)
- Contacts to Reach Each Unique Primary Referral Service (filed in county IEIC documents)
- Brochures Provided to Outside Agencies and Medical Professionals (filed in county IEIC documents)
- [Example: ECSE Referral Form](#)
- [Early Intervention Contact Log](#)
- [Central Referral Team Cover Letter to Parents](#)
- [Parent Packet:](#)
  - [Early Childhood Interagency Central Referral Process Diagram](#)
  - [Central Referral Process Description](#)
  - [Central Referral Team \(CRT\) Consent for the Release and Exchange of Information](#)
  - [ECSE Interagency Information Profile](#)
  - [ECSE Immunization Record](#)
  - [Request for Student Social Security Number](#)
  - [Family Thoughts: Family Considerations and Concerns](#)
- [ECSE Observation Form](#)
- [Notice of Procedural Safeguards Brochure](#)
- [Head Start Referral Form](#)
- [Referral Procedures for Special Education Evaluation: Public School Students](#)
- [Referral Procedures for Special Education Evaluation: Nonpublic School Students](#)
- [Nonpublic School Parent Referral Form](#)
- [Procedural Safeguards for Nonpublic Special Education Students](#)
- [Example: Learner Performance Review Form](#)
- [What is Special Education Brochure](#)

## Example: ECSE Referral Form

Referral Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School District: \_\_\_\_\_

Reason for Referral:

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number City State Zip

Directions to Home:

I understand that the following agencies will be involved with the evaluation process. I give my permission for the agencies listed below to exchange the following information about my child: educational, medical, behavioral, social data, and family information as it relates to his/her development. This information is to assist the following agencies in providing services for my child/family. Other information may include:

- \_\_\_\_\_ Public Schools
- \_\_\_\_\_ County Public Health Service
- \_\_\_\_\_ County Family Services
- Clinic \_\_\_\_\_
- Physician \_\_\_\_\_
- Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Central Referral Team Cover Letter to Parents

Student's Full Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Date: \_\_\_\_\_

(MM/DD/YY)

### CENTRAL REFERRAL TEAM MEETING

Dear \_\_\_\_\_

Your initial visit is scheduled for the following time and date:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please find enclosed a Parent Packet containing important information for you to read. This packet explains the referral process and what may happen at our initial visit.

There are two sets of forms, one with referral information and another with a release and exchange of information. We will explain these and ask that you sign them the day of our initial visit. Please check to make sure the information is complete and correct.

Also enclosed is an Early Childhood Special Education Interagency Information Profile form, an immunization form, a request for student Social Security number, a Family Thoughts form and a questionnaire to be completed regarding your child's skills, either a Child Development Inventory (CDI) or a Kent Inventory of Developmental Skills (KIDS). Please try to have these completed before the scheduled initial visit with the Public Health Nurse, Interagency Family Facilitator (or Social Worker), and the Early Childhood Special Education Teacher. We will go over these forms with you at that time. This meeting will take approximately one hour. There is no cost to you for this service.

Any medical reports or records pertinent to your child's development, (hearing or vision testing, surgeries, etc.) would also be very helpful. Please include dates, clinics, hospitals, or doctors whenever possible. All information is kept confidential and a Notice of Procedural Safeguards is enclosed.

If you have any questions, please call \_\_\_\_\_ ECSE Teacher, at \_\_\_\_\_ or \_\_\_\_\_, Public Health Nurse at \_\_\_\_\_.

Sincerely,

Early Childhood Special Education Teacher

HVED  
Interagency  
Central Referral System

# Parent Packet

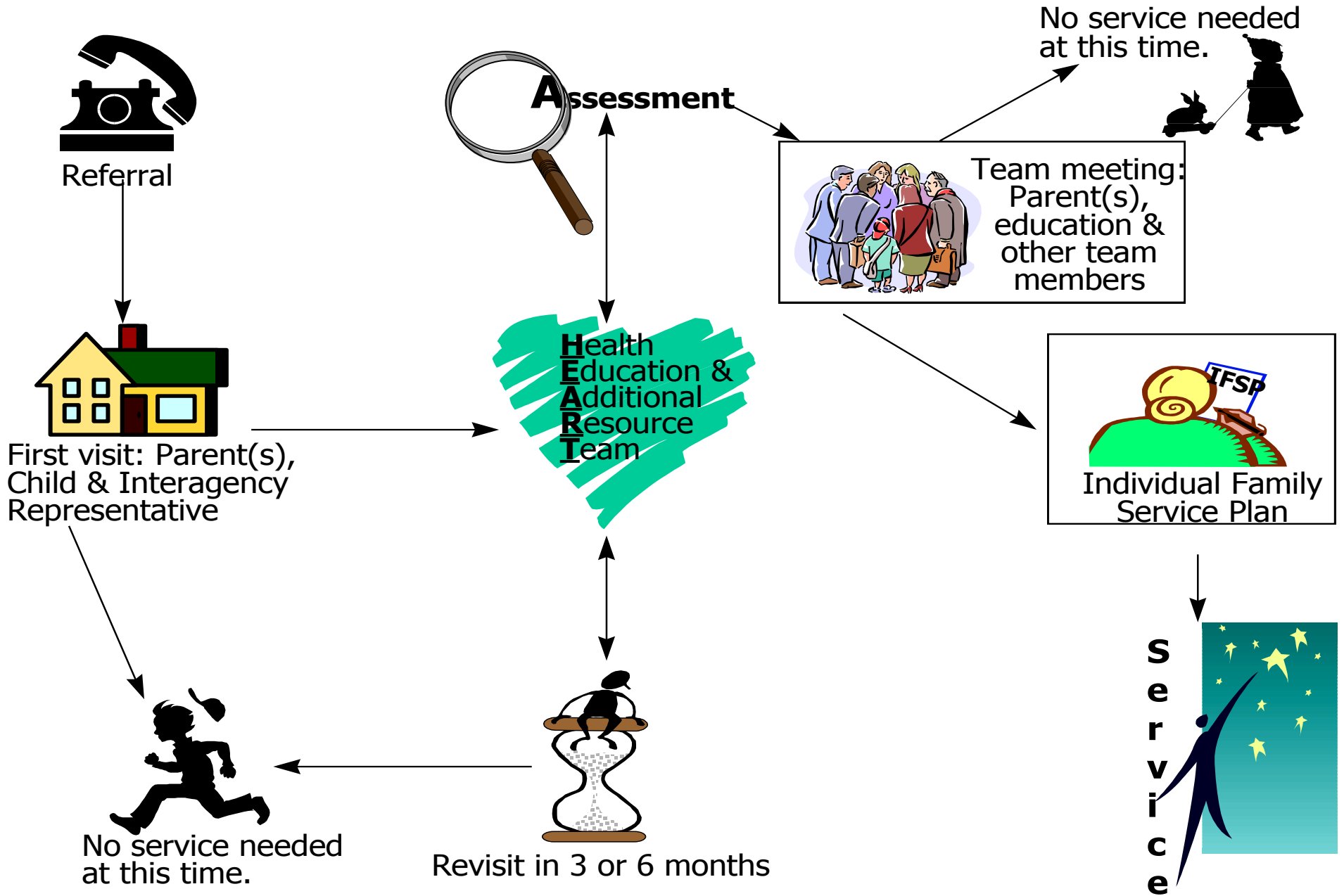
Serving the Districts of:

HVED

Name of Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Early Childhood Interagency Central Referral Process



## Central Referral Process Description

### *Referrals*

- Referrals can be made by anyone. They will be shared with the Central Referral Team (CRT). An initial visit will be scheduled with you and your child at your convenience. You will be sent a notice of the scheduled visit along with a Parent Packet. Please complete the packet and return it prior to the initial visit.
- The Central Referral Team can include you the parent, the child, Public Health Nurse, the early childhood teacher, a Family Service representative, interagency family facilitator, and anyone else you have asked to be a part of the meeting.
- During the Central Referral Team meeting, we will review the background/health and developmental history in the parent packet. At the meeting, the Central Referral Team will complete a developmental (language, thinking, movement, self-help) checklist and screening form. We will also:
  1. ask you to share your concerns and information;
  2. list resources and strengths of child and family;
  3. list priorities and concerns of child and family; and
  4. recommend possible outcomes.

### *Possible Outcomes*

#### No Service Recommended

If your child and family do not need further testing or follow-up, we will ask you to sign an agreement stating this. We will give you the name and number of a contact person you may call if you have questions later on.

#### Follow-Up

If your child and family want to be followed, we will assign a contact person who will check in with you from time to time. In some cases, an Individual Family Service Plan (IFSP) will be written by the team to meet your child and family needs.

#### Team Assessment

If your child and family needs or wants further testing, we will name those who will be involved. The contact person will schedule a meeting (conference) with you after all testing is done. At the conference, the testing results will be explained. The resources and priorities of your child and family will then be discussed. Based on this information the team will decide if:

1. no services are needed;
2. a follow-up program will be used;
3. a follow-up plan will be written; or
4. a specific plan for service will be written. If an Individual Family Service Plan (IFSP) is written, the team will identify goals, who will provide the service, how often, and where the service will be provided at no cost to you.

Note: With every service option, you will be given a contact person name and phone number.

