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MY EDUCATION DIRECTORY

My Child's Name: _____

School: _____

Important Contacts at School

Position	Name	Phone	E-Mail
School Superintendent			
Special Ed. Coordinator			
Principal			
Special Educator			
General Educator			
Speech Therapist			
Physical Therapist			
Occupational Therapist			
School Psychometrist			
Counselor			
Paraprofessional			

My Child's Bus Driver is:		
Bus Garage Phone number:		
Special Transportation:		

Other Important Numbers

Position	Name	Phone	E-Mail

290-8-9-.03 Disability Definitions, Criteria, and Minimum Required Evaluative Components.

Each public agency must develop and implement procedures to identify and evaluate children suspected of having a disability that adversely affects their educational performance and who, as a result, may need special education (specially designed instruction) and related services. The evaluations listed in this rule are the required minimum evaluations to be administered prior to determining initial eligibility for special education services. Professional judgment should be used to determine if the results of any of the required evaluations are reliable sources of information or if other assessment data may prove to be more accurate indicators of the child's level of functioning. The IEP Team may determine, on a case-by-case basis, that other evaluations are needed. Vision and hearing screenings (traditional or functional, as appropriate) must be the first evaluations conducted for all children suspected of having a disability, unless otherwise indicated.

(1) Autism.

- (a) Definition. Autism means a developmental disability that significantly affects verbal and nonverbal communication and social interaction generally evident before age three (3) that adversely affects educational performance. This includes other pervasive developmental disorders. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or changes in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability, as defined in these rules. A child who manifests the characteristics of autism after age three (3) could be identified as having autism if the criteria herein are satisfied.
- (b) Criteria.
 1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 2. Score on a rating scale (normed for the appropriate diagnostic group) indicating the presence of an autism spectrum disorder.
 3. Medical, clinical, psychiatric, or school psychologist evaluation, or an assessment by a qualified person (e.g., psychometrist) trained in the area of autism evaluation.
 4. Evidence that communication/language skills and/or social skills adversely affect educational performance.
 5. Evidence of current characteristics/behaviors typical of an autism spectrum disorder.
- (c) Minimum Evaluative Components.
 1. Vision/hearing screening.
 2. A normed rating scale that is used to document the presence of an autism spectrum disorder.
 3. Comprehensive evaluation and report to be completed by a medical doctor, clinical psychiatrist, school psychologist or other qualified person (i.e., psychometrist) trained in the area of autism evaluation.
 4. Communication/language evaluation and a behavior rating scale and/or an adaptive behavior rating scale. Additional performance measures may include developmental, intellectual, achievement (individual or group), motor, criterion-referenced tests, curriculum-based assessments, work samples, portfolios, observation.
 5. Observation in both a structured and an unstructured school environment or natural setting and a structured interview with the parent/primary caregiver for all students in Grades K-12. An observation in a natural setting and a structured interview with the parents/primary caregiver for all preschool aged children.

(2) Deaf-Blindness.

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

children with blindness.

- (b) Criteria.
 1. Audiological data indicating that the individual has a hearing impairment.
 2. Optometric and/or ophthalmic data indicating that the individual has a visual impairment.
 3. Evidence of severe communication needs and evidence of severe educational needs related to the functional use of hearing and vision.
- (c) Minimum Evaluative Components.
 1. Audiological evaluation.
 2. Optometric/Ophthalmic evaluation.
 3. Performance measures such as developmental scores, diagnostic test(s), observations, communication evaluations, orientation and mobility assessments that document how the impairment adversely affects the educational performance of the child.

(3) Developmental Delay.

- (a) Definition. Developmental Delay means a delay that adversely affects daily life and/or educational performance in one or more of the following developmental areas:
 1. Adaptive,
 2. Cognitive,
 3. Communication,
 4. Social or emotional, and/or,
 5. Physical, and results in the need for special education and related services. A child may become eligible for this area of disability on his or her third birthday. A child identified with a developmental delay must be reevaluated prior to his or her ninth birthday to determine continued eligibility for special education services. At age nine, a child can no longer be eligible in the area of developmental delay and must be eligible in another area of disability in order to continue special education services. If a child turns nine during the school year and is eligible for an area of disability, that child may continue to receive special education services in his or her current program for the remainder of that school year. A child who turns nine during the school year and is not eligible for another area of disability will be served in general education programs for the remainder of the school year.
- (b) Criteria.
 1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 2. The standard score in one developmental domain must be at least two standard deviations below the mean (70 or below) on a standardized, norm-referenced instrument; or the standard scores on two or more developmental domains must be at least one and a half standard deviations below the mean (77 or below) on a standardized, norm-referenced instrument.
 3. Scores obtained according to the requirements in 2. of this section must be validated by supporting evaluations in the same identified area(s) of delay. If the standard score on the first instrument yields a delay of at least two standard deviations (70 or below) in one or more domains, then at least one domain must be validated (70 or below) by another norm-referenced or criterion-referenced instrument. If the standard score on the first instrument yields a delay of at least one and a half standard deviations (77 or below) in two or more domains, at least two of the domains must be validated (77 or below) by another norm-referenced or criterion-referenced instrument. When using a criterion-referenced instrument that does not yield standard scores, age equivalent scores may be used to determine the percent of delay and must be converted to standard scores. The score must be at least a 30% delay (two standard deviations below the mean) in one domain or a 25% delay (one and a half standard deviations below the mean) in two or more domains.
 4. Evidence that the developmental delay adversely affects the child's performance in age-appropriate activities must be documented.
- (c) Minimum Evaluative Components.

1. Vision/hearing screening.
2. A standardized, norm-referenced instrument(s) that evaluates all five developmental domains.
3. An additional standardized, norm-referenced instrument(s) or a criterion-referenced instrument that supports the one or two identified areas of delay from the first instrument according to the requirements.
4. Evidence of adverse effect.
 - (i) A family interview documenting strengths, needs, and concerns.
 - (ii) An observation of the child in an age-appropriate environment.
- (d) Public agencies may identify children in another disability area instead of using the area of developmental delay. However, if a public agency chooses to use the term developmental delay, which may only be used for ages 3-9, the agency must use the criteria above.

(4) Emotional Disability.

- (a) Definition. Emotional Disability means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
 1. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
 2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 3. Inappropriate types of behavior or feelings under normal circumstances;
 4. A general pervasive mood of unhappiness or depression; or
 5. A tendency to develop physical symptoms or fears associated with personal or school problems.
 Emotional disability includes schizophrenia. The term does not include children who are socially maladjusted, unless it is determined that they have an emotional disability as defined herein.
- (b) Criteria.
 1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 2. Evidence that the problem is not due to intellectual, sensory, or health factors.
 3. Standard scores (total or composite) on two out of three of the same norm-referenced behavior rating scale must be at least two standard deviations above or below the mean (70, depending on the rating scale). Ratings from three or more scales will be obtained from at least three independent raters, one of whom may be the parent or the child through a self-report.
 4. Evidence that the emotional disability adversely affects the child's academic performance and/or social/emotional functioning in the school environment.
 5. Evidence that the emotional disability is exhibited over a long period of time (typically six months) and to a marked degree, and that the child's educational performance is adversely affected.
 6. Observational data that documents the emotional disability in two or more educational settings.
- (c) Minimum Evaluative Components.
 1. Vision/hearing screening.
 2. Individual intellectual evaluation.
 3. Administration of three of the same norm-referenced behavior rating scale by three or more independent raters who have had knowledge of the child for at least six weeks. One of the raters may be the parent or the child. If a self-report is used, it must be a version of the same behavior rating scale.
 4. Individual educational achievement evaluation and a statement of how the impairment adversely affects the child's academic performance and/or the child's social/emotional functioning.
 5. Documentation that the emotional disability is exhibited over a long period of time (typically six months) to a marked degree that adversely affects educational performance. Documentation must include teacher, parent and/or child interview(s); documentation of environmental, socio-cultural, and/or ethnic information (e.g., Environmental, Cultural and Economic Concerns checklist); and at least one of the following:
 - (i) Observation of the child in an educational environment other than the required observation.

- (ii) Counselor reports.
- (iii) Language evaluation.
- (iv) Anecdotal records from classroom teacher(s) or other LEA personnel.
- (v) Documentation may also include at least one of the following, if available:
 - (I) Clinical psychological/psychiatric reports.
 - (II) School psychologist reports.
 - (III) Medical reports.
- 6. Observation by a qualified professional in two or more educational settings (one structured setting and one unstructured setting).
- (d) Reevaluation for continued eligibility in the area of emotional disability. At the first reevaluation, if the IEP Team determines that additional data are needed and after conducting the assessments, the student no longer meets all criteria for emotional disability, the IEP Team must choose one of the following options:
 - 1. Based on existing evaluation data and/or additional data gathered, and documentation that student's behavior does not adversely affect educational performance, the IEP Team must determine that the student is no longer eligible for special education services in the area of emotional disability.
 - 2. Based on existing data and/or additional data gathered, the IEP Team may determine that the student continues to be eligible in the area of emotional disability based on the student's continued need for intensive support. The IEP Team must include on the eligibility report a written description of all behavioral strategies/interventions that are currently in place for the student. The IEP Team may determine that the student continues to be eligible for special education services in the area of emotional disability based on existing data and/or additional data gathered even though all criteria are not met (including scores two standard deviations above or below the mean, depending on the instrument, on two out of three behavior rating scales). The IEP Team may use this option only once at reevaluation. At the next reevaluation for continued eligibility, the IEP Team may not determine the student eligible for emotional disability unless all criteria are met (including scores two standard deviations above or below the mean, depending on the instrument, on two out of three behavior rating scales).

