

A Reference for Implementing Ohio Operating Standards and Model Procedures For Children with Disabilities (Speech and Language)

**12/06 - Revised by HCESC Supervisors
(Incorporates: ODE Memorandum of Changes in the Federal
Regulations for the IDEIA)**

Original work by the Supervisors at Hamilton County Educational Service Center, with assistance from Cindy Chalfant, Jan Willenborg, and Judy Luebbe

Ohio's Operating Procedures Index

I.	Procedural Safeguards	Pg. 3-5
	1. Examination of Records & Parent Participation	Pg. 3
	2. Notice to Parents (Prior Written Notice – PR-01)	Pg. 3-5
II.	Multifaceted Evaluation Process	Pg. 6-10
III.	Re-Evaluation Process	Pg. 11-14
	• Entry into a Related Service when already receiving Other services	
IV.	Preschool	Pg. 15-16
	1. Identification	Pg. 15
	2. Transitioning	Pg. 16
V.	IEP	Pg. 17-23
	• Procedures	
	• Parent Refusal to Sign IEP	
	• Move in from Another District or State	
	•	
VI.	Dismissals	Pg. 24-25
	1. Dismissal from Primary Handicapping Condition	Pg. 24
	2. Dismissal from a Related Service	Pg. 24
	3. Parental Dismissal	Pg. 25
	4. Graduation from High School	Pg. 25
VII.	Service Plans (Auxiliary)	Pg. 26-28
VIII.	Hearing Screenings	Pg. 29
IX.	Delivery of Services	Pg. 30
X.	Definitions	Pg. 31-34
XI.	Professional Considerations for Speech and Language	Pg. 35-36

References for Abbreviations:

OS = Operating Standards

NCLB = No Child Left Behind

Narr = Narrative Version of Model Procedures

Outline = Outline Version of Model Procedures

I. PROCEDURAL SAFEGUARDS:

1. Examination of Records and Parent Participation in Meetings

- A. The district shall provide the **parents the opportunity to inspect and review all educational records** relating to their child that the district has collected, maintained, or used for the **identification, evaluation and educational placement and provision of FAPE** to the child.
- B. The district shall provide the **parents the opportunity to participate in meetings** for the purpose of identification, evaluation, educational placement and the provision of FAPE to the child
- C. The district shall **provide notice to ensure that parents have the opportunity to participate in meetings:**
- **Does not include informal or unscheduled conversations** on issues such as **teaching methodology, lesson plans, or coordination of service provision if those issues are not addressed in the IEP**
 - **Does not include preparatory activities** that the district personnel engage in to develop a proposal or response to a parent proposal that will be discussed in a later meeting. (Pg. 30-OS)
- D. Documentation through the **Parent Invitation (PR-02)** should be kept for the following circumstances:
- To determine if a child has a suspected disability
 - To determine eligibility for a disability
 - To discuss transition from early childhood to school-aged programs
 - To develop an evaluation plan
 - To develop, review, and/or revise the students IEP
 - To determine reevaluation needs
 - To discuss disciplinary related matters
 - To discuss disciplinary action
 - At parent request to discuss _____
 - Other: (i.e. IAT)

2. Notice to Parents (Prior Written Notice) (PR-01)

Timeline: Notice to Parents within:

- 30 days of referral
- reasonable time before proposal to initiate or change identification, evaluation, placement or graduation
- if parent disagrees with IEP

A. **Is needed:**

- **30 days from date of referral**, or within a reasonable time.
- Explanation of the form is as follows
 - **proposed to initiate an evaluation or change the 1) identification, 2) evaluation or 3) educational placement (LRE) of the child or the provision of 4) FAPE to the child**

- If district **refuses to initiate an evaluation or change the 1) identification, 2) evaluation or 3) educational placement (LRE) of the child or the provision of 4) FAPE** to the child
- Expedited evaluation
- Reevaluation
- Change of Placement
- Change of Placement for disciplinary reasons
- Graduation from high school
- Exiting High School due to exceeding the age eligibility for FAPE
- IEP issues/meetings where the parent(s) disagrees with the district
- Due process hearing, or an expedited due process hearing, initiated by the district
- Other

B. **Can be given together:**

- **If the action proposed by the district also requires parental consent**, the district may give notice at the same time it requests consent

C. Must be provided in a language understandable to the general public and in the **native language of the parent** unless it is clearly not feasible to do so. If the native language is not a written language, the district shall take steps to translate it orally in the parents native language, ensure that the parent understands, and there is written evidence that the district has met the requirement (Pg 32-OS).