**Central Referral Team (CRT) Consent for the Release and Exchange of Information**

HVED	Child's Name:	DOB:
	Parent(s) Names:	
	Parent(s) Names:	
	Address:	

**Type and Use of Information**

A. Type:

I authorize the designated members of HVED Referral Team to give information to, to receive information from, and to exchange information with other members of the Team as follows:

- |  |   |
|--|---|
| <input type="checkbox"/> Screening information   | <input type="checkbox"/> Behavioral information |
| <input type="checkbox"/> Diagnostic information  | <input type="checkbox"/> Medical information    |
| <input type="checkbox"/> Educational information | <input type="checkbox"/> Social history         |
| <input type="checkbox"/> Other: _____            |   |

B. Use:

This information is needed to assist the Team in:

- determining if additional evaluation is needed
- provision of services
- determining what services are most appropriate
- evaluating the current service plan
- developing a service plan
- other: \_\_\_\_\_

**Understanding**

I understand that the information to be exchanged will be treated as private data as governed by the Minnesota Government Data Practices Act. This means that the release of information, other than stated above, will not be made without my further signed consent. Members of the Hiawatha Valley Education District Referral Team may include representatives of:

- District #6013 Community Schools
- County Public Health Services
- County Family Services
- County Head Start
- MN Children with Special Health Needs (MCSHN)
- \_\_\_\_\_ Clinic/Physician
- \_\_\_\_\_ Other

I understand that the Team cannot release information disclosed by this consent to anyone other than those listed above unless I give written permission. I understand that I will receive a copy of the Confidentiality Document signed by those agency representatives present at Interagency staffings concerning my child.

I further understand that my consent terminates on \_\_\_\_\_ (no more than one year after date signed), unless I choose to revoke it in writing earlier.

Parent: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Early Childhood Special Education Interagency Information Profile**

HVED	Child's Name:
	Birthdate:
	Date:

Questions or concerns of family members/teachers/doctors/daycare providers regarding child:

**Family Information:**

Brothers/Sisters	Sex	Birthdate	Education
	Male or Female		
	Male or Female		
	Male or Female		

Others Living in House	Relationship

**Health Information:**

Has child had any previous screenings/assessments? Describe: (child's)

Child's Primary Physician/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has child seen a medical specialist?  Yes  No If yes, who?

Physician Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has child had a vision screening?  Yes  No

Ophthalmologist/Optomtrist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has child had a hearing screening?  Yes  No

Audiologist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Family Health History:**

Do any of your child's family members have any major illnesses or problems which could impact your child?

Yes  No If yes, explain:

**Prenatal History:**

What (if any) problems did this child's mother have during this pregnancy?

How much of the following did mother use throughout this pregnancy?	0-3 months	4-6 months	7-9 months
Prenatal vitamins			
Prescription drugs			
Laxatives			
Aspirin/Tylenol			
Over the counter drugs			
Cigarettes			
Alcohol			
Street drugs			
Other-describe _____			

**Labor/Delivery:**

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_

Wks/Gestation: \_\_\_\_\_ Type of labor: \_\_\_\_\_

Vaginal Delivery  C-Section Reason: \_\_\_\_\_

Complications of Labor/Delivery: \_\_\_\_\_

### **Birth History:**

Birth Weight \_\_\_\_\_ Birth Length \_\_\_\_\_ O F C \_\_\_\_\_ Apgars: 1 \_\_\_\_ 5 \_\_\_\_

Did baby have difficulties at birth or shortly after?  Yes  No. If yes, describe below:

Did the baby have difficulty with sucking or crying when first brought to mother?  Yes  No. If yes, describe below:

Did baby breathe on own?  Yes  No

Was oxygen required for the baby?  Yes  No

Did the baby cry immediately when born?  Yes  No

During hospital stay, did the baby have yellow jaundice, rash, blue spells, or convulsions?  Yes  No

Did the baby stay longer than the mother in the hospital?  Yes  No. If yes, please describe:

### **Neonatal:**

Did child have any problems during the first 28 days of life?  Yes  No. If yes, explain:

#### FEEDING PROBLEMS:

Was infant/child breast or bottle fed?  Breast  Bottle

Difficulty with tongue thrust movements/sucking?  Yes  No

Infant/child chokes easily?  Yes  No

Has difficulty chewing?  Yes  No

Has difficulty swallowing?  Yes  No

Special diet?  Yes  No If yes, describe: \_\_\_\_\_

Describe appetite: \_\_\_\_\_

Foods not tolerated (type): \_\_\_\_\_

Pica (type): \_\_\_\_\_

Pacifier:  Yes  No Weaned:  Yes  No When: \_\_\_\_\_

### **C h i l d h o o d I l l n e s s e s :**

Has child had any childhood illnesses/allergies?  Yes  No

If yes, explain: \_\_\_\_\_

If child has had any accidents/hospitalizations/surgeries, please list date(s) and reason(s):

Were there other important illnesses for which he/she was not hospitalized?  Yes  No

If yes, explain:

Does child have a known medical diagnosis?  Yes  No

Are child's immunizations up-to-date?  Yes  No

Has the child had their blood tested for lead?  Yes  No

Was the house built before 1980?  Yes  No

### **C u r r e n t M e d i c a l S t a t u s :**

Current medications. If any, list name, dosage and frequency:

Describe medical treatments:

Describe any physical limitations or restrictions of child:

Are all your medical concerns being met (i.e., financial, transportation, resources, etc.)?  Yes  No. If No, explain:

### **D e v e l o p m e n t a l H i s t o r y / C o n c e r n s**

At what age did child: sit \_\_\_\_\_ crawl \_\_\_\_\_ walk \_\_\_\_\_ talk \_\_\_\_\_

What does your child enjoy doing?

Do you think your child should be doing more for his/her age?  Yes  No. If yes, explain.



## ECSE Immunization Record

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

### IMMUNIZATION HISTORY

<small>Fill in the MO/DAY/YR information for children 2 months of age and older.</small> <small>Vaccines/doses in shaded boxes are not required by law.</small> <small>If child received a combined shot (like HIB-hep B), write the date in all the boxes that apply.</small>				
Diphtheria, Tetanus, Pertussis (DPT)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> <li>3 doses during 1<sup>st</sup> year <i>(at 2-month intervals)</i></li> <li>4<sup>th</sup> dose at 12–18 months</li> <li>5<sup>th</sup> dose at 4–6 years or at school entrance</li> </ul>	1			
	2			
	3			
	4			
	5			
<small>Indicate vaccine type: DTaP or DT.</small>				
Polio (IPV and/or OPV)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> <li>3 doses at 2-18 months</li> <li>4<sup>th</sup> dose at 4–6 years or at school entrance</li> </ul>	1			
	2			
	3			
	4			
Measles, Mumps, Rubella (MMR)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> <li>Required for children 15</li> </ul>	1			

### SIGNATURES(S)

- A. For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

\_\_\_\_\_  
 Signature of Parent/Guardian or Physician/Public Clinic                      Date

- B. For children who are younger than 15 months or who have not received all the immunizations required by law for child care:

I certify that the above-named child has received the immunizations indicated to the left and:  
 \_\_\_ will complete the immunizations required by law for child care within 18 months; and/or  
 \_\_\_ immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunization(s) \_\_\_\_\_

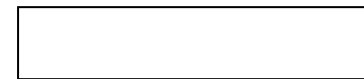
\_\_\_\_\_  
 and/or;  
 \_\_\_ the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.

\_\_\_\_\_  
 Signature of Physician or Public Clinic                      Date

- C. If the parent/guardian **conscientiously opposes** immunizations:

I hereby certify by notarization that:  
 \_\_\_ I am opposed to all immunizations.  
 \_\_\_ I am opposed to only the vaccines indicated and have had my physician or health care provider complete Section B above. Vaccine(s) I oppose are: \_\_\_\_\_

<ul style="list-style-type: none"> <li>months and older</li> <li>Must be given on or after 1<sup>st</sup> birthday</li> <li>2<sup>nd</sup> dose at 4-6 years</li> </ul>		2			
Haemophilus Influenzae type b (Hib)	Vaccine		MO	DAY	YR
<ul style="list-style-type: none"> <li>3-4 doses for children at 2-15 months</li> <li>1 dose &gt; 12 months required</li> <li>1 dose for previously unvaccinated children</li> <li>15 months – 5 years</li> <li>Not indicated for children 5 years or older</li> </ul>		1			
		2			
		3			
		4			
Varicella (Chickenpox)	Vaccine		MO	DAY	YR
<ul style="list-style-type: none"> <li>1 dose between 12-18 months</li> </ul>					
	Disease Date:				
Pneumococcal Conjugate Vaccine (PVC)	Vaccine		MO	DAY	YR
<ul style="list-style-type: none"> <li>2-4 doses for all children 2-24 months</li> <li>Consider for unvaccinated children at 24-59 months in child care</li> <li>Not indicated for children 5 years or older</li> </ul>		1			
		2			
		3			
		4			
Hepatitis B (Hep B) – required for kindergarten	Vaccine		MO	DAY	YR
<ul style="list-style-type: none"> <li>3 doses between birth and</li> </ul>		1			



18 months		2			
		3			

## I

### *Who should complete and sign this form?*

Either the parent/guardian, physician/clinic, or ECSE representative can fill in the child's immunization history. Who signs depends on the child's age and situation:

- If the child is at least 15 months old and has had all the shots required by law (4 DTP, 3 MMR, and at least 1 Hib), a parent or guardian can sign the form in Section A.
- If the child is younger than 15 months or has not had all the shots required by law, a doctor or health nurse must sign in Section B.
- If there are medical reasons why a child can't have or doesn't need any shot(s), a doctor or health nurse must sign Section B.
- If a parent or guardian objects to a certain shot, a doctor or representative from a public health clinic must sign the form in Section B, and the parent or guardian must complete Section C and have it notarized by a notary public.

### *Notes for Parents*

1. **Give your child's immunization history to the ECSE provider when you enroll.**

By law, ECSE programs, like all schools, must keep a form like this one on file for each child. The only exceptions are if your child has a medical reason for not receiving a shot or you are conscientiously opposed to immunization.

2. **Keep track of your child's shots, and tell your ECSE provider when you enroll.**

It will save you time if you keep a shot record for each of your children. Be sure to have the shot record updated each time your child receives a shot.