(5) Hearing Impairment.

- (a) Definition. Hearing Impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance. This term includes both deaf and hard-of-hearing.
- (b) Criteria.
 - 1. Evidence that vision screening results are satisfactory prior to proceeding with evaluations.
 - 2. Audiological data indicating that the child has a hearing impairment.
 - 3. Evidence that the educational performance is adversely affected by the disability.
- (c) Minimum Evaluative Components.
 - 1. Vision screening.
 - 2. Audiological evaluation.
 - 3. Performance measures such as group or individual intelligence scores, individual/group education achievement and/or diagnostic test(s), classroom observation, review of child's existing records (i.e., attendance, health).

(6) Intellectual Disability.

- (a) Definition. Intellectual Disability means significantly subaverage general intellectual functioning existing concurrently with significant limitations in adaptive behavior and manifested during the developmental period that adversely affects the child's educational performance.
- (b) Criteria.
 - 1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.

2. Total or full-scale intelligence quotient must be at least two standard deviations below the mean (70 or below).
3. Adaptive behavior scales.
 - (i) Total score on at least one adaptive behavior scale must be at least two standard deviations below the mean (70 or below). A school version of an adaptive behavior scale is required to be completed. The public agency must make reasonable efforts to obtain a home version of the adaptive behavior scale. If a home version is not obtained, a second school version is required. The school version(s) and the home version of the adaptive behavior scale must be conducted using the same instrument. The home version of the adaptive behavior scale can be completed by the parent through a home visit, parent/teacher conference, telephone interview, or other mutually agreed upon arrangement. It is the responsibility of the public agency to ensure that the parent receives the assistance needed to complete the adaptive behavior scale. The public agency must make at least two attempts to have the parent complete the home version of the adaptive behavior scale within the sixty (60) days of receiving parental consent for initial evaluation and document such attempts on the eligibility report. However, the absence of a home version of the adaptive behavior scale must not delay the eligibility determination timeline.
 - (ii) For students with individual intellectual scores in the significant cognitive disability range (55 and below), the total score on at least one adaptive behavior scale must be at least 1.5 standard deviations below the mean (77 or below). As in 3(i) above, a school version of an adaptive behavior scale is required and reasonable efforts to obtain a home version must be made.
4. Evidence that the disability adversely affects educational performance. (Note: Achievement scores at least one standard deviation below the mean should confirm and validate the intellectual functioning and adaptive behavior scales).
5. Determination of any environmental, cultural, language, or economic differences that might mask the student's true abilities. If at least one concern is noted, the team must consider administering a non-traditional intelligence test.
- (c) Minimum Evaluative Components.
 1. Vision/hearing screening.
 2. Individual intellectual evaluation.
 3. Individual adaptive behavior evaluation (Note: School and home versions must be conducted using the same instrument).
 4. Individual educational achievement evaluation (Note: Screening instruments may not be used to determine eligibility).
 5. Environmental, cultural, language, and economic information.
- (d) Exception to the current rule. Minority students in the seventh grade and older in the 2000-2001 school year and who were identified prior to July 1, 1999, will continue to be reevaluated under the criteria in this exception rule. Non-minority students in the fourth grade and older in the 2000-2001 school year and who were identified prior to July 1, 1999, will continue to be reevaluated under the criteria in this exception rule. However, if a qualified team, including the parent, deems it appropriate to use the criteria in the current rule, they may do so, but written justification for this action must be documented in the eligibility report.
 1. Definition. Intellectual Disability means significantly subaverage general intellectual functioning resulting in or associated with concurrent impairments in adaptive behavior and manifested during the developmental period that adversely affects the student's educational performance. Students classified as having intellectual disability must have a total or full-scale intelligence quotient of seventy (70) or below and deficits in overall adaptive behavior.
 2. Evaluations Required.
 - (i) Vision and hearing screening.
 - (ii) Adaptive behavior scale.
 - (iii) Individual educational achievement and/or diagnostic test(s).
 - (iv) Individual intellectual evaluation.

- (v) Professional judgment should be used to determine if the results of any of the above evaluations are reliable sources of information, or if other assessment data (e.g. developmental scales, systematic observation) may prove to be a more accurate indicator of the student's level of functioning.

(7) Multiple Disabilities.

- (a) Definition. Multiple Disabilities means concomitant impairments (such as intellectual disability-blindness, or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.
- (b) Criteria. The child must meet all eligibility criteria for two or more areas of disabilities as defined in these rules. Eligibility criteria for the two or more areas of disabilities must be documented on the eligibility report.
- (c) Minimum Evaluative Components. Refer to minimum evaluative components required under each area of disability.

(8) Orthopedic Impairment.

- (a) Definition. Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). If a medical diagnosis is presented, the medical diagnosis alone is not enough to justify being identified in the area of orthopedic impairment. The impairment must adversely affect the educational performance of the child.
- (b) Criteria.
 1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 2. Evidence of an orthopedic impairment.
 3. Performance measures that document how the child's disability affects his or her involvement and progress in the general education curriculum or, for preschool children how the disability affects the child's participation in age-appropriate activities.
 4. A statement providing evidence that the orthopedic impairment adversely affects educational performance, and for initial evaluation for special education services only, evidence of interventions/accommodations that have been tried in regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful.
- (c) Minimum Evaluative Components.
 1. Vision/hearing screening.
 2. Documentation of the orthopedic impairment (medical diagnosis/physician's statement).
 3. Performance measures such as developmental scores, individual and/or group intelligence scores, individual and/or group educational achievement and/or diagnostic test(s) scores, classroom observations, motor assessments, criterion-referenced tests, curriculum-based assessments, review of child's existing records (i.e., attendance, health).
 4. A statement of how the impairment adversely affects the educational performance of the child, and for initial evaluations for special education services only, documentation of interventions/accommodations must include a written description of all interventions/accommodations that have been tried in the regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful. Interventions/accommodations may be documented through teacher interview(s) that are specific to the child's disability, classroom observation(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations, and intervention strategies.

(9) Other Health Impairment.

- (a) Definition. Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette Syndrome. If a medical diagnosis is presented, the medical diagnosis alone is not enough to justify being identified in the area of other health impairment. The impairment must adversely affect the educational performance of the child.
- (b) Criteria for Other Health Impairment.
1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 2. Evidence of a health impairment.
 3. Performance measures that document how the child's disability affects his or her involvement and progress in the general education curriculum, or for preschool children, how the disability affects the child's participation in age-appropriate activities.
 4. A statement providing evidence that the health impairment adversely affects the educational performance of the child and, for initial evaluation for special education services only evidence of interventions/accommodations that have been tried in regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful.
- (c) Minimum Evaluative Components for Other Health Impairment.
1. Vision/hearing screening.
 2. Documentation of the health impairment (medical diagnosis/statement).
 3. Performance measures such as developmental scores, individual and/or group intelligence scores, individual and/or group education achievement and/or diagnostic test(s) scores, classroom observations, motor assessments, criterion-referenced tests, curriculum-based assessments, review of child's existing records, (i.e., attendance, health).
 4. A statement of how the impairment adversely affects the educational performance of the child and, for initial evaluations for special education services only, documentation of interventions/accommodations must include a written description of all interventions/accommodations that have been tried in the regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful. Interventions/accommodations may be documented through teacher interview(s) that are specific to the child's disability, classroom observation(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations, and intervention strategies.
- (d) Criteria for Other Health Impairment – Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).
1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 2. Evidence that the health impairment adversely affects the educational performance of the child.
 3. Standard scores (total or composite) on two out of three of the same norm-referenced scale designed specifically to determine the presence of ADD or ADHD must be at least two standard deviations above or below the mean (70, depending on the rating scale). Ratings from three or more scales must be obtained from at least three independent raters, one of whom may be the parent.
 4. For initial evaluations only, evidence of interventions/accommodations that have been tried in regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful.
- (e) Minimum Evaluative Components for Other Health Impairment – ADD or ADHD.
1. Vision/hearing screening.
 2. A statement of how the health impairment adversely affects the educational performance of the child and documentation of performance measures such as individual and/or group intelligence

scores, individual and/or group education achievement and/or diagnostic test(s) scores, classroom observations, criterion-referenced tests, curriculum-based assessments, review of child's existing records, (i.e., attendance, health, discipline).

3. Administration of three of the same norm-referenced behavior rating scale, ADD or ADHD scale by three or more independent raters who have had knowledge of the child for at least six weeks. One of the raters may be the parent or the child. If a self-report is used, it must be a version of the same behavior rating scale, ADD or ADHD scale.
4. For initial evaluations for special education services only, documentation of interventions/ accommodations must include a written description of all interventions/ accommodations that have been tried in the regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful. Interventions/accommodations may be documented through teacher interview(s) that are specific to the child's disability, classroom observation(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations, and intervention strategies.

(10) Specific Learning Disability.