D. **Procedural Safeguards – shall be provided and explained upon:**

- Initial referral
- Each notification of an IEP meeting except if the parents already have a copy
- Re-evaluation
- Request for due process
- Change in placement for disciplinary action (Pg. 32-OS)

E. **Parental Consent (PR-05) is needed before:**

- **Conducting an initial evaluation**
- **Initially providing special education and related services**
- **Conducting a reevaluation when new assessment is needed** – unless the district can demonstrate that reasonable measures were taken and the parent failed to respond
- Making a **change in placement** (Pg. 33-OS) (from one option on the continuum to another, regular class, supplemental, special class, special school, home instruction, hospital, institution or for preschool from center based, itinerant or combination (Pg. 8 Narr)

*Note: Parental consent **need not be obtained if the district can demonstrate** that it has taken **reasonable measures (phone calls, correspondence, visits to home or work)**, to obtain consent, and the child's parent has failed to respond. (Pg. 34 - OS). If the district can prove reasonable measures to obtain parental consent **you may proceed with: change of placement, reevaluation with new assessment information, and periodic review of IEP** (Pg. 4 Outline).

*Note: if the parent **refuses to give consent for initial evaluation, reevaluation, change in placement the district may pursue due process or mediation** in order to convince the parents to provide their consent. The **district is not required to request a due process** hearing or engage in other forms of conflict resolution and is **not held responsible** for providing the child **FAPE** or any protections allowed the child under IDEA if the parents refuse to provide their consent for an initial evaluation. **(Same applies for reevaluation).**

* Note: If the **parents' refuse consent** for the initial provision of **special education** and related services the school **district cannot request a due process** hearing or request the parents to engage in a resolution session and/or mediation in order to convince the parents to provide their consent. The **district is not held responsible** for providing the child **FAPE** or any protections allowed the child under IDEA if the parents refuse to consent.

* Note: If the parents of a child who is **home schooled** or placed in a **private school** by the parents at their own expense does **not provide consent** for the initial evaluation or reevaluation or the parents fail to respond to a request to provide consent the **district cannot request a due process** hearing or request the parents to engage in a resolution session and/or mediation in order to obtain the parents consent.

F. **Parental Consent is not needed before:**

- Making a **change in placement** which is a result of a disciplinary action.
- **Reviewing existing data** as part of an evaluation.
- **Administering a test or other evaluation that is administered to all** children (Pg. 34-OS).
- **Reevaluation:**
 - If the school can demonstrate that it has taken **reasonable measures to obtain that consent** and the parent has failed to respond. (Pg. 34-OS).
 - If the reevaluation does **not consist of any new assessments** or collection of new data, then the parents' consent is unnecessary.

G. Independent Evaluation

- a. The parent has a **right to an independent educational evaluation at public expense if the parent disagrees with the districts evaluation.** The district may initiate a due process hearing to show that its evaluation is appropriate or ensure that an independent evaluation is provided.
- b. **If the parent obtains an independent evaluation, the results must be considered by the team** (Pg. 35-OS).

H. Surrogate Parents

- a. **District shall appoint a surrogate if:** no parent can be identified, can not discover the where-abouts of a parent or the child is a ward of the State

II. MULTIFACTORED EVALUATION (MFE) PROCESS

Timelines:

- Evaluation completed **60 days from parental consent (IDEIA)**
- Copy of PR-06 is given to parent within 30 days from date of eligibility, or prior to IEP

Exceptions:

- The evaluation **timeline does not apply** in the **parent** of a child repeatedly **fails or refuses to produce** the child for the evaluation **OR**
- A child **enrolls** in a school of **another school district**, after the evaluation timeline has begun and prior to determination by the child's previous school district as to whether the child is a child with a disability. This **exception applies only** if the subsequent school district is making sufficient progress to ensure a prompt completion of the evaluation and the parent and subsequent school district agree to a specific time within the evaluation will be completed
- If a school district suspects that a child **may** have a **specific learning disability** the district must adhere to the **60 day evaluation timeline** unless the child's parents and a group of qualified professionals (e.g. the evaluation team) decide by mutual written agreement to **extend the timeline**. This extension is allowed only when the evaluation team suspects a disability under the SLD category.