ECSE will be one of many times you will need the shot record. You will also need this record for day care, school, camp, college, and if you go to a new doctor or clinic.

3. **If your child is not up-to-date on his or her shots, you can catch up.**

By law you have 18 months after enrolling your child to have all his or her required shots.

Minnesota children are still getting diseases like measles, mumps, and rubella. These diseases are contagious. They can spread rapidly, especially among groups of children who have not received their shots. And some of them, like pertussis (whooping cough), are much more serious for children than they are for adults. As a parent, you can protect your children by making sure they get all their shots.

### Notes for ECSE Providers

1. Be sure you have a complete immunization history on file for all children 2 months of age and older.
2. Keep track of the date when each child's required immunizations are due by law.

If a child is 2 months of age or older and has not yet received all their required shots, you should note the date when these immunizations will be due by law – 18 months after the child enrolls in your facility.

By law, preschoolers in ECSE must have 4 DPT, 3 polio, 1 MMR, and at least 1 Hib immunization. Immunizations against hepatitis B and chicken pox are not required by law; however, these immunizations are strongly recommended for children in ECSE and the hepatitis B vaccine series is required for kindergarten entry.

3. Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine. (DTaP and DTP contain pertussis vaccine: DT does not).

Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis disease occurs in your program, you will need to be able to quickly identify which children are protected and which are not.

4. Remind parents to immunize children on time.

You are in an excellent position to help remind parents about immunizations.

Make sure the immunization records you have on file for each child are up to date, and regularly remind parents when shots are due.

Ask your local health department for an updated immunization schedule each calendar year so you will have the latest information on hand.

### Questions?

If you have a question about immunizations, call your clinic or your local public health department.

**Family Thoughts: Family Considerations & Concerns:**

Child's Name: \_\_\_\_\_

Family Considerations and Concerns for the Individualized Family Service Plan

1. Please describe how you see your child. Tell what you most like, any concerns or needs. (Please use the back or additional paper if desired).

2. Which of the following do you or other family members feel are important concerns or areas about which you would like more information?

- | for your child  | for your family  | for your family cont'd  |
|---|--|---|
| <input type="checkbox"/> getting around                 | <input type="checkbox"/> meeting other families whose child has similar needs                      | <input type="checkbox"/> help with insurance                          |
| <input type="checkbox"/> communicating                  | <input type="checkbox"/> planning/expectations for future  | <input type="checkbox"/> information about recreational opportunities |
| <input type="checkbox"/> learning                       | <input type="checkbox"/> finding a support group   | <input type="checkbox"/> interpreter – language                       |
| <input type="checkbox"/> eating, nutrition              | <input type="checkbox"/> information/ideas for brothers, sisters, friends, relatives, others       | <input type="checkbox"/> other  |
| <input type="checkbox"/> sleeping                       | <input type="checkbox"/> finding or working with doctors/other specialists                         |   |
| <input type="checkbox"/> toilet learning                | <input type="checkbox"/> coordinating child's medical care   |   |
| <input type="checkbox"/> having fun with other children | <input type="checkbox"/> coordinating/making appointments, dealing with agencies                   |   |
| <input type="checkbox"/> challenging behaviors/emotions | <input type="checkbox"/> learning about different services and how they work                       |   |
| <input type="checkbox"/> equipment or supplies          | <input type="checkbox"/> information about available resources                                     |   |
| <input type="checkbox"/> health or dental care          | <input type="checkbox"/> information about specific special needs                                  |   |
| <input type="checkbox"/> pain or discomfort             | <input type="checkbox"/> explaining professional terms/roles                                       |   |
| <input type="checkbox"/> vision                         | <input type="checkbox"/> help with transportation (to school, appointments, or vehicle adaptation) |   |
| <input type="checkbox"/> hearing                        | <input type="checkbox"/> finding child care  |   |
| <input type="checkbox"/> other                          | <input type="checkbox"/> people who help in your home/care for your child so you can have a break  |   |
|   | <input type="checkbox"/> assistance with housing, clothing, jobs, food, telephone                  |   |
|   | <input type="checkbox"/> assistance in obtaining funds for extra cost of child's special needs     |   |

Notes

3. What type of help would you want for your child and family in the months or year ahead?

4. What else do you think would be helpful for others to know about your child? . . . about your family?

## ECSE Observation Form

Child \_\_\_\_\_ Adult \_\_\_\_\_

Setting \_\_\_\_\_ Date \_\_\_\_\_

Child Observations: Who is this child?

Play/Activity

Cognitive

Motor

Social/Behavior

Speech/Language Communication

Summary/Comments:

Completed on Initial Intake Visit and again during evaluation.

# Notice of Procedural Safeguards Brochure

## NOTICE OF PROCEDURAL SAFEGUARDS

### *PARENTAL RIGHTS FOR PUBLIC SCHOOL SPECIAL EDUCATION STUDENTS*

October 2006

#### **INTRODUCTION**

This brochure provides an overview of parental special education rights, sometimes called procedural safeguards. These same procedural safeguards are also available for students with disabilities who have reached the age of 18. This Notice of Procedural Safeguards must be given to you at least one time per year, except it must also be given to you:

1. The first time your child is referred for a special education evaluation;
2. The first time you file a complaint with the Minnesota Department of Education;
3. If you or the district requests a due process hearing;
4. On the date the district decides to change the placement of your student by removing the student from school for a violation of the district discipline policy; or
5. Upon your request.

#### **PRIOR WRITTEN NOTICE**

The district must provide you with prior written notice each time it proposes to initiate or change, or refuses to initiate or change the identification, evaluation or education placement of your child.

This written notice must include:

1. A description of the action proposed or refused;
2. An explanation of why the district proposes or refuses to take the action;

3. A description of any other options the district considered and the reasons why those options were rejected;
4. A description of each evaluation procedure, test, record or report the district used as a basis for its proposal or refusal;
5. A description of any other factors relevant to the district's proposal or refusal;
6. A statement that your child has protection under these procedural safeguards and information about how you can get a copy of the brochure; and
7. Sources for you to contact to obtain assistance in understanding these procedural safeguards.

#### **FOR MORE INFORMATION**

If you need help in understanding any of your procedural rights or anything about your child's education, please contact the principal, the special education director or the person listed below. This notice must be provided in your native language or other mode of communication you may be using.

If you have any questions or would like further information, please contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

For further information, you may contact one of the following organizations:

ARC Minnesota (advocacy for persons with developmental disabilities):

651-523-0823, 1-800-582-5256

Children Home Society (CHS) and Family Service Inc.:

651-255-2448, 1-800-982-2303

MN Association for Children's Mental Health:

651-644-7333, 1-800-528-4511

MN Brain Injury Association:

612-378-2742, 1-800-444-6443

MN Disability Law Center:

612-332-1441, 1-800-292-4150,  
612-332-4668 (TTY)

PACER (Parent Advocacy Coalition for Educational Rights):

952-838-9000, 1-800-53-PACER,  
952-838-0190 (TTY)

You may also contact the Minnesota Department of Education:

651-582-8689, 651-582-8201 (TTY)

## **PARENTAL CONSENT**

1. Consent means that you have been fully informed of the information relevant to the activity for which your written permission is sought. Consent is voluntary and may be revoked at any time. However, revocation of consent does not negate an action that has occurred after the consent was given and before the consent was revoked. An exception to this is the revocation of consent for a behavior intervention plan which requires the district to immediately stop using the plan.
2. The district must obtain your consent before conducting its initial evaluation of your child and before the first time it provides special education and related services to your child. Consent for an initial evaluation is not consent for the initial provision of special education and related services.
3. Your consent is required before a district conducts a reevaluation of your child. The

reevaluation may occur without your consent if the district has taken reasonable steps to get your consent and you have failed to respond.

4. Your consent is not required for the district to review existing data on your child or to administer a test or other evaluation that is given to all children, unless consent is required from parents of all children.
5. Your consent is required before the initial provision of special education and related services and placement. If you refuse consent to the initial provision of services to your child, the district may not override your refusal. In that case, the district will not be considered in violation for a failure to provide your child with special education and related services for which the district requested consent.
6. You have a right to object in writing to any action the district proposes. Upon receipt of your written objection, the district will ask you to attend a conciliation conference. You and the district may also agree to use mediation, or a facilitated IEP team meeting to resolve your disagreement. If you object to a proposed service or evaluation, the district may not deny your child any other service or activity. The district must continue to provide an appropriate education to your child.
7. Your consent is required before a district may disclose personally identifiable information about you or share such data with anyone other than officials of participating agencies collecting or using the information under the Individuals with Disabilities Education Act (IDEA) or for any purpose other than meeting a requirement of that law. Please refer to 34 C.F.R. Part 99 for additional information on consent requirements concerning data privacy under federal law.

8. Your consent is required before the district may access your private insurance to pay for services to ensure FAPE. Your refusal to provide this consent does not release the district from ensuring all required services are provided at no cost to you.

### **WRITTEN ANNUAL NOTICE RELATING TO IEP HEALTH RELATED SERVICES REIMBURSEMENT**

The district must inform you with annual written notice of:

1. Its intent to seek reimbursement from medical assistance or MinnesotaCare for IEP health-related services provided by the district;
2. Your right to request a copy of all records concerning IEP health-related services disclosed by the district to any third party; and
3. Your right to withdraw consent for disclosure of a child's records at any time without consequence.

### **INDEPENDENT EDUCATIONAL EVALUATIONS**

An independent educational evaluation (IEE) is an evaluation by a qualified person(s) who is not an employee of your district. You may ask for an IEE at school district expense if you disagree with the district's evaluation. A hearing officer may also order an independent evaluation of your child at school district expense during a due process hearing.