- (a) Definition. Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disability, or of environmental, cultural, or economic disadvantage.
- (b) General.
 1. When determining whether a child has a specific learning disability a public agency will not be required to take into consideration whether a child has a severe discrepancy between intellectual ability and achievement. A public agency may use a process based on the child's response to scientific, research-based intervention. A public agency may use other alternative research-based procedures for determining whether a child has a specific learning disability.
 2. For children suspected of having a specific learning disability, the Eligibility Committee and/or IEP Team must also include:
 - (i) The child's regular education teacher, or
 - (ii) If the child does not have a regular education teacher, a regular education teacher qualified to teach a child of his or her age, or
 - (iii) For a child of less than school age, an individual qualified by the SEA to teach a child of his or her age, and
 - (iv) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.
- (c) Criteria.
 1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 2. A public agency may determine that a child has a specific learning disability if:
 - (i) The child does not achieve adequately for the child's age or meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade level standards: oral expression, listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving.
 - (ii) The child does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified in paragraph 2.(i) of this section when using a process based on the child's response to scientific, research-based intervention; or
 - (iii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both,

- relative to age, State-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments.
3. The group determines that the existence of specific learning disability is not the result of a visual, hearing, or motor disability; intellectual disability; emotional disability; cultural factors; environmental or economic disadvantage or limited English proficiency.
 4. Data to ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math.
 5. The public agency must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.
 6. Documentation of work samples in the area of suspected disability.
- (d) Minimum Evaluative Components for Specific Learning Disability.
1. Vision/hearing screening.
 2. Documentation of a specific learning disability:
 - (i) Documentation that the child does not achieve adequately for the child's age or meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade level standards: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving. Public agencies that choose to use the predicted achievement model must use either the table provided by the State Department of Education, Special Education Services, or the predicted achievement tables as provided by test publishers. Obtained achievement scores must be greater than one standard deviation unit or at least 16 points below the predicted achievement score using instruments with a common metric (mean of 100 and standard deviation of 15). Documentation of the severe discrepancy must be included in the written report/eligibility determination. When using the predicted achievement model to calculate the severe discrepancy, administer:
 - (I) An age-appropriate norm-referenced individually administered intelligence test (full scale score).
 - (II) An age-appropriate, individually administered, standardized, norm-referenced achievement test to determine a student's obtained achievement score(s) using one of the following two methods:
 - I. Using an obtained total test score from the administration of a test of achievement, or using an obtained test score from the administration of a test in the area of suspected disability (e.g., a test of reading, a test of math, a test of written expression).
 - II. Using obtained composite scores or subtest scores from the administration of two different achievement tests in the same area(s) of suspected disability and/or skill deficit;
 - (ii) Documentation that the child has participated in a process that assesses the child's response to scientific, research-based intervention including:
 - (I) The instructional strategies used and the student-centered data collected; and
 - (II) The documentation that the child's parents were notified about:
 - I. The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
 - II. Strategies for increasing the child's rate of learning; and
 - III. The parents' right to request an evaluation; or
 - (iii) Documentation of a pattern of strengths and weaknesses in performance, achievement, or both, to be relevant to the identification of a specific learning disability, using appropriate assessments.
 3. Documentation that the existence of specific learning disability is not the result of a visual, hearing, or motor disability; intellectual disability; emotional disability; cultural factors; environmental or economic disadvantage or limited English proficiency must include but is not limited to adaptive behavior scale, behavior rating scale, environmental cultural economic concerns checklist.
 4. Data that demonstrate that the child was provided appropriate instruction in regular education

settings, delivered by qualified personnel; and data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

5. Observation.
 - (i) The group responsible for determining whether a child has a specific learning disability, must decide to:
 - (I) Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or
 - (II) Have at least one member of the group conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent is obtained.
 - (ii) In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.
6. Work samples in the area of difficulty.
 - (e) Specific documentation for the eligibility determination.
 1. For a child suspected of having a specific learning disability, the documentation of the determination of eligibility must contain a statement of:
 - (i) Whether the child has a specific learning disability;
 - (ii) The basis for making the determination, including an assurance that the determination has been made in accordance with eligibility requirements;
 - (iii) The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;
 - (iv) The educationally relevant medical findings, if any;
 - (v) Whether the child does not achieve adequately for the child's age or to meet State-approved grade-level standards; and
 - (vi) Whether the child does not make sufficient progress to meet age or State-approved grade-level standards; or the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards or intellectual development;
 - (vii) The determination of the group concerning the effects of a visual, hearing, or motor disability; intellectual disability; emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
 - (viii) If the child has participated in a process that assesses the child's response to scientific, research-based intervention:
 - (I) The instructional strategies used and the student-centered data collected; and
 - (II) The documentation that the child's parents were notified about:
 - I. The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
 - II. Strategies for increasing the child's rate of learning; and
 - III. The parents' right to request an evaluation.
 2. Each group member must certify in writing whether the report reflects the member's conclusion. If it does not reflect the member's conclusion, the group member must submit a separate statement presenting the member's conclusions.
 - (f) Exception to the current rule. All children referred prior to July 1, 1998, and who have been identified as specific learning disabled using the simple standard score discrepancy criteria will continue to be reevaluated with this exceptions criteria until such time as the child is no longer eligible for services. However, if a qualified team, including the parent, deems it appropriate to use the current criteria, they may do so, but written justification for this action must be documented in the eligibility report. The simple standard score discrepancy criteria are as follows:
 1. Definition. Specific Learning Disabilities means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that

- may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. Children with specific learning disabilities will demonstrate a severe discrepancy between intellectual ability and achievement in one or more of the following areas: basic reading skills, reading comprehension, mathematical calculation, mathematical reasoning, oral expression, listening comprehension, or written expression.
2. Eligibility Criteria. The eligibility team must consider a variety of criteria in the identification of children with specific learning disabilities. No single criterion or specific number of characteristics can be used in identifying children with specific learning disabilities. Rather, the age-appropriateness of observed behaviors and the frequency, intensity, and duration of child's learning problems are critical in distinguishing specific learning disabilities from learning problems resulting from such factors as low motivation, underachievement, or inadequate instruction. The eligibility team must consider each of the following criteria in identifying children with specific learning disabilities. These criteria must be documented in the written report of the eligibility team.
 - (i) Appropriate Learning Opportunities. The eligibility team must determine that children have been provided appropriate learning opportunities commensurate with age and ability level. Prior to referral, efforts should be made in the regular school program to adapt or modify curriculum, materials, and/or instruction to accommodate the child for at least six weeks. These interventions might include, but are not limited to, changes in teaching methods, behavior management strategies, scheduling, grouping, seating arrangements, or consultation with providers of school psychological services. Documentation of prereferral intervention strategies must be provided for the eligibility team. This should identify the interventions that were implemented and document that the child still failed to achieve. Documentation must be included in the written report of the eligibility team.
 - (ii) Intellectual Functioning. A total or full-scale score must be used. When school personnel suspect that the intellectual ability is not accurately reflected by an obtained total or full-scale IQ score, other measures or procedures that assess cognitive abilities may be used. This documentation must be included in the written report of the eligibility team.
 - (iii) Deficit in Achievement. When provided with appropriate learning opportunities, children with specific learning disabilities do not achieve commensurate with age and ability level. Their achievement in one or more of the following areas is below expectancy: basic reading skills, reading comprehension, mathematical calculation, mathematical reasoning, oral expression, listening comprehension, and/or written expression. Assessment of actual achievement must be based on the teacher referral, classroom observation, work samples, individually administered diagnostic tests, and other related information. This documentation must be included in the written report of the eligibility team.
 - (iv) Severe Discrepancy Between Intellectual Ability and Achievement. Children with specific learning disabilities usually exhibit a severe discrepancy between intellectual ability and achievement/diagnostic test standard scores. The standard score on the individual achievement/diagnostic test(s) must be at least one standard deviation unit below the child's intelligence quotient through ten years of age and must be at least one and a half standard deviation units below the child's intelligence quotient if the child is eleven years of age or older. This documentation must be included in the written report of the eligibility team.
 - (v) Exclusion of Other Primary Conditions. The area of specific learning disabilities does not include children whose learning problems are primarily the result of visual, hearing or motor disabilities; mental disabilities; emotional disability; or environmental, cultural or economic disadvantage. This documentation must be included in the written report of the eligibility team.
 3. Evaluations Required.
 - (i) Vision and hearing screening.
 - (ii) Behavior rating scale.
 - (iii) Individual educational achievement and/or diagnostic test(s).
 - (iv) Individual intellectual evaluation.

- (v) Environmental, cultural, and economic concerns checklist.
- (vi) At least one team member other than the child's regular teacher must observe the child's academic performance in the regular classroom setting. In the case of a child of less than school age or out-of-school, a team member must observe the child in an environment appropriate for a child of that age.
- (vii) Work samples.
- (viii) Professional judgment should be used to determine if the results of any of the above evaluations are reliable sources of information, or if other assessment data (e.g., developmental scales, systematic observation) may prove to be a more accurate indicator of the child's level of functioning.

(11) Speech or Language Impairment.