Upon request for an IEE, the district must give you information regarding its criteria for selection of an independent examiner and information about where an independent education evaluation may be obtained.

If you request an IEE, the district must, without delay, ensure that it is provided at public expense or request a hearing to determine the appropriateness of its evaluation. If the district goes to hearing and the hearing officer determines the district's

evaluation is appropriate, you still have the right to an independent evaluation, but not at public expense.

If you obtain an IEE, the results of the evaluation must be considered by the IEP/IIP/IFSP team and may be presented as evidence at a due process hearing regarding your child.

### **EDUCATION RECORDS**

#### ***Your Access to Records***

If you want to look at your child's education records, the district must give you access to those records for your review. Education records include most of the information about your child that is held by the school. However, information held solely by your child's teacher for his or her own instructional use may not be included in the education records.

The district must allow you to review the records without unnecessary delay, and before any meeting regarding an IEP, or any hearing or resolution session about your child. In addition, the district must comply with your request to review your child's education records within 10 business days.

Your right to inspect and review records includes the right to:

1. An explanation or interpretation of your child's records upon request;
2. Have your representative inspect and review the records on your behalf;
3. Review your child's records as often as you wish; and
4. Request that the district provide copies of your child's educational records to you.

#### ***Record of Access by Others***

The district must keep a record of each request for access to, and each disclosure of, personally identifiable information in your child's education records. This record of access must include the name of the individual who made the request or received personally identifiable information from

your child's education records, the date access was given and the purpose of the disclosure or the individual's legitimate interest in the information

### ***Consent to Release Records***

Parent consent is required before personally identifiable information is released to unauthorized individuals or agencies. The consent must be in writing and must specify the individuals or agencies authorized to receive the information; the nature of the information to be disclosed; the purpose for which the information may be used; and a reasonable expiration date for the authorization to release information. Upon request, the district must provide you with a copy of records it discloses after you have given this consent.

The district may not disclose information contained in your child's IEP/IIP/IFSP, including diagnosis and treatment information, to a health plan company without your signed consent.

### ***Fees for Searching, Retrieving and Copying Records***

The district may not charge a fee to search or retrieve records. However, if you request copies, it may charge a reasonable fee for the copies, unless charging that fee would prevent you from exercising your right to inspect and review the education records because you cannot afford to pay it

### ***Amendment of Records at Parent's Request***

If you believe that information in your child's records is inaccurate, misleading, incomplete or in violation of your child's privacy or other rights, you may request in writing that the district amend or remove the information.

The district must decide within a reasonable time whether it will amend the records. If the district decides not to amend the records, it must inform you that you have the right to a hearing to challenge the district's decision. If, as a result of that hearing, the district decides that the information is not inaccurate, misleading, incomplete or in violation of your child's privacy

right, it must inform you that you have the right to include a statement of your comments and disagreements alongside the challenged information in your child's education records.

### ***Destruction of Records***

The district must inform you when personally identifiable information is no longer needed in order to provide education services to your child. That information must be destroyed at your request. However, the school may retain a permanent record of your child's name, address, phone number, grades, attendance records, classes attended, grade level completed and year completed.

The district must not destroy any education records if there is an outstanding request to review those records.

### **MEDIATION**

Mediation is a voluntary process to help resolve disputes. You or your district may request mediation from the Minnesota Special Education Mediation Service (MNSEMS) at 651-582-8222 or 1-866-466-7367. Mediation uses a neutral third party trained in facilitative dispute resolution techniques. Mediation may not be used to deny or delay your right to a due process hearing. Both you and district staff must agree to try mediation before a mediator can be assigned. At any time during the mediation, you or the district may end the mediation.

### **WRITTEN COMPLAINTS**

Any organization or individual may file a complaint with the Minnesota Department of Education (MDE). Complaints sent to MDE must:

1. Be in writing and be signed by the individual or organization filling the complaint;
2. Allege violations of state or federal special education law or rule which have occurred within the last year;
3. State the facts upon which the allegation is based and include a proposed resolution to the alleged violation;

4. Include the name, address and telephone number of the person or organization registering the complaint as well as the name and address of the school attended by the child; and
5. Be forwarded to the public agency servicing the child at the same time the complaint is sent to MDE.

The complaint must be sent to:  
 Minnesota Department of Education  
 Division of Compliance and Assistance  
 Due Process Supervisor  
 1500 West Highway 36  
 Roseville, MN 55113-4266  
 651.582.8689 Phone    651.582.8725 Fax

MDE will issue a written decision within 60 days. Final complaint decisions may be appealed to the Minnesota Court of Appeals within 60 days of receipt of the decision.

### **IMPARTIAL DUE PROCESS HEARING**

Both you and the district have a right to request in writing an impartial due process hearing. A request for hearing must be sent to MDE and to the other party. A due process hearing may address any matter related to the identification, evaluation, educational placement, manifestation determination or provision of a free appropriate public education of your child. Before you can have a hearing, the district must arrange for a resolution meeting to occur within 15 days of the hearing request. If the matter is not resolved within 30 days of the request, the hearing timelines begin. If you do not attend a resolution meeting or a mediation, and the district does not agree to waive the meeting in writing, you are not entitled to a hearing.

#### ***Procedures for Initiation of a Due Process Hearing***

Upon a written request for a hearing, the district must give you a copy of this procedural safeguard

notice and a copy of your rights at hearing. All written request must include:

1. The name of your child;
2. The address of your child;
3. The name of the school your child is attending;
4. A description of the problem(s), including your view of the facts, and
5. A proposed resolution of the problem to the extent known to you at the time.

MDE will appoint an impartial hearing officer to conduct the hearing. Below are a few of your rights at hearing. This is not a complete list of rights.

Both you and the district have the right to:

1. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities;
2. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
3. Block the introduction of any evidence at the hearing that has not been disclosed at least five business days before the hearing, including evaluation data and recommendations based on that data; and
4. Receive a free copy of the hearing transcript or recording and the findings of fact and decisions.

As a parent, you, specifically, have the right to:

1. Have your child, who is the subject of the hearing, present; and
2. Open the hearing to the public.

A hearing decision must be issued within 45 days of the expiration of the 30-day resolution period. Extensions may be available under some circumstances. The hearing decision is final unless you or the district file a civil action.

### ***Disclosure of Additional Evidence Before a Hearing***

At least five (5) business days before a hearing, you and the district must disclose to each other all evaluations of your child completed by that date and recommendations based on those evaluations that are intended to be used at the hearing. A hearing officer may refuse to allow you to introduce any undisclosed evaluations or recommendations at the hearing without consent of the other party. All evidence must be limited to the specific issues described to the hearing officer.

### **CIVIL ACTION**

When you or the district disagree with the findings or decisions made by a hearing officer, either party may file a court action. The action may be brought in federal district court or the state court of appeals. Different standards of review apply in each court. An appeal to the state court of appeals must be made within 60 days of your receipt of the decision. An appeal to federal district court must be made within 90 days of the date of the decision.

### **PLACEMENT DURING A HEARING OR CIVIL ACTION**

During a hearing or court action, unless you and the district agree otherwise, your child will remain in the education placement where he/she is currently placed. This is commonly referred to as the “stay-put” rule.

Two exceptions to the “stay-put” rule exist:

1. Students may be removed from their educational setting for not more than 45 days to an interim alternative educational placement for certain weapon, drug or serious bodily injury violations; and
2. A hearing officer’s decision agreeing with the parents that a change in placement is appropriate is the “stay-put” placement during subsequent appeals.

### **EXPEDITED HEARINGS**

Expedited hearings may occur in the following situations:

1. Whenever you request a hearing to dispute the district’s determination that your child’s behavior was not a result of his/her disability;
2. Whenever you request a hearing to dispute a

45-day interim alternative education placement order by school personnel; or

3. When a district requests an expedited hearing to establish that it is dangerous for your child to remain in the current placement.

Expedited hearings must be held and a decision issued within 10 days of the expiration of a 15-day resolution period. The district must arrange for a resolution meeting to occur within seven days of a request for an expedited hearing. If you do not attend the resolution meeting or mediation, and the district does not agree to waive the meeting in writing, you are not entitled to a hearing.

### **Placement by a Hearing Officer**

A hearing officer may decide to move your child to an interim alternative educational setting for up to 45 calendar days if the hearing officer determines your child is substantially likely to injure self or others if he/she remains in the current placement

### **INTERIM ALTERNATIVE EDUCATIONAL**

#### **PLACEMENT**

The district may change your child’s educational placement for up to 45 school days, if your child:

1. Possesses a weapon at school or at a school function;
2. Knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance while at school or at a school function; or

3. Has inflicted serious bodily injury upon another person while at school, on school premises or at a school function.

The IEP/IIIP/IFSP team determines the interim alternative educational setting. Even though this is a temporary change, it must allow your child:

1. To continue to progress in the general curriculum, although in a different setting;
2. To continue to receive those services and modifications, including those described in your child's IEP/IIIP/IFSP, that will help your child meet his/her IEP/IIIP/IFSP goals; and
3. Include services and modifications designed to prevent the behavior from recurring.

If your child is placed in an interim alternative educational setting, an IEP/IIIP/IFSP meeting must be convened within ten (10) school days of the decision. At this meeting, the team must discuss the behavior and its relationship to your child's disability, review evaluation information regarding the behavior, and determine the appropriateness of your child's IEP/IIIP/IFSP and behavior plan.

#### **ATTORNEY'S FEES FOR HEARINGS**

You may be able to recover attorney fees if you prevail in a due process hearing. A petition for fees must be filed in a court of competent jurisdiction. A judge may make an award of attorney's fees based on prevailing rates in your community. The court may reduce an award of attorney's fees if it finds that you unreasonably delayed the settlement or decision in the case. If the district prevails and a court agrees that your request for a hearing was for any improper purpose, you may be required to pay the district's attorney's fees.

#### **PRIVATE SCHOOL PLACEMENT**

You may be able to recover tuition expenses for a private school placement if you inform the district of your intent to enroll your child in private school at public expense. This must be done at the most recent IEP/IIIP/IFSP meeting prior to removal of your child from public school or by written notice to

the district at least 10 business days prior to removal of your child from public school. Your notice must state why you disagree with the district's proposed IEP/IIIP/IFSP or placement. If a hearing officer or court finds that the district failed to provide or is unable to provide your child with an appropriate education and that the private placement is appropriate, you may be reimbursed for the cost of the private placement.

Failure to tell the school of your intent to enroll your child in a private school at public expense, failure to make your child available for evaluation, or other unreasonable delay on your part could result in a reduction or denial of reimbursement for the private school placement. If the district prevented you from providing this notice or you cannot write in English, the hearing officer may not reduce the reimbursement.

## Central Referral Team Referral Follow-up Letter

Month/Day/Year: \_\_\_\_\_

Dear \_\_\_\_\_,

You referred (Name of Child): \_\_\_\_\_

on (Month/Day/Year): \_\_\_\_\_

to (Name of Team Member): \_\_\_\_\_ (a member of the Hiawatha Valley Education District),

through (Name of Agency): \_\_\_\_\_.

We would like to inform you that (Name of Child): \_\_\_\_\_

was visited by: Public Health Nurse:

Education:

and ( ): \_\_\_\_\_

Based on this team's screening/assessment information, this child/family will:

Comments:

If you have any questions or concerns regarding this child/family, please contact me. Thank you for referring this child/family to us.

Service Coordinator:

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Parents:

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Address:

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Phone:

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## Head Start Referral Form

Name of Child:	Birthdate:
Family's Name:	Telephone
Address:	
School District:	Date:

Directions to Home:

Reasons for Referral (list any concerns about the child, if any)

Pertinent Concerns About the Family, if any

If Desired, Describe the Type of Service Provided by Your Agency to the Family

Referred by:

Name:	Telephone:
Agency:	
Address:	

Send to:

# Referral Procedures for Special Education Evaluations for Public School Students

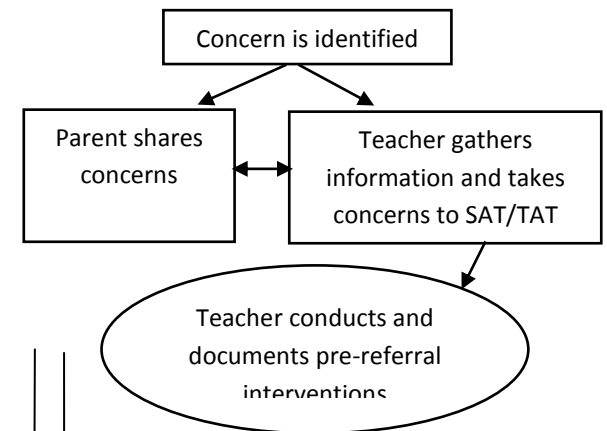
- Early Childhood Special Education (ECSE)
- Emotional or Behavioral Disorders (EBD)
- Other Health Disabilities (OHD)
- Physically Impaired (PI)
- Severely Multiply Impaired (SMI)
- Specific Learning Disability (SLD)
- Speech or Language Impairments (S/LI)
- Traumatic Brain Injury (TBI)
- Visually Impaired (VI)



The purpose of this brochure is to outline the initial

referral process used if a parent or teacher suspects that a student between the ages of 5 and 21 may have a disability and needs special education and related services.

### Child Find Process



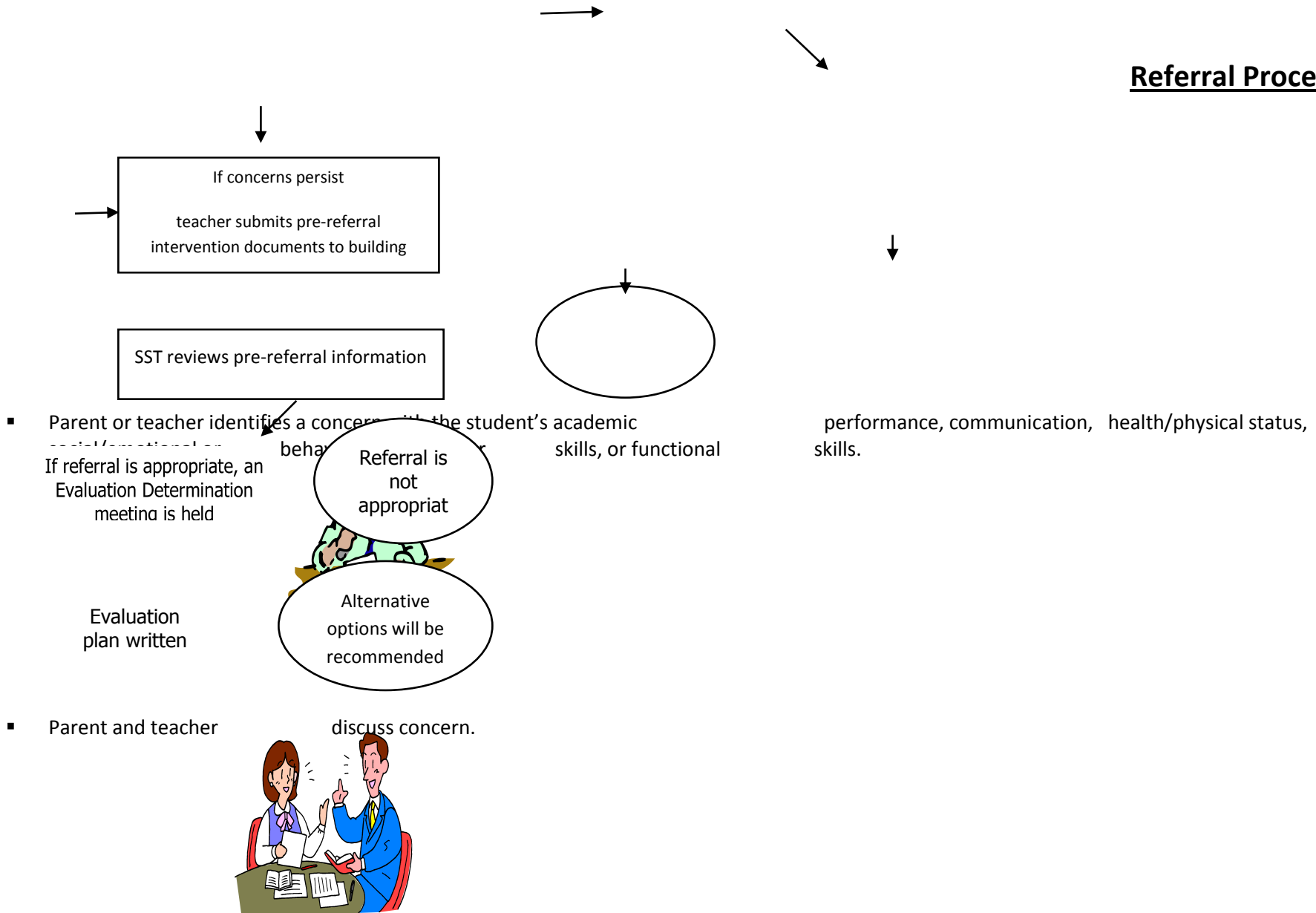
## HVED

Since 1975, public schools have been responsible for providing special education services to children with disabilities. Part of that obligation is the identification of students with disabilities who are in need of special education and related services. An educational evaluation is conducted to determine if a child meets the state mandated eligibility criteria for disabilities and if the child is in need of special education and related services. The disability areas include:

- Autism Spectrum Disorders (ASD)
- Deaf-Blind (DB)
- Deaf and Hard of Hearing (DHH)
- Developmental Cognitive Disability: Mild to Moderate or Moderate-Severe (DCD-MM, DCD-MS)



# Referral Process



- Teacher gathers information on student performance and presents it to the building Student Assistance Team (SAT)/Teacher Assistance Team (TAT).



- Teacher conducts \_\_\_\_\_ and documents pre-referral interventions.
- If concerns persist and performance is discrepant from classmates/norms, \_\_\_\_\_ teacher submits \_\_\_\_\_ pre-referral interventions \_\_\_\_\_ and information to the \_\_\_\_\_ special education \_\_\_\_\_ Student Support Team (SST)

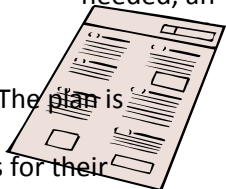


- The school Student Support Team (SST) reviews \_\_\_\_\_ pre-referral information \_\_\_\_\_ and interventions and \_\_\_\_\_ will contact parent, \_\_\_\_\_ teacher and/or principal \_\_\_\_\_ for additional information \_\_\_\_\_ or consultation.



- The SST determines whether pre-referral information is adequate. If not, the information is returned to the referring party for completion. The SST then determines if an evaluation is needed.

- If evaluation is needed, an Evaluation Determination meeting is held and an evaluation plan is completed. The plan is shared with parents for their written consent.



- If the referral is inappropriate, alternative options for action will be recommended.