- (a) Definition. Speech or Language Impairment means a communication disorder in the area of articulation, voice, fluency, or language that adversely affects a child's educational performance.
- (b) Criteria.
 - 1. Articulation.
 - (i) Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 - (ii) Errors are primarily characterized by substitutions, distortions, additions, and omissions. Phonological errors are in excess of developmental expectations and nondevelopmental processes may be noted. Errors are not stimulable. Connected speech may be unintelligible or may be intelligible only to familiar listeners or within known contexts.
 - (iii) Children who exhibit a tongue thrust are not eligible for speech/language services unless they also exhibit an associated articulation disorder. Speech/language services are not a required service for children who exhibit tongue thrust only.
 - (iv) A child does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.
 - (v) A child does not meet the criteria for an articulation disorder as a result of dialectal patterns or second language acquisition patterns.
 - 2. Voice.
 - (i) Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 - (ii) The child's voice is abnormal in vocal quality, pitch, loudness, resonance and/or duration and is inappropriate for the child's age and gender. Deviance is noticeable and distracting to any listener. The disorder adversely affects communication.
 - (iii) The voice disorder is not the result of a temporary problem such as normal voice change, allergies, asthma, tonsils and/or adenoid removal or other such conditions.
 - 3. Fluency.
 - (i) Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 - (ii) Abnormally dysfluent speech is observed during conversation and/or structured speaking tasks. Listeners are distracted by the child's dysfluent speech and distracting concomitant behaviors may be observed. The child may exhibit fear or avoidance of speaking.
 - (iii) The child's ability to communicate is adversely affected by the disorder. Developmental dysfluencies attributable to normal maturation patterns are not considered as a disability.
 - 4. Language.
 - (i) Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 - (ii) Syntactic, morphologic, semantic, and/or pragmatic errors are observed. The child's ability to comprehend or use spoken language is adversely affected.
 - (iii) A total language standard score or quotient of at least two standard deviations below the mean (70 or below) on a standardized comprehensive language test containing both receptive and

- expressive components must be obtained.
- (iv) Dialectal differences or English as a second language is not considered a language disorder.
 - (c) Minimum Evaluative Components. Evaluations must be completed in the area of suspected disability as follows:
 1. Articulation/Phonological Disorder.
 - (i) A minimum of one standardized or formal measure that assesses the child's articulation/phonological skills.
 - (ii) Written documentation of a stimulability assessment as part of the standardized or formal measure or as a separate assessment.
 - (iii) Written documentation of the impact of intelligibility on connected speech.
 - (iv) Written documentation of an examination of oral structures and functioning.
 - (v) The eligibility team must obtain written documentation from the child's teacher and/or caregiver that the child's articulation skills adversely affect his or her involvement and/or progress in the general education curriculum and/or environment.
 - (vi) A summary of all required evaluations must be included on the eligibility report.
 2. Voice Disorder.
 - (i) A minimum of one formal measure that assesses the child's pitch, loudness, quality, inflection and resonance.
 - (ii) A written description of the child's voice patterns in a variety of tasks, in a minimum of two separate settings; one in the classroom and one in a non-structured environment that includes social/ peer interaction. Diagnostic observations should occur over a period of six weeks or less, if appropriate.
 - (iii) Medical evaluation by a physician, preferably an otorhinolaryngologist (ENT). Written documentation from the physician stating that the child is medically cleared to participate in voice therapy is required prior to the eligibility meeting. The public agency is responsible for the cost of the evaluation if no other means of payment is available.
 - (iv) The eligibility team must obtain written documentation from the child's teacher and/or caregiver that the voice disorder adversely affects his or her involvement and/or progress in the general education curriculum and/or environment.
 - (v) A summary of all required evaluations must be included on the eligibility report.
 3. Fluency Disorder.
 - (i) A minimum of one formal measure that assesses the child's dysfluency patterns.
 - (ii) A written description of the child's speaking patterns in more than one speaking task and in more than one setting.
 - (iii) Interviews with the child, teachers, and/or parent, documenting strengths and concerns regarding the fluency disorder.
 - (iv) The eligibility team must obtain written documentation from the child's teacher and/or caregiver that the fluency disorder adversely affects his or her involvement and/or progress in the general education curriculum and/or environment.
 - (v) A summary of all required evaluations must be included on the eligibility report.
 4. Language Disorder.
 - (i) A minimum of one standardized or formal comprehensive measure that assesses both receptive and expressive language skills must be administered. A child meets eligibility criteria when the total language standard score or quotient of at least two standard deviations below the mean (70 or below) on a standardized comprehensive language test containing both receptive and expressive components is obtained.
 - (ii) If the total language standard score does not meet the criteria of at least two standard deviations below the mean (70 or below) then a standard score at least two standard deviations below the mean (70 or below) in one area (receptive or expressive) of a comprehensive language test and a standard score or quotient at least two standard deviations below the mean (70 or below) on an assessment of a specific language component (semantics, syntax, morphology, processing, phonological awareness, or pragmatics) must be used. The assessment of a specific language

component must be in the same area as the deficit score on the comprehensive language test (i.e., if the deficit area is in the receptive component, then a test designed to assess receptive skills should be administered). If the standard score or quotient on the second measure is at least two standard deviations below the mean (70 or below), then the child's language disorder meets eligibility criteria.

- (iii) The eligibility team must obtain written documentation from the child's teacher and/or caregiver that the child's language impairment adversely affects his or her involvement and/or progress in the general education curriculum and/or environment.
- (iv) A summary of all required evaluations in each specific area must be included on the eligibility report.

(12) Traumatic Brain Injury.

- (a) Definition. Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment or both, that adversely affects educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.
- (b) Criteria.
 - 1. Evidence that vision/hearing screening results are satisfactory prior to proceeding with evaluations.
 - 2. Documentation of a traumatic brain injury.
 - 3. Evidence that the traumatic brain injury adversely affects educational performance.
- (c) Minimum Evaluative Components. In emergency situations, professional judgment should be used to initially place the child.
 - 1. Vision/hearing screening.
 - 2. Medical/neurological evaluation.
 - 3. Individual educational achievement evaluation to serve as initial post-trauma baseline measure.

(13) Visual Impairment.

- (a) Definition. Visual Impairment means a visual impairment that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.
- (b) Criteria.
 - 1. Evidence that hearing screening results are satisfactory prior to proceeding with evaluations.
 - 2. Optometric/ophthalmic data indicating that the individual has a visual impairment.
 - 3. Evidence of visual functioning that adversely affects educational performance as evaluated by a certified vision specialist.
- (c) Minimum Evaluative Components.
 - 1. Hearing screening.
 - 2. Optometric and/or ophthalmic evaluation indicating that the individual has a visual impairment.
 - 3. Documentation of educational problems that even after appropriate accommodations, the disability continues to affect educational performance. Educational problems may be assessed by a certified vision specialist through one or more of the following:
 - (i) A learning media assessment,
 - (ii) Functional vision assessment, and/or
 - (iii) An orientation and mobility evaluation.

OFFICE FOR CIVIL RIGHTS, DEPARTMENT OF EDUCATION

PART 104

NONDISCRIMINATION ON THE BASIS OF HANDICAP IN PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

Subpart D — Preschool, Elementary, and Secondary Education

104.31 Application of this subpart.

Subpart D applies to preschool, elementary, secondary, and adult education programs or activities that receive Federal financial assistance and to recipients that operate, or that receive Federal financial assistance for the operation of, such programs or activities.

104.32 Location and notification.

A recipient that operates a public elementary or secondary education program or activity shall annually:

- (a) Undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction who is not receiving a public education; and
- (b) Take appropriate steps to notify handicapped persons and their parents or guardians of the recipient's duty under this subpart.

104.33 Free appropriate public education.

(a) General. A recipient that operates a public elementary or secondary education program or activity shall provide a free appropriate public education to each qualified handicapped person who is in the recipient's jurisdiction, regardless of the nature or severity of the person's handicap.

(b) Appropriate education. (1) For the purpose of this subpart, the provision of an appropriate education is the provision of regular or special education and related aids and services that (i) are designed to meet individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met and (ii) are based upon adherence to procedures that satisfy the requirements of 104.34, 104.35, and 104.36.

(2) Implementation of an Individualized Education Program developed in accordance with the Education of the Handicapped Act is one means of meeting the standard established in paragraph (b)(1)(i) of this section.

(3) A recipient may place a handicapped person or refer such a person for aid, benefits, or services other than those that it operates or provides as its means of carrying out the requirements of this subpart. If so, the recipient remains responsible for ensuring that the requirements of this subpart are met with respect to any handicapped person so placed or referred.

(c) Free education — (1) General. For the purpose of this section, the provision of a free education is the provision of educational and related services without cost to the handicapped person or to his or her parents or guardian, except for those fees that are imposed on non-handicapped persons or their parents or guardian. It may consist either of the provision of free services or, if a recipient places a handicapped person or refers such person for aid, benefits, or services not operated or provided by the recipient as its means of carrying out the requirements of this subpart, of payment for the costs of the aid, benefits, or services. Funds available from any public or private agency may be used to meet the requirements of this subpart. Nothing in this section shall be construed to relieve an insurer or similar third party from an otherwise valid obligation to provide or pay for services provided to a handicapped person.

(2) Transportation. If a recipient places a handicapped person or refers such person for aid, benefits, or services not operated or provided by the recipient as its means of carrying out the requirements of this subpart, the recipient shall ensure that adequate transportation to and from the aid, benefits, or services is provided at no greater cost than would be incurred by the person or his or her parents or guardian if the person were placed in the aid, benefits, or services operated by the recipient.

(3) Residential placement. If a public or private residential placement is necessary to provide a free appropriate public education to a handicapped person because of his or her handicap, the placement, including non-medical care and room and board, shall be provided at no cost to the person or his or her parents or guardian.

(4) Placement of handicapped persons by parents. If a recipient has made available, in conformance with the requirements of this section and 104.34, a free appropriate public education to a handicapped person and the person's parents or guardian choose to place the person in a private school, the recipient is not required to pay for the person's education in the private school. Disagreements between a parent or guardian and a recipient regarding whether the recipient has made a free appropriate public education available or otherwise regarding the question of financial responsibility are subject to the due process procedures of 104.36.

(d) Compliance. A recipient may not exclude any qualified handicapped person from a public elementary or secondary education after the effective date of this part. A recipient that is not, on the effective date of this regulation, in full compliance with the other requirements of the preceding paragraphs of this section shall meet such requirements at the earliest practicable time and in no event later than September 1, 1978.

104.34 Educational setting.

(a) Academic setting. A recipient to which this subpart applies shall educate, or shall provide for the education of, each qualified handicapped person in its jurisdiction with persons who are not handicapped to the maximum extent appropriate to the needs of the handicapped person. A recipient shall place a handicapped person in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. Whenever a recipient places a person in a setting other than the regular educational environment pursuant to this paragraph, it shall take into account the proximity of the alternate setting to the person's home.

(b) Nonacademic settings. In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in 104.37(a)(2), a recipient shall ensure that handicapped persons participate with non-handicapped persons in such activities and services to the maximum extent appropriate to the needs of the handicapped person in question.

(c) Comparable facilities. If a recipient, in compliance with paragraph (a) of this section, operates a facility that is identifiable as being for handicapped persons, the recipient shall ensure that the facility and the services and activities provided therein are comparable to the other facilities, services, and activities of the recipient.

104.35 Evaluation and placement.

(a) Pre-placement evaluation. A recipient that operates a public elementary or secondary education program or activity shall conduct an evaluation in accordance with the requirements of paragraph (b) of this section of any person who, because of handicap, needs or is believed to need special education or related services before taking any action with respect to the initial placement of the person in regular or special education and any subsequent significant change in placement.

(b) Evaluation procedures. A recipient to which this subpart applies shall establish standards and procedures for the evaluation and placement of persons who, because of handicap, need or are believed to need special education or related services which ensure that:

- (1) Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer;
- (2) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient; and
- (3) Tests are selected and administered so as best to ensure that, when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure).

(c) Placement procedures. In interpreting evaluation data and in making placement decisions, a recipient shall (1) draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior, (2) establish procedures to ensure that information obtained from all such sources is documented and carefully considered, (3) ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options, and (4) ensure that the placement decision is

made in conformity with 104.34.

(d) **Reevaluation.** A recipient to which this section applies shall establish procedures, in accordance with paragraph (b) of this section, for periodic reevaluation of students who have been provided special education and related services. A reevaluation procedure consistent with the Education for the Handicapped Act is one means of meeting this requirement.

104.36 Procedural safeguards.

A recipient that operates a public elementary or secondary education program or activity shall establish and implement, with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of handicap, need or are believed to need special instruction or related services, a system of procedural safeguards that includes notice, an opportunity for the parents or guardian of the person to examine relevant records, an impartial hearing with opportunity for participation by the person's parents or guardian and representation by counsel, and a review procedure. Compliance with the procedural safeguards of section 615 of the Education of the Handicapped Act is one means of meeting this requirement.

104.37 Nonacademic services.

(a) **General.** (1) A recipient to which this subpart applies shall provide non-academic and extracurricular services and activities in such manner as is necessary to afford handicapped students an equal opportunity for participation in such services and activities.

(2) Nonacademic and extracurricular services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the recipients, referrals to agencies which provide assistance to handicapped persons, and employment of students, including both employment by the recipient and assistance in making available outside employment.

(b) **Counseling services.** A recipient to which this subpart applies that provides personal, academic, or vocational counseling, guidance, or placement services to its students shall provide these services without discrimination on the basis of handicap. The recipient shall ensure that qualified handicapped students are not counseled toward more restrictive career objectives than are non-handicapped students with similar interests and abilities.

(c) **Physical education and athletics.** (1) In providing physical education courses and athletics and similar aid, benefits, or services to any of its students, a recipient to which this subpart applies may not discriminate on the basis of handicap. A recipient that offers physical education courses or that operates or sponsors interscholastic, club, or intramural athletics shall provide to qualified handicapped students an equal opportunity for participation.

(2) A recipient may offer to handicapped students physical education and athletic activities that are separate or different from those offered to nonhandicapped students only if separation or differentiation is consistent with the requirements of 104.34 and only if no qualified handicapped student is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

104.38 Preschool and adult education.

A recipient to which this subpart applies that provides preschool education or day care or adult education may not, on the basis of handicap, exclude qualified handicapped persons and shall take into account the needs of such persons in determining the aid, benefits, or services to be provided.

104.39 Private education.

(a) A recipient that provides private elementary or secondary education may not, on the basis of handicap, exclude a qualified handicapped person if the person can, with minor adjustments, be provided an appropriate education, as defined in 104.33(b)(1), within that recipient's program or activity.

(b) A recipient to which this section applies may not charge more for the provision of an appropriate education to handicapped persons than to non-handicapped persons except to the extent that any additional charge is justified by a substantial increase in cost to the recipient.

(c) A recipient to which this section applies that provides special education shall do so in accordance with the provisions of 104.35 and 104.36. Each recipient to which this section applies is subject to the provisions of 104.34, 104.37, and 104.38.

LETTER REQUESTING AN EVALUATION

June 1, 2014

Mrs. Henrietta Williams
Special Education Coordinator
Camellia School District
123 Main Street
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade.

Thomas is having problems with his school work. *(Describe your concerns. For example: "Thomas's math grades are very poor and he hasn't done well on the standardized tests he's taken. Also, he has trouble paying attention and can't seem to follow directions.")*

I would like to have him evaluated to see if he has a disability and whether he needs special education and related services.

Please let me know when the school's evaluation team will meet to discuss this evaluation request so that I can be in attendance and sign the consent for initial evaluation. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School
Principal

Marion Flagg, Camellia School District
Superintendent

LETTER REQUESTING A REEVALUATION

June 1, 2014

Mrs. Henrietta Williams
Special Education Coordinator
Camellia School District
123 Main Street
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. My child receives special education services.

I recently reviewed Thomas's evaluation and believe it is *(Describe your concerns. For example: out of date, incomplete, inappropriate due to changes in his learning needs).*

I would like to have Thomas reevaluated.

Please contact me within ten school days regarding this matter. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School
Principal

Marion Flagg, Camellia School District
Superintendent

LETTER REQUESTING AN INDEPENDENT EDUCATIONAL EVALUATION

June 1, 2014

Mrs. Henrietta Williams
Special Education Coordinator
Camellia School District
123 Main Street
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. My child receives special education services.

Recently, you completed an educational evaluation of Thomas. ***(Describe the evaluation: full evaluation, an assistive technology evaluation, Functional Behavioral Assessment, etc.)***

I disagree with the results of your evaluation. I am requesting an independent educational evaluation.

I am aware that you have an obligation to pay for this evaluation at public expense or request a due process hearing to show that your results are appropriate.

Please contact me within ten school days regarding this matter.

I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School
Principal

Marion Flagg, Camellia School District
Superintendent

LETTER REQUESTING REVIEW AND REVISION OF IEP

June 1, 2014

Mrs. Henrietta Williams
Special Education Coordinator
Camellia School District
123 Main Street
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Smith. He is a student at Camellia Elementary School and is in the 5th grade. My child receives special education services.

I recently reviewed Thomas's IEP which was written in May, 2014. I believe that it is ***(Describe your concerns. For example: out of date, incomplete, based on insufficient evaluation information, does not address all of his needs, not sufficient to enable him to make adequate educational progress)***.

I would like to schedule a meeting so that the IEP Team can review his IEP and revise it as appropriate.

I understand that under Alabama law, this meeting must be scheduled within thirty days of this request and held at a time and place that is mutually convenient for me and the rest of the IEP Team.

Please contact me within ten school days regarding this matter. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

Thank you for your help. I look forward to meeting with the Team.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School
Principal

Marion Flagg, Camellia School District
Superintendent

LETTER REQUESTING RECORDS FROM SCHOOL

June 1, 2014

Mrs. Henrietta Williams
Special Education Coordinator
Camellia School District
123 Main Street
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. My child receives special education services.

I would like a copy of Thomas's educational records. The documents I would like are his most recent evaluation and special education eligibility materials and the last two year's worth of grade transcripts, standardized testing results, meeting notices, PST intervention records, IEP progress reports, disciplinary records, IEPs, functional behavioral assessments and behavior modification plans.

Please contact me within ten school days regarding this matter. I can be reached at 44 Emerson Street, Camellia, AL 55555 or by phone at 205-555-1234.

I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal
Marion Flagg, Camellia School District Superintendent

REQUEST FOR PRIOR WRITTEN NOTICE

School's Refusal to Take Action

June 1, 2014

Mrs. Henrietta Williams
 Special Education Coordinator
 Camellia School District
 123 Main Street
 Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. He receives special education services.

At an IEP meeting on May 29, 2014, I asked for *(Describe your request. For example: "Thomas's one-on-one speech services to be increased from once monthly to once weekly")*.

The IEP team refused to make this change. Since the team's action constitutes a refusal to change the provision of a free appropriate public education under the IDEA, you must provide me with prior written notice. This notice, which must be provided within a reasonable period of time after this decision, must contain all of the following:

- an explanation of why the school refused to take action;
- a description of any options the school considered and the reasons why those options were rejected;
- a description of each evaluation procedure, test, record, or report the school used as a basis for the refusal to honor my request; and
- a description of any other factors that are relevant to the school's refusal.