# Referral Procedures for Nonpublic Special Education Evaluations

Hiawatha Valley  
Education District  
Public Schools

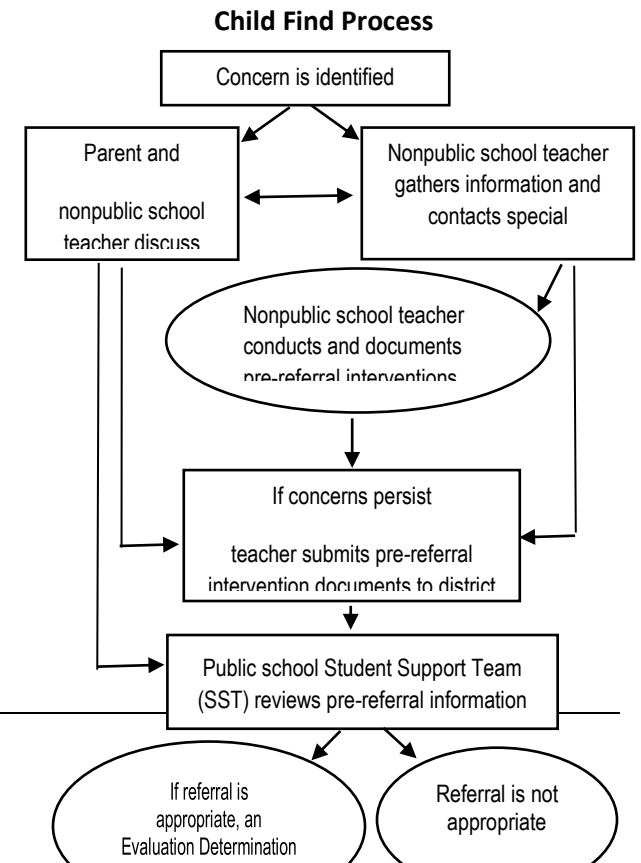


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- Autism Spectrum Disorders (ASD)
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- Developmental Cognitive Disability Mild to Moderate or Moderate-Severe (DCD-MM, DCD-MS)

- Early Childhood Special Education (ECSE)
- Emotional or Behavioral Disorders (EBD)
- Other Health Disabilities (OHD)
- Physically Impaired (PI)
- Severely Multiply Impaired (SMI)
- Specific Learning Disability (SLD)
- Speech or Language Impairments (S/LI)
- Traumatic Brain Injury (TBI)
- Visually Impaired (VI)

The purpose of this brochure is to outline the initial referral process used if a parent or teacher suspects that a student between the ages of 5 and 21 may have a disability and needs special education and related services.



## Referral Process

- Parent or nonpublic school teacher identifies a concern with the student's academic performance, communication, health/physical status, social/emotional or behavioral skills, motor skills, or functional skills.
- Parent and nonpublic school teacher discuss concern.
- Nonpublic school teacher gathers information on student performance.
- Nonpublic school teacher conducts and documents pre-referral interventions.
- If concerns persist and performance is discrepant from classmates/norms, teacher submits pre-referral interventions and information to the special education director assigned to the District (see back of brochure) in which the nonpublic school is located to initiate referral.
- The public school Child Study Team (CST) reviews pre-referral information and interventions and will contact parent, teacher and/or principal for additional information or consultation.
- The CST determines whether pre-referral information is adequate. If not, the information is returned to the referring party for completion. The CST determines if an evaluation is needed.
- If evaluation is needed, an evaluation determination meeting is held and an evaluation plan is completed. The plan is shared with parents for their written consent.
- If the referral is inappropriate, alternative options for action will be recommended.

### For additional information:

#### Special Education Director contact:

- **HVED Public Schools #6013**  
Glenn Haupt  
1410 Bundy Blvd  
Winona, MN 55987  
507-452-1200

- Traumatic Brain Injury (TBI)
- Visually Impaired (VI)

The purpose of this brochure

is to outline the initial referral

process used if a parent or

teacher suspects that a

student between the ages of 5 and 21 may have a disability and needs special education and related services.

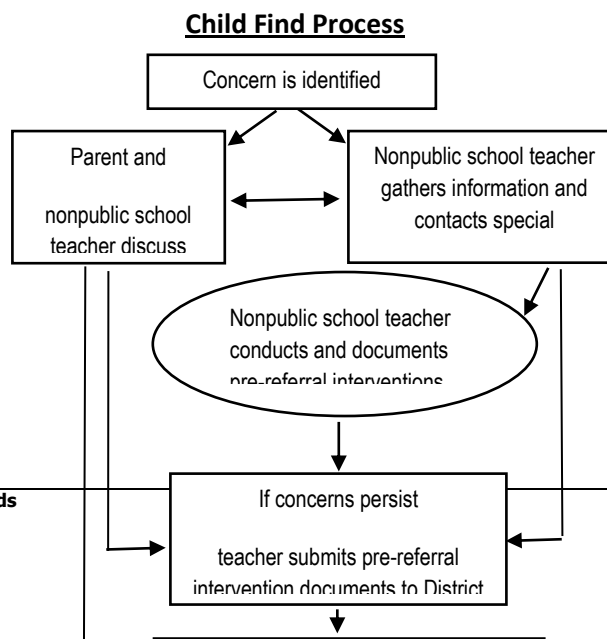
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## Referral Process

back of brochure) in which the nonpublic school is located to initiate referral.

- Parent or nonpublic school teacher identifies a concern with the student's academic performance, communication, health/physical status, social/emotional or behavioral skills, motor skills, or functional skills.
  - Parent and nonpublic school teacher discuss concern.
  - Nonpublic school teacher gathers information on student performance.
  - Nonpublic school teacher conducts and documents pre-referral interventions.
  - If concerns persist and performance is discrepant from classmates/norms, teacher submits pre-referral interventions and information to the special education coordinator assigned to the district (see
- The public school Student Support Team (SST) reviews pre-referral information and interventions and will contact parent, teacher and/or principal for additional information or consultation.
  - The SST determines whether pre-referral information is adequate. If not, the information is returned to the referring party for completion. The SST determines if an evaluation is needed.
  - If evaluation is needed, an evaluation determination meeting is held and an evaluation plan is completed. The plan is shared with parents for their written consent.
  - If the referral is inappropriate, alternative options for action will be recommended.



# Procedural Safeguards Notice for Nonpublic Special Education Students

## PARENTAL RIGHTS FOR PRIVATE SCHOOL SPECIAL EDUCATION STUDENTS

### Introduction

This notice provides an overview of the parental special education rights, sometimes called procedural safeguards that are provided to the parents of students who have been voluntarily enrolled in private schools. These same procedural safeguards are applicable for students with disabilities who have reached the age of 18.

### Child Find

IDEA requires that all children with disabilities, including those students voluntarily enrolled in and attending private schools are identified, located and evaluated for special education and related services. 34 CFR §300.131

### Individual Services Plan

When a private school student is identified as a child with a disability eligible to receive IDEA services, the district must develop and implement an Individual Services Plan (“ISP”) 34 CFR § 300.132. The ISP generally serves the same functions as a public school student’s IEP, but is subject to less procedural safeguards than an IEP.

On a form that is very similar to the school district’s form for IEPs, a services plan describes the special education and/or related services that a parentally-placed child with a disability will receive from the school district. The services must be provided by personnel meeting the same standards as personnel providing services in the public school. The services plan describes the specific special education and/or related services to be provided to the child in light of the services the school district has determined will be available to private school children with disabilities. To the extent appropriate, the services plan includes IEP elements at section 34 CRF §§ 300.137-300.139; 321-300.324. The elements in each child’s services plan may vary depending on the services to be provided. Most services plans will include the following:

- the child’s present level of educational performance;
- annual goals, including benchmarks or short-term objectives;
- a statement of the special education, related services, or supplementary aids and services;
- a statement of the program modifications or supports;
- an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular education environment;
- the projected date for beginning the services and modifications, and the amount, anticipated frequency, location and duration of the services and modifications; and
- a statement of how the child’s progress toward the annual goals will be measured and how the parents will be regularly informed of their child’s progress and the extent to which the progress is sufficient to enable the child to achieve the goals by the end of the year.

Other IEP elements at 34 CFR § 300.324 may be included, depending on the services the school district will provide to the child (e.g., transition services).

## Parental Consent

1. The district must obtain your consent before conducting an initial evaluation of the student. Your consent for an initial evaluation does not authorize the district to begin providing the student with special education and related services.
2. Giving your informed consent means that you have been fully informed of the information relevant to the activity for which your written consent is sought. Your consent is voluntary and may be revoked at anytime. However, the revocation of your consent does not negate any action that has occurred after your consent was given but before your consent was revoked.
3. Your consent is required before the district begins to provide special education and related services to the student. If you refuse to consent to the initial provision of services to the student, the district may not override your refusal, and the district will not be considered in violation of the law for a failure to provide the student with special education and related services for which the district requested your consent.
4. Your consent is required before a district conducts a reevaluation of the student. The reevaluation may occur without your consent if the district has taken reasonable steps to get your consent and you have failed to respond.
5. You have a right to object in writing to any action the district proposes. However, the manner in which a private school parent challenges a district's decision or proposal varies according to the nature of the decision or proposal.
6. Generally, your consent is required before a district may disclose personally identifiable information regarding the student or the student's educational records, but this information may be disclosed to individuals within the district who have a legitimate educational interest in the information or are providing services to the student under the IDEA. This information may also be disclosed in accordance with the Family Educational Rights and Privacy Act ("FERPA"), the Minnesota Government Data Practices Act, the Individuals with Disabilities Education Act ("IDEA"), or other law.

## Access to Student's Education Records

If you want to review the student's public school education records, the district must give you access to the records. The district must allow you to review the records without unnecessary delay, and before any meeting regarding an ISP.

Your right to inspect and review education records includes the right to:

1. An explanation or interpretation of the student's record from the district upon reasonable request;
2. Have your representative inspect and review the records on your behalf; and
3. Request the district provide copies of the student's education records to you.

The district may not charge a fee to search or retrieve the student's education records. However, if you request copies, the district may charge a reasonable fee for the copies, unless charging that fee would prevent you from exercising your right to inspect and review the education records. If you request 100 or fewer copies of black and white, letter or legal size paper copies, the district may not charge more than \$.25 per copy.