Please send this notice to me at 44 Emerson Street, Camellia, AL 55555.

I am eager to work with you to resolve this disagreement and will contact you after I receive the notice to discuss my concerns. Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal
 Marion Flag, Camellia School District Superintendent

REQUEST FOR PRIOR WRITTEN NOTICE School's Proposal to Take Action

June 1, 2014

Mrs. Henrietta Williams
Special Education Coordinator
Camellia School District
123 Main Street
Camellia, AL 55555

Dear Mrs. Williams:

I am the parent of Thomas Pickett. He is a student at Camellia Elementary School and is in the 5th grade. He receives special education services. At an IEP meeting on May 29, 2014, the IEP Team proposed (*Describe the proposed change. For example: "to move Thomas from a resource room setting for his reading instruction to the general education classroom"*).

I disagreed with this proposal. Since the team's action constitutes a proposal to change the provision of a free appropriate public education under the IDEA, you must provide me with prior written notice. This notice must contain all of the following:

- an explanation of why the school proposes to take this action;
- a description of any options the school considered and the reasons why those options were rejected;
- a description of each evaluation procedure, test, record, or report the school used as a basis for the school's proposal; and
- a description of any other factors that are relevant to the school's proposal.

Please send this notice to me at 44 Emerson Street, Camellia, AL 55555. This notice must be provided to me in a reasonable time period before the proposal recommended by the IEP team takes effect. I am eager to work with you to resolve this disagreement and will contact you after I receive the notice to discuss my concerns. Thank you for your help. I look forward to hearing from you soon.

Sincerely,

Sally Pickett

cc: Tom Bibb, Camellia Elementary School Principal
Marion Flagg, Camellia School District Superintendent

REQUEST FOR IMPARTIAL DUE PROCESS HEARING

Date: _____

Dr. Tommy Bice
 State Superintendent of Education
 Alabama State Department of Education
 Post Office Box 302101
 Montgomery, Alabama 36130-2101

Dear Dr. Bice

I disagree with one or more of the special education decisions that have been made regarding:

Student _____

School Attends _____

School System _____

I am requesting an impartial due process hearing. My concern(s) and proposed resolution(s) are written in the boxes below.

Concerns:

Proposed Resolution(s):

Sincerely,

 Signature of Person Requesting Hearing
 () Parent () Student

 Street Address, Route Number, or Post Office Box Number

 City, State, Zip

 Telephone Number

cc: Local Education Agency Superintendent

60-DAY SPECIAL EDUCATION COMPLAINT LETTER

Date: _____

Ms. Crystal Richardson
Director, Special Education Services
Alabama State Department of Education
Post Office Box 302101
Montgomery, Alabama 36130-2101

Dear Ms. Richardson:

I believe the _____ School System has violated requirements for special education under Individuals With Disabilities Education Improvement Act of 2004 (IDEA) and/or the Alabama Administrative Code, Special Education Chapter. I am filing a 60-Day Special Education Complaint.

I understand that the school system has the right with my consent to mediation to attempt to resolve my concerns about special education. I consent to participate in mediation and to an extension in the complaint timeline if needed in order for mediation to be scheduled and convened.

YES NO Signature _____ Date _____

The violation(s) of special education requirements not more than one year prior to the date the complaint is received; the facts on which the statement(s) is based, and proposed resolution(s) are written in the boxes below.

Violation(s):

Facts about the violation(s):

60-DAY SPECIAL EDUCATION COMPLAINT LETTER (continued)

The name and address of the residence of the child:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Name of school child attends: _____
(If the child is homeless, provide any available contact information.)

Description of the problem of the child, including facts relating to the problem:

 Signature of Person Requesting Hearing
 () Parent () Student

_____ Street Address, Route Number, or Post Office Box Number

_____ City, State, Zip

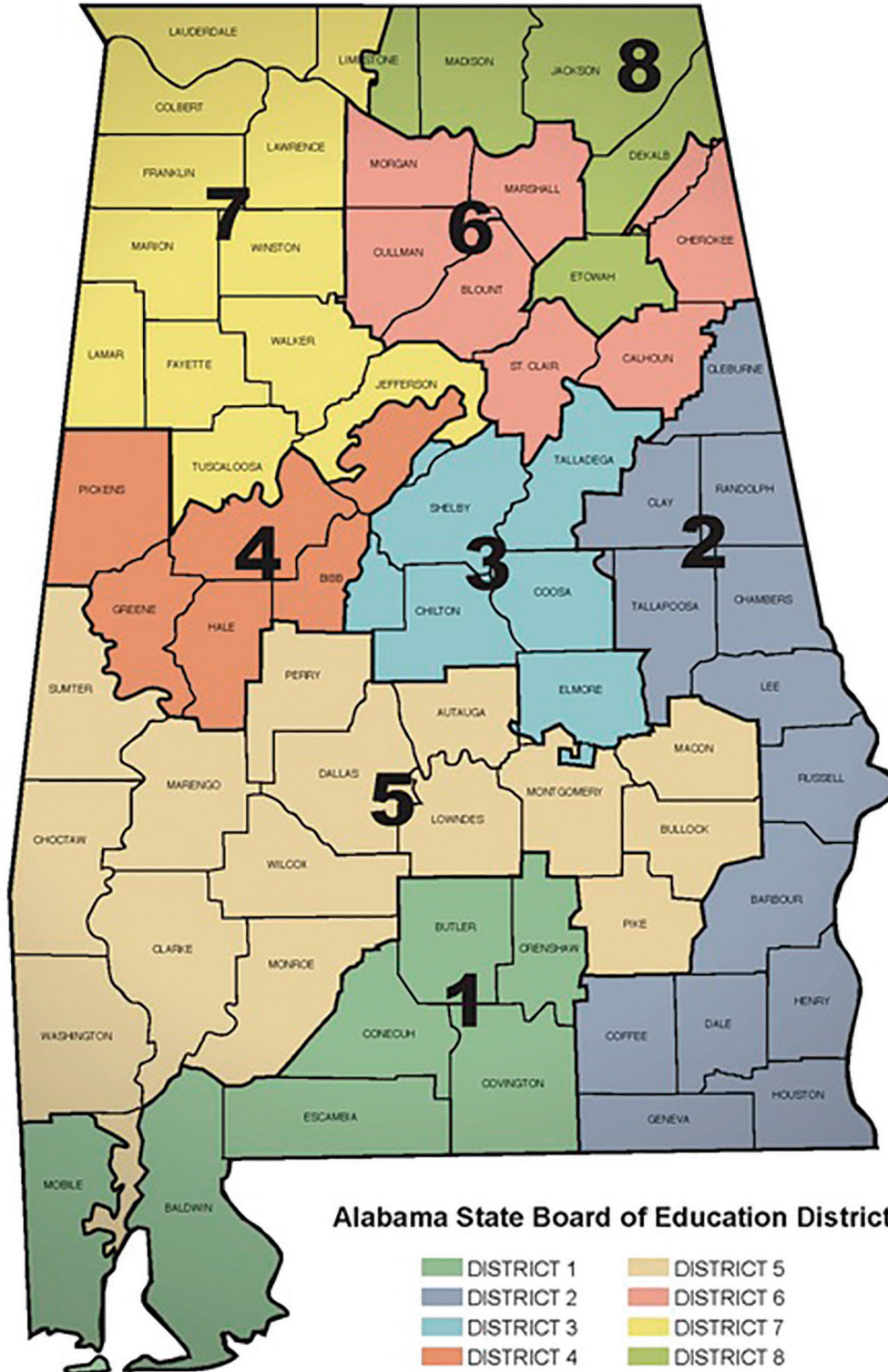
_____ Telephone Number

cc: Local Education Agency Superintendent

Alabama State Board of Education

Alabama State Board of Education District

Map can be located on the web at: <http://web.alsde.edu/home/SchoolInfo/CountyMap.aspx>



Map effective date: November 2011

Board President

Governor Robert Bentley
 State Capitol
 Room N-104
 600 Dexter Avenue
 Montgomery, AL 36130
 Phone: (334) 242-7100
 Fax: (334) 242-0937

Secretary and Executive Officer

Dr. Thomas R. Bice
 State School Superintendent
 Alabama Dept. of Education
 50 North Ripley Street
 P.O. Box 302101
 Montgomery, AL 36104
 Phone: (334) 242-9700
 Web: www.alsde.edu
 Email: tbice@alsde.edu

State School Board of Education Districts

District One

Al Thompson
 Address: _____
 Bay Minette, AL
 Phone: _____
 Email: _____

District Two

Betty Peters
 526 Beatrice Road
 Kinsey, AL 36303
 Phone: (334) 794- 8024
 Fax: (334) 794- 8024
 Email: bpetersfaulk@gmail.com

District Three

Stephanie Bell
 Vice President
 3218 Lancaster Lane
 Montgomery, AL 36106
 Phone: (334) 272-2777
 Fax: (334) 260-0100
 Email: stephaniewbell@gmail.com

District Four

Yvette Richardson, Ed.D.
 Post Office Box 785
 Fairfield, AL 35064
 Phone: (205) 923-7262
 Fax: (205) 923-7262
 Email: yrichardson@miles.edu
 Email: mcphersony@bellsouth.net