The district must keep a record of persons accessing the student's special education records. This record must include the persons, except the parents and district employees, who are given access to the student's education records. This record of access must include the name of the person who accessed the records, the date of access, and the purpose of the person's access to the student's education records.

You may specifically request a copy of all records concerning ISP health-related services disclosed by the district to a third party.

## Independent Educational Evaluations

An independent educational evaluation (IEE) is an evaluation by a qualified person who is not an employee of your district. You may ask for an IEE at school district expense each time the district evaluates the student and you disagree with the district's evaluation.

Upon your request for an IEE, the district must provide you with information about where an IEE may be obtained and the applicable district criteria for an IEE. When you request an IEE, the district must, without delay, ensure that either the IEE is provided at public expense or request a hearing to determine the appropriateness of the district's evaluation. If the district requests a hearing and the hearing officer determines the district's evaluation is appropriate, you still have the right to an independent evaluation, but not at public expense. If you obtain an IEE at your own expense, the results of the evaluation must be considered by the district and may be presented as evidence at a due process hearing regarding the student. Note: Due Process hearing is only available to parents of students attending private school, when the issue is over identification.

## Written Complaints

The parent of a voluntarily placed private school student may file a complaint with the Minnesota Department of Education ("MDE") to challenge any aspect of a district's provision of special education and related services to the private school student as well as the district's provision of a free appropriate education to the student. A complaint sent to MDE must:

1. Be in writing and be signed by the individual or organization filing the complaint;
2. Propose a resolution for the complaint;
3. Allege violations of special education law or rules that have occurred not more than one year prior to the date the complaint is received by the state;
4. State the facts upon which the allegation is based;
5. Include the signature and contact information of the complainant;
6. If alleging a complaint relevant to a particular student, provide the name and residence of the student and the name of the school he or she is attending; and
7. Provide a copy of the complaint to the school district at the same time the complaint is filed with the state.

The complaint must be sent to:

Minnesota Department of Education  
Division of Compliance and Assistance  
Due Process Supervisor  
1500 West Highway 36  
Roseville, MN 55113-4266  
(T) 651-582-8689 (F) 651-582-8725

MDE will issue a written decision within 60 days. The final complaint decision may be appealed to the Minnesota Court of Appeals within 60 days of the date the decision is issued.

## Mediation and Impartial Due Process Hearing

The parents of voluntarily placed private school students have very limited rights in regards to due process hearings and other dispute resolution proceedings. A due process hearing may only be requested about matters relating to child find and their child's evaluation and eligibility determination.

Parent may **not** request mediation or a due process hearing about other matters relating to parentally-placed private school children, including the provision of services in the child's services plan. Due process does not apply because there is no individual right to special education services for a child attending a private school.

Impartial due process hearings related to child find must be requested in writing within two years of the date you or the district knew or should have known about the alleged action that forms the basis of the complaint. A request for a hearing must be sent to MDE and to the involved school district.

In matters of child find, the MDE will appoint an impartial hearing officer to conduct the due process hearing. If the MDE is the provider of services to the student, the MDE will request the Office of Administrative Hearings to appoint a qualified hearing officer.

### **Request for Due Process Hearing**

The request for a due process hearing must include:

1. The name of the student;
2. The address of the student;
3. The name of the school the student is attending;
4. A description of the nature of the problem(s) of the student causing you to request the hearing, including facts relating to such problems(s); and
5. A proposed resolution of the problem to the extent known to you.

The requesting party may not have a due process hearing until the requesting party submits a request that complies with these requirements.

### **Resolution Session**

If you request a hearing related to child find, the district must arrange for a resolution session to occur within 15 days after receiving the hearing request. The resolution session is an opportunity for you to discuss your complaint with the district and gives the district an opportunity to resolve the complaint. The resolution session must include you and relevant members of the ISP team. If an agreement is reached during the resolution session, you and the district must execute a legally binding agreement stating the resolution. Either party may void the agreement within three business days of signing the agreement.

The requirement for this resolution session may only be waived if (1) both you and the district agree to mediation; or (2) both you and the district agree to waive the resolution session requirement in writing. If you do not attend a resolution meeting or mediation, you are not entitled to a hearing.

### **Disclosure of Additional Evidence**

At least five business days before a hearing, you and the district must disclose to each other any evidence that you intend to use at the hearing, including, but not limited to, all evaluations of the student completed by that date as well as any recommendations based on those evaluations. A hearing officer may refuse to allow you to introduce any undisclosed evidence at the hearing unless the other party consents. All evidence must be limited to the specific issues described in the request for a due process hearing.

### **Your Rights During Hearing**

Both you and the district have the right to:

1. Be accompanied and advised by an attorney and by individuals with special knowledge or training with respect to the problems of students with disabilities;

2. Present evidence;
3. Confront, cross-examine, and compel the attendance of witnesses;
4. Prohibit the introduction of any evidence at the hearing that has not been disclosed at least five business days before the hearing, including, but not limited to, evaluation data and recommendations based on that data;
5. Receive a written copy of the hearing transcript, or at your discretion, an electronic, verbatim record of the hearing; and
6. Receive a written copy of the hearing officer's findings of fact and decision, or at your discretion, an electronic version of the findings of fact and decision.

As a parent, you have the right to:

1. Have the student who is the subject of the hearing present;
2. Open the hearing to the public; and
3. Notice of the time, date, and place of the hearing from the hearing officer at least ten calendar days in advance of the hearing.

### **Hearing Process**

The hearing must be held at a location within the district responsible for ensuring a free appropriate public education is provided to the student.

The burden of proof at the hearing is on the district to demonstrate, by a preponderance of the evidence, that it has complied with its child find responsibility under IDEA and/or has appropriately evaluated the student.

The hearing officer will make a written decision based only on evidence received and introduced in the record at the hearing not more than 45 calendar days from the expiration of the resolution period. Extensions may be available under some circumstances if the requesting party can show good cause. The proposed action or refusal will be upheld only upon a showing by the district by a preponderance of the evidence.

You have the burden of proving, by a preponderance of the evidence, that services for which you are paying or have paid, and for which you are seeking public funds, are appropriate for the student.

### **Attorneys' Fees for Hearings**

You may be able to recover your attorneys' fees if you prevail in a due process hearing or further civil action. A petition for fees must be filed in a court of competent jurisdiction. A judge may make an award of attorney's fees based on prevailing rates in your community. The court may reduce an award of attorney's fees if it finds that you unreasonably delayed the settlement or decision in the case.

If the district prevails and a court agrees that your request for a hearing was for any improper purpose, such as to harass the district, you may be required to pay the district's attorneys' fees.

### **Civil Action**

The independent hearing officer's decision is final unless you or the district files a civil action. If you or the district disagrees with the findings or decisions made by a hearing officer, either party may file a court action. The action may be brought in a federal district court or the Minnesota Court of Appeals. Different standards of review apply in each court. An appeal to the state Court of Appeals must be made within 60 days of the date of the decision. An appeal to a federal district court must be made within 90 days of the date of the decision.

### For More Information

If you need help in understanding this notice or anything about the student's education, please contact the administration at the student's school, the district's special education director, or the person or the agencies listed below. As indicated above, this notice is a general overview of private school parental special education rights as of November 2005, and is not intended to address a parent's specific rights in a particular situation.

If you have any questions or would like further information, please contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

For additional assistance, you may contact any of the groups listed below:

ARC Minnesota

[www.ARCminnesota.com](http://www.ARCminnesota.com)

(651) 523-0823

(800) 585-5256

Minnesota Disabilities Law Center

<http://www.mndlc.org>

(612) 332-1441

(800) 292-4150

(612) 332-4668 (TTY)

PACER

<http://www.pacer.org>

(952) 838-9000

(800) 537-2237

(952) 838-0190 (TTY)

Minnesota Department of Education

<http://www.education.state.mn.us>

(651) 582-8689

(651) 582-8201 (TTY)

## Example: Learner Performance Review Form

HVED	Use this form for learners who are experiencing difficulty in school and may require additional help and support.
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### Part A - Learner Information

Learner's Legal Name: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Learner's Home Language: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

(If home language is other than English, attach a copy of the 'Home Language Questionnaire' from the cumulative folder.)

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Street Zip

### Part B - Referral Initiation Information

Date of Referral: \_\_\_\_\_ Referral Initiated By: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Parent Notified of Referral: \_\_\_\_\_ Letter \_\_\_\_\_ Conference \_\_\_\_\_ Phone Call

### Part C - Background Information

Area of Concern (Please list in order of severity)	What do you want the student to do?
<p><u>Examples:</u> • Can't work independently • Doesn't complete homework                      • Can't read • Doesn't understand what they read</p>	

<i>Academic Performance</i>					
<i>Well</i>					<i>If #1 or #2 is circled for any statement, please elaborate on areas of concern</i>
<i>Below</i>					
<i>Average</i>	<i>Average</i>	<i>Well</i>	<i>Above</i>		
		<i>Average</i>			
1	2	3	4	5	Knows letters and sounds
1	2	3	4	5	Has an adequate sight vocabulary
1	2	3	4	5	Uses context to decode
1	2	3	4	5	Has adequate phonetic analysis skills
1	2	3	4	5	Reads orally within the range of peer group
1	2	3	4	5	Understands what they read silently
1	2	3	4	5	Uses and understands basic math facts
1	2	3	4	5	Uses age appropriate math applications
1	2	3	4	5	Applies math skills to problem-solving
1	2	3	4	5	Uses capitalization, punctuation and spelling appropriately
1	2	3	4	5	Writes complete sentences
1	2	3	4	5	Communicates ideas in written form
<i>Intellectual Functioning</i>					
<i>Well</i>					<i>If #1 or #2 is circled for any statement, please elaborate on areas of concern</i>
<i>Below</i>					
<i>Average</i>	<i>Average</i>	<i>Well</i>	<i>Above</i>		
		<i>Average</i>			
1	2	3	4	5	Retains taught and mastered concepts over time
1	2	3	4	5	Learns at same rate as peers
1	2	3	4	5	Knows age-appropriate factual information
1	2	3	4	5	Applies learned skills and concepts to new tasks
1	2	3	4	5	Remembers personal data (i.e., address, phone number)
1	2	3	4	5	Adjusts to changes in working conditions (different room)
1	2	3	4	5	Knows classroom routine and schedule
<i>Communicative Status</i>					
<i>Well</i>					<i>If #1 or #2 is circled for any statement, please elaborate on areas of concern</i>
<i>Below</i>					
<i>Average</i>	<i>Average</i>	<i>Well</i>	<i>Above</i>		
		<i>Average</i>			
1	2	3	4	5	Uses intelligible speech
1	2	3	4	5	Speaks fluently (without stuttering)
1	2	3	4	5	Uses appropriate voice quality
1	2	3	4	5	Understands meanings of isolated words
1	2	3	4	5	Uses complete and grammatically correct sentences
1	2	3	4	5	Asks for help or clarification
1	2	3	4	5	Tells a story or describes an event/experience in sequence
1	2	3	4	5	Responds appropriately to content area questions
1	2	3	4	5	Follows discussions or offers related comments
1	2	3	4	5	Follows written and oral instructions
1	2	3	4	5	Communicates with peers and adults in native language
<i>Motor Ability</i>					
<i>Well</i>					<i>If #1 or #2 is circled for any statement, please elaborate on areas of</i>
<i>Below</i>					
<i>Average</i>	<i>Average</i>	<i>Well</i>	<i>Above</i>		
		<i>Average</i>			

<i>Average</i>					concern
1	2	3	4	5	Demonstrates age appropriate gross motor skills
1	2	3	4	5	Writes legibly
1	2	3	4	5	Copies from chalkboard to paper
1	2	3	4	5	Age-appropriate ability to hold pencil, use scissors, etc.
1	2	3	4	5	Recognizes shapes, letters, and numbers
1	2	3	4	5	Writes letters/numerals correctly
1	2	3	4	5	Participates in school recreational sports and activities
1	2	3	4	5	Functions without adaptive equipment
1	2	3	4	5	Able to sit and remain seated to finish a writing task

<i>Emotional and Social Development</i>					
<i>Well</i>	<i>Well</i>				If #1 or #2 is circled for any statement, please elaborate on areas of concern
<i>Below</i>	<i>Above</i>				
<i>Average</i>	<i>Average</i>	<i>Average</i>	<i>Average</i>	<i>Average</i>	
1	2	3	4	5	Able to make and keep friends
1	2	3	4	5	Able to compromise
1	2	3	4	5	Accepts the consequences of own behavior
1	2	3	4	5	Acts in a socially acceptable manner
1	2	3	4	5	Able to make age-appropriate choices
1	2	3	4	5	Expresses emotions appropriately
1	2	3	4	5	Interacts appropriately with others

<i>Behavior Skills</i>					
<i>Well</i>	<i>Well</i>				If #1 or #2 is circled for any statement, please elaborate on areas of concern
<i>Below</i>	<i>Above</i>				
<i>Average</i>	<i>Average</i>	<i>Average</i>	<i>Average</i>	<i>Average</i>	
1	2	3	4	5	Usually on time and prepared
1	2	3	4	5	Demonstrates age-appropriate impulse control
1	2	3	4	5	Demonstrates the ability to stay "on task"
1	2	3	4	5	Respects the property/space of others
1	2	3	4	5	Uses language acceptable to the situation
1	2	3	4	5	Manages/completes classroom tasks within timelines
1	2	3	4	5	Works/studies unsupervised
1	2	3	4	5	Exhibits age appropriate activity level
1	2	3	4	5	Follows school rules and teacher requests
1	2	3	4	5	Has been suspended for use of alcohol or other drugs

**Part D - Current Information**

**Cumulative Folder Review**

<u>Is There a History of/grade</u>		<u>NWEA (RIT Scores)</u>		<u>Oral Reading Fluency</u>				
_____	Special Education	Reading	Fall	Spring	Correct WPM	Fall	Winter	Spring
_____	Attendance Concerns							
_____	Title One		Math					
_____	ELL/Bilingual Services	Writing				<u>BST/MCA II</u>		
_____	Retention				Date	Score		

\_\_\_\_ Behavior Concerns  
 \_\_\_\_ 7/8 gr. Study Skills  
 \_\_\_\_ 504

Reading		
Math		
Writing		

Attach relevant attendance and behavioral/office referrals.

**Health Review**

- Is There a History of:  
 \_\_\_\_ Visual Concerns  
 \_\_\_\_ Hearing Concerns  
 \_\_\_\_ Medications  
 \_\_\_\_ Other Health Concerns  
 \_\_\_\_ Possible Chemical  
 \_\_\_\_ Health Concern

**Comments:**

**Part E - Interventions Attempted**

(This section is not needed for a referral for articulation, stuttering, voice, or in the case of a hearing impairment, visual impairment, or physical impairment.) State Board of Education Standards and Procedures require that, before pursuing evaluation for special education placement, a minimum of two interventions related to the primary concern be completed. Interventions should be individualized for the learner, last a minimum of two weeks, and cannot run simultaneously.

<i>1st Intervention Related to Primary Concern</i>	<i>2nd Intervention Related to Primary Concern</i>
Date Begun _____ Date Ended _____	Date Begun _____ Date Ended _____
Plan	Plan
Setting	Setting
Results	Results

**Part F - Student Support Team's Review**

Assessment not appropriate at this time (Reason): \_\_\_\_\_

Additional information needed: \_\_\_\_\_

Assess in the following areas:

<input type="checkbox"/> Academic	<input type="checkbox"/> Communication	<input type="checkbox"/> Sensory Status	<input type="checkbox"/> Emotional/Social Development
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learner Behavior	<input type="checkbox"/> Functional Skills	
<input type="checkbox"/> Motor	<input type="checkbox"/> Health/Physical Status	<input type="checkbox"/> Vocational/Occupational Potential	

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*Principal's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

_____ <i>Student Support Team Member's Signature</i>	_____ <i>Date</i>	_____ <i>Student Support Team Member's Signature</i>	_____ <i>Date</i>
_____ <i>Student Support Team Member's Signature</i>	_____ <i>Date</i>	_____ <i>Student Support Team Member's Signature</i>	_____ <i>Date</i>
_____ <i>Student Support Team Member's Signature</i>	_____ <i>Date</i>	_____ <i>Student Support Team Member's Signature</i>	_____ <i>Date</i>

*Student Support Team Member's Signature*

*Date*

*Student Support Team Member's Signature*

*Date*

## What is Special Education Brochure

### What Should You Expect If Your Child Receives Special Education Services?

Parents should expect to participate as a team member in decisions regarding their child's special education program. Your child should receive instruction that has been individualized to meet the specific needs of your child. Special education instructors will work with regular education teachers to provide the appropriate accommodations and modifications within the regular education setting. Modifications and accommodations can include such things as highlighted textbooks, shortened assignments, class notes, as well as other aids to assist students to succeed in school.

### What Special Education *Is Not*

- Tutoring in regular education courses.
- An assurance that students will pass regular classes.
- Special education is not a cure. It assists in removing barriers caused by the disability but does not remove the disability.
- Rehabilitation for a physical disability.

# What is Special Education?

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This brochure is meant to provide information for parents/families regarding the school-based service called “Special Education.”

## What is Special Education?

“Special education” is instruction, specific to the child, at no cost to parents, to meet the unique needs of a child with a disability. It is important to note: Students with disabilities are general education students first. They receive special education support services in conjunction with the general education curriculum. Special education is an instructional service, not a place. Special education services must be reasonably calculated to allow the student to benefit from instruction. If the student is receiving benefit from the special education services, the student will progress at his/her own individual rate. A student who has a disability will always have the disability and would not be expected to progress in all areas at the same rate as his/her regular education peers.

## What is a Disability

A disability is a lifelong handicapping condition often associated with a physical or mental impairment that substantially limits a major life activity – including education.

## Who Can Receive Special Education Services?

To qualify for special education services a child must have a disability. The child must meet State eligibility criteria in one or more of the following areas:

- Speech or Language Impairment
- Developmental Cognitive Disability: Mild Moderate
- Developmental Cognitive Disability: Severe-Profound
- Physical Impairment
- Deaf/Hard of Hearing
- Visual Impairment
- Specific Learning Disability
- Emotional or Behavioral Disorder
- Deaf-Blindness
- Other Health Disability
- Autism Spectrum Disorders
- Developmental Delay (Birth to Age 7)
- Traumatic Brain Injury
- Severe Multiple Impairments

An evaluation is used to document the existence of a disability. Below average academic performance alone does not qualify a student for special education.

## How Does a Child Receive Special Education Services?

The school will conduct an evaluation to determine your child’s areas of need (such as reading, math and written language). With your input, goals will be written to improve the areas of need identified. These goals will be written on a document called an Individual Educational Program (IEP)/Interagency Individual Intervention Plan (IIIP). Specialized instruction may be provided in the areas of need. Special education areas of need may include:

- Reading
- Writing
- Math skills
- Related services\*
- Self-help skills
- Motor skills
- Transition skills
- Communication
- Organizational skills
- Social skills

\* Related services such as occupational therapy, physical therapy, DAPE, etc. are provided if it is determined the child would not be able to meet their instructional goals without this service. Related services cannot be provided unless the student is already receiving a special education service in a disability area, such as a learning disability. The related service is **only** provided if the