District Five

Ella A. Bell
 President Pro Temp
 2634 Airwood Drive
 Montgomery, AL 36108
 Phone: (334) 834-2711
 Email: stateboard5@hotmail.com

District Six

Charles E Elliott, M.D.
 Post Office Box 1584
 Decatur, AL 35602
 Phone: (256) 580-1705
 Email: drcharleselliott@gmail.com

District Seven

Jeffery Newman
 261 Newman Drive
 Millport, AL 35576
 Phone: (205) 712-0011
 Email: newmanjef@hotmail.com

District Eight

Mary Scott Hunter
 Post Office Box 18572
 Huntsville, AL 35801
 Phone: (888) 531-1312
 Fax: (888) 531-1312
 Email: hunter@maryscotthunter.com

**Alabama State Board of Education District
 contact information can be located on the
 web at <http://www.alsde.edu>**

Resource List

Federal Government Officials

Senate

Honorable Jeff Sessions (R)
326 Russell Senate Office Building
Washington, DC 20510
(202) 224-4124
(202) 224-3149 (Fax)
E-mail: <http://sessions.senate.gov/email/contact.cfm>
Web: <http://sessions.senate.gov>

Honorable Richard C. Shelby (R)
304 Russell Senate Office Building
Washington, DC 20510
(202) 224-5744
(202) 224-3416 (Fax)
E-mail: senator@shelby.senate.gov
Web: <http://shelby.senate.gov>

House of Representatives

To find the contact information for your representative in the House of the U.S. Congress, visit the House's Web site at: www.house.gov, or call: (202) 224-3121; (202) 225-1904 (TTY).

State Government Officials

Governor Robert Bentley
State Capitol
Room N-104
600 Dexter Avenue
Montgomery, AL 36130
Phone: (334) 242-7100
Fax: (334) 242-0937

For **Alabama State Senators**, call (334) 242-7800 or go to: http://www.senate.gov/general/contact_information/senators_cfm.cfm

For **Alabama House Members**, call (334) 242-7600 or go to: <http://www.house.gov/writerep/>

State Developmental Disabilities Network

University Center for Excellence in Developmental Disabilities

Harold Sontheimer
Director
Civitan International Research Center
University of Alabama at Birmingham
1530 3rd Avenue South
Birmingham, AL 35294
Phone: (205) 934-8900
Fax: (205) 975-6330
Web: www.circ.uab.edu

Alabama Council for Developmental Disabilities

Elmyra Jones-Banks
Executive Director
Alabama Council for Developmental Disabilities
RSA Union Building
100 N. Union Street, Suite 498
P.O. Box 301410
Montgomery, AL 36130-1410
(334) 242-3976; (800) 232-2158
E-mail: myra.jones@mh.alabama.gov
Web: www.acdd.org

Protection and Advocacy System

James A. Tucker
Executive Director
Alabama Disabilities Advocacy Program (ADAP)
Box 870395
The University of Alabama
Tuscaloosa, AL 35487
(205) 348-4928; (800) 826-1675
Email: adap@adap.ua.edu
Web: www.adap.net

Alabama State Department of Education

Superintendent's Office
Dr. Thomas R. Bice
State School Superintendent
Alabama Dept. of Education
5114 Gordon Persons Bldg
Montgomery, AL 36130
Phone: (334) 242-9700
Fax: (334) 242-9708
Web: www.alsde.edu

Special Education Services

Crystal Richardson, Coordinator
 Special Education Services Division
 Alabama Department of Education
 50 North Ripley Street
 P.O. Box 302101
 Montgomery, AL 36130-2101
 (334) 242-8114
 E-mail: crystalr@alsde.edu
speced@alsde.edu
 Web: www.alsde.edu

Special Education Mediation System

Sandy Robinson, Coordinator of Mediation
 Alabama Department of Education
 Gordon Persons Building
 Post Office Box 302101
 Montgomery, AL 36130-2101
 (334) 242-8114
 (800) 392-8020
 Email: crobinson@alsde.edu
 Web: www.alsde.edu

Department for Transition/High School Programs

Susan Goldthwaite, Transition Specialist
 Special Education Services
 Alabama Department of Education
 P.O. Box 302101
 Montgomery, AL 36130
 (334) 242-8114
 E-mail: sgoldthwaite@alsde.edu
 Web: www.alsde.edu

Department of Career/Technical Education

Dr. Philip Cleveland, Director
 Alabama State Department of Education
 Gordon Persons Building
 P.O. Box 302101
 Montgomery, AL 36130-2101
 Phone: (334) 242-9111
 E-mail: pcleveland@alsde.edu
 Web: www.alsde.edu

State Intervention Programs for Young Children (Birth to Age 5)**Programs for Infants and Toddlers with Disabilities: Under 3 Years Old**

Melinda Davis, Director
 Department of Rehabilitation Services
 Division of Early Intervention
 2129 East South Boulevard
 Montgomery, AL 36116
 (334) 281-8780
 (800) 543-3098
 (800) 499-1816 (TTY)
 (866) 450-2838 (En Español)
Melinda.davis@rehab.alabama.gov
 Web: www.rehab.alabama.gov/ei

Vocational Rehabilitation Services**Department of Rehabilitation Services**

Dr. Cary Boswell, Commissioner
 2129 East South Boulevard
 Montgomery, AL 36116
 (334) 281-8780
 E-mail: cary.boswell@rehab.alabama.gov
 Web: www.rehab.alabama.gov

Client Assistance Program

Rachel Hughes, Director
 Department of Rehabilitation Services
 2125 East South Boulevard
 Montgomery, AL 36116
 (800) 228-3231
 Fax: (800) 441-7607
 E-mail: rachel.hughes@rehab.alabama.gov

Health Care and Respite**Programs for Children with Special Health Care Needs**

Melinda Davis
 Alabama Department of Rehabilitation Services
 Children's Rehabilitation Service
 2129 East South Boulevard
 P.O. Box 11586
 Montgomery, AL 36111-0586
 (334) 281-8780
 (800) 441-7607
 E-mail: melinda.davis@rehab.alabama.gov
 Web: www.rehab.alabama.gov/crs

State CHIP Program (Health care for low-income uninsured children)

Children's Health Insurance Program
Alabama Department of Public Health
201 Monroe Street, Suite 250
Montgomery, AL 36104
(334) 206-5568
(877) 774-9521
(334) 206-6433 (Fax)
Web: www.adph.org/allkids

Program for Children and Youth who are Blind or Visually Impaired, Deaf or Hard of Hearing, or Deaf-Blind

Michelle Jones, Regional Director
Alabama Institute for Deaf and Blind
1050 Government Street
Mobile, AL 36604
(251) 432-7777(V/TTY)
E-mail: jones.michelle@aidb.state.al.us
Web: www.AIDB.org

Special Format Library

Dorothy Baker
Alabama Regional Library for the Blind and Physically Handicapped
6030 Monticello Drive
Montgomery, AL 36130-6000
(334) 213-3912
(800) 392-5671
E-mail: dbaker@apls.state.al.us
Web: <http://statelibrary.alabama.gov>

Respite Care

Linda Lamberth, Project Manager
Alabama Lifespan Respite Resource Network
1521 E. 9th Street
Anniston, AL 36207
(256) 237-3683
(866) 737-8252
E-mail: alabamarespite@aol.com
Web: <http://alabamarespite.org>

Transition to Post-High School**The National Center on Secondary Education and Transition (NCSET)**

National Center on Secondary Education and Transition
Institute on Community Integration
University of Minnesota
6 Pattee Hall
150 Pillsbury Drive SE
Minneapolis, MN 55455
(612) 624-2097
Fax: (612) 624-9344
email: ncset@umn.edu
Web: <http://www.ncset.org>

National Alliance for Secondary Education and Transition (NASSET)

c/o National Center on Secondary Education and Transition
Institute on Community Integration
University of Minnesota
6 Pattee Hall
150 Pillsbury Drive SE
Minneapolis, MN 55455
(612) 624-2097
email: ncset@umn.edu
Web: <http://www.nasetalliance.org/>

Transition Coalition

University of Kansas
Dept. of Special Education
Joseph R. Pearson Hall
1122 W. Campus Rd. Room 153A
Lawrence, KS 66045
(785) 864-6414 (Voice)
E-mail: transition@ku.edu
Web: <http://www.transitioncoalition.org>

National Secondary Transition Technical Assistance Center (NSTTAC)

Special Ed. & Child Development
UNC Charlotte
9201 University City Blvd.
Charlotte, NC 28223
(704) 687-8606
(704) 687-6327(TTY)
(704) 687-2916 ((FAX))
email: nsttacmail@uncc.edu
Web: <http://www.nsttac.org/>

The Full Life Ahead Foundation

2908 Clairmont Avenue South
 Birmingham, AL 35205
 (205) 439-6534
 (866) 700-2026 (Fax)
 email: fullifeahead@gmail.com
 Web: <http://www.fullifeahead.org>

Assistive Technology**STAR (Statewide Technology Access and Response for Alabamians with Disabilities)**

Alabama Department of Rehabilitation Services
 Mailing Address: 602 S. Lawrence St.
 Montgomery, AL 36104
 Physical Address: 560 S. Lawrence St.
 Montgomery, AL 36104
 (334) 293-7143
 (800) 499-1816 (TTY)
 (800) 782-7656 (toll free)
 Web: www.rehab.state.al.us/star

Technology Assistance for Special Consumers (T.A.S.C.)

1856 Keats Drive
 Huntsville, AL 35810
 (256) 859-8300
 (256) 859-4332
 Email: tasc@hiwaay.net
 Web: <http://tasc.ataccess.org>

National Assistive Technology Technical Assistance Partnership (NATTAP)

1700 North Moore Street, Suite 1540
 Arlington, VA 22209-1903
 (703) 524-6686
 (703) 524-6639 (TTY)
 (703) 524-6630 (Fax)
 Web: www.resnaprojects.org

Alliance for Technology Access

1119 Old Humboldt Rd.
 Jackson, TN 38305
 (731) 554-5282
 (731) 554-5284 (TTY)
 (731) 554-5283 (Fax)
 email: atainfo@ataccess.org
 Website: <http://www.ataccess.org>

Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or with Speech Impairments

(800) 548-2547 (V)
 (800) 548-2546 (TTY); 771(TTY)
 (888) 229-5746 (Speech to Speech-English)
 (866) 260-9470 (Speech to Speech- Spanish)

Children's Mental Health**Alabama Family Ties/Statewide Family Network for Families of Youth with Emotional Disturbance**

Lisa King
 Board President
 P.O. Box 509
 115 E. Washington St.
 Demopolis, AL 36732
 (334) 287-3119
 (877) 834-0615
 Email: help@alfamilyties.org
 Web: www.alfamilyties.org

State Mental Health Representative for Children and Youth

Office of Children's Services
 Alabama Department of Mental Health
 P.O. Box 301410
 Montgomery, AL 36130-1410
 (334) 353-7110
 Web: www.mh.alabama.gov

Alabama Department of Mental Health

Jim Reddoch
 Commissioner
 RSA Union Building
 P.O. Box 301410
 Montgomery, AL 36130-1410
 (334) 242-3454
 Toll Free: 1-800-367-0955
 Web: <http://www.mh.alabama.gov/>

Americans with Disabilities Act**Regional ADA & IT Technical Assistance Center**

Pamela Williamson, Project Director
DBTAC, Southeast ADA Center: Southeast
DBTAC

A Project of the Burton Blatt Institute- Syracuse
University

1419 Mayson Street
Atlanta, GA 30324

(800) 949-4232 (V/TTY) (Toll Free) [AL, FL, GA,
KY, MS, NC, SC, TN]

(404) 541-9001 (V/TTY)

(404) 541-9002 ((FAX))

Email: sedbtacproject@law.syr.edu

Web: www.adasoutheast.org

Alabama Department**of Rehabilitation Services**

Cary Boswell, Commissioner

602 S. Lawrence St.

Montgomery, AL 36104

(334) 293-7500

(800) 441-7607

Fax: (334) 293-7383

Web: www.rehab.state.al.us/ada

Preparing for Your Child's IEP Meeting

A "How-To" Guide

Collect and review documents

There are some basic documents you want to collect and review to prepare for an IEP meeting. It's likely that you already have all or most of them.

1. Review your child's current **IEP** before the meeting. What were his goals for this year and what services was he being provided to achieve them?
2. Look at your child's special education **eligibility report**. This is the form which you would have received the last time your child's special education eligibility was determined. It lists all the tests that were done to determine whether your child was eligible for services and in which disability category. If your child has had any testing done recently that isn't on the eligibility report, ask for copies of that new data so you can review it ahead of the meeting.
3. On a regular basis, your child's school has to give you a **progress report** on how well your child is doing towards meeting his annual IEP goals. You'll usually get the IEP progress reports when you receive your child's regular report card. Look at the progress reports. How has your child been doing this year? Has he been progressing as everyone hoped? If not, think about why not. Make a note to address any lack of progress at the IEP meeting.
4. Review your child's recent **report cards**. If he's not doing well, think about whether he may need any additional supports. Again, be prepared to bring up these concerns at your meeting.
5. Has your child taken any state **standardized testing** in the last year or so? If so, make sure you have and review those testing results. What do they say about his performance as compared to his peers in his grade level?
6. Pull out any **work samples** you've collected; what do they say about his mastery of the regular course of study and his IEP goals?

1. If your child has behavioral challenges, review any **behavior data** that might have been collected during the year or any disciplinary notices. If you think you're missing some disciplinary notices, ask the school to run a discipline report on your child.
2. Review **attendance records**. Has your child struggled with attendance this year and has it been impacting his school performance? His attendance should be noted on his transcript or you can ask the school to run an attendance report.
3. Finally, if your child sees any **outside providers** (example: physical therapists or mental health clinicians) it might be helpful to review any information they have regarding your child.

Collect information from people

Every day, at dinner or at bedtime or in the carpool, you've talked to your child about school. Now is the time to revisit some of the ideas and feelings he's shared with you. What does your child like AND dislike about school. What's easy for him? What's hard for him?

Talk to school staff. What insights do they have about how your child is doing in school? Don't focus just on his classroom teachers; talk to his guidance counselor and other school personnel for input.

Finally, if your child sees any outside providers like a physical therapist or a mental health clinician, that person might have her own thoughts on how your child is progressing in certain skill areas or thoughts on unaddressed school needs.

What is your child studying?

Take a look at the Alabama courses of study (sometimes referred to as content standards). You can find them in these locations on the web:

- <http://alex.state.al.us/>
- <http://web.alsde.edu/home/Sections/SectionDocuments.aspx?SectionID=65&Subsection=16>

At these websites, you'll see the courses of study in all the subjects taught in Alabama, including math, English, science and social studies. Review the courses of study to get a general

idea of what your child is expected to be able to learn in the coming school year. (If you don't have access to the internet, your child's school should have copies of the courses of study that you can review.)

Think about your child's achievement levels and abilities in relation to courses of study. Is there a gap between what he knows now and what he's expected to be able to do in the coming year? His IEP should be designed to eliminate or shrink that gap as much as possible. For example, what reading skills are second graders expected to learn? How prepared is your 1st grader to learn those specific skills when she returns to school in the fall? Where and how will he need to be supported? These are things that should be discussed at your child's IEP meeting.

Understand your Rights

If you have questions about your and your child's rights under the law, contact ADAP.

Big Picture Planning

As you are thinking about your child's schooling and how special education services can help him, remember that special education is about all of a child's needs.

Many parents believe that special education is just about academics. It's not. It's about all your child's disability-related needs and how they impact his schooling.

For example, perhaps your child has mobility issues which affect his ability to access school programming – that's something that should be addressed in his IEP.

Or, maybe he has behavior problems and he's getting suspended all the time. Or, he's interrupting the learning of others with his behavior. In either situation, those behavior problems should be addressed in his IEP.

One of the basic rules about special education is that your child must have access to the regular curriculum that children without disabilities are learning. So, if children in Alabama learn about Native American Indians in 4th grade Social Studies, your fourth grade student should be

learning about them, too.

Prep Steps

1. Prioritize your concerns going into the IEP meeting. What are the two or three most important things you want to accomplish in the IEP meeting? Focus on them. You don't want to go to the meeting with no ideas about what you want to see addressed. At the same time, you don't want to go to the meeting with a long, unfocused list of concerns.
2. It's often difficult to actively participate in a meeting and take good notes. If that's true for you, consider taking a friend with you to be your note-taker. In the alternative, tape record meetings so you can refer back to the recording afterwards. Even if your child's school has a written policy against tape recording meetings, you are still entitled to do so if necessary to participate in the special education planning process.
3. Keep focused on the issues at the meeting, even if disagreements arise.
4. Check to see the IEP is filled in correctly and that it accurately represents what the IEP Team has decided. Ask for copies of documents discussed at the meeting.
5. Your signature on an IEP shows you attended the meeting, not that you are agreeing with

the content of the plan. If there are things about the IEP with which you don't agree, go ahead and sign the IEP. You can also note your disagreement on it somewhere but there is no legal requirement that you do so. In addition, request "Prior Written Notice" (sometimes called "Notice of Intent"). Whenever a school district proposes to initiate or change the identification, evaluation, or educational placement (including services) of your child, it must provide you with prior written notice of that action. The opposite is also true. Any time a district refuses to initiate or change any of these things (including in response to a request from you) it must give you written notice of its refusal. This notice must be provided to you a reasonable time before the school takes the action it's contemplating.

6. Don't let up after the IEP meeting. Review the IEP regularly to check on your child's progress on his goals and benchmarks. Note any problems you see and call for a meeting if you are concerned about a lack of progress. Check in with your student to make sure he is getting the services, aids, and accommodations agreed to in the IEP meeting.



We're interested in what you think of this manual.

Your opinions will help us develop more self-help
advocacy resources for consumers and families.

Please go to

<https://www.surveymonkey.com/s/RightNotaFavor>
to fill out a brief satisfaction survey.



Alabama Disabilities Advocacy Program

Box 870395

Tuscaloosa, Alabama 35487-0395

205-348-4928 (V)

205-348-9484 (TDD)

800-826-1675 (toll-free)

e-mail: adap@adap.ua.edu

website: <http://adap.ua.edu>



Alabama Disabilities Advocacy Program

Box 870395

Tuscaloosa, Alabama 35487-0395

1-205-348-4928 (V/TDD)

1-205-348-3909 (Fax)

1-800-826-1675 (for clients - instate only)

e-mail: adap@adap.ua.edu

website: <http://www.adap.net>