1. **Anyone who notices a problem may request an Intervention Assistance Team (IAT) review.**
 - **A parent, teacher or staff member can no longer bypass the process and demand an MFE**
2. **Parent invited** to participate in IAT. You could use the (PR-02 & mark Other and specify Invention Assistance Team Meeting)
3. At the IAT **if additional specific information** is needed to develop interventions (i.e. diagnostic therapy, screening, observations, interviews, individual assessments, etc.) parent permission is needed . **You may develop a form or use the CI-213 from the old Model Policies and Procedures (Permission to Review).**
4. **Interventions are developed and documented.** Data is collected in a problem solving process to determine the effectiveness of the interventions.
 - The process **continues until a solution is found or the team suspects a disability.**
 - There is not a specified process or forms that the state department requires for IAT's.
 - Prior to conducting an MFE, interventions must be developed and implemented.
5. Once a disability is suspected, the parent is sent an **Parent Invitation (PR- 02)**. Check " To determine if the child has a suspected disability", and "To develop an Evaluation Plan" if the district chooses to complete both steps at the same meeting. **Written Notice (PR-01)** should also be provided. Check "other" and write in "to determine if the child has a suspected disability". Parent is also sent a copy of the **Procedural Safeguards**.

6. Team meets to **determine if a disability is suspected and completes the Referral for Evaluation form (PR-04)**

- **Team includes** parents, at least one regular education teacher, one special education teacher, representative of the school district, an individual who can interpret the instructional implications of evaluation results, others with special expertise, and if appropriate the child. (Pg.62-63 OS)

*Note: the school district may designate another school district member of the team to also serve as the representative of the school district.

*Note: If a parent requests an evaluation and if a disability is not suspected, the district is not required to conduct an evaluation. The Parent must be provided with Prior Written Notice (PR-01) of this decision (check “Refusal to initiate an evaluation”) with a summary of the evidence supporting the district’s decision to refuse the evaluation, and a copy of the Procedural Safeguards (Pg. 12 Narr).

7. If the district chooses to have separate meetings for the Referral for Evaluation and the Planning of the MFE, the parent should also be **invited to the MFE planning meeting**. Use the Parent Invitation form PR-02 and check “To develop an evaluation plan”. (If not done in step 6).

8. **Begin planning the MFE.** (While there is no state form you may want to consider using a district’s revision of the planning form from old Model Policies and Procedures).

A. The plan shall provide for the following and be summarized in the evaluation team report:

- **Review existing evaluation data** (evaluations provided by the parents, classroom based assessments and observations, data about progress in the general curriculum or growth and development data for preschool, observations, previous interventions, relevant trend data beyond the past 12 months) (Pg. 52 - OS)
- **Identify what additional data is needed to determine:**
 - **If the child has a disability (see definitions Pg. 24 of this document)**
 - **present levels of performance and educational needs**
 - **whether the child needs special education and related services.** (Pg. 53 - OS)

B. **The child is assessed in all areas related to the suspected disability (see definition), including if appropriate health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.** (Pg. 50- OS)

C. **No single procedure** should be used in making eligibility decisions. (pg.50-OS)

D. The evaluation is sufficiently **comprehensive to identify all of the child’s special education and related service needs (Pg 51 –OS).**

E. **There are no prescribed areas or methods for assessment** (i.e. *standardized testing is not mandated* for entry, exit or continuance of a speech and language therapy program. Instead informal or authentic measures can be used).

F. The Evaluation plan should include the method used in gathering data, and who will collect the data, and additional evaluation procedures for SLD, MD and HI disabilities identification, so that the parent can give informed consent. (Pg. 11 – Outline)

9. Parents are given:

- **Prior Written Notice to Parents (PR-01)** Check “Initial Evaluation” (Pg 31-OS),
- a copy of **Procedural Safeguards (Whose IDEA is This?)**,
- a copy of the **planning form**, or other documentation of the planning of the evaluation
- **Parent Consent for Evaluation (PR-05)**

- There must be multiple **documented attempts to gain parent participation** in the MFE meeting. They do not have to attend however.

10. **Each team member conducts their evaluation**

- Each evaluator will fill out the **part A** for their area of discipline.
- If an outside evaluation is done, you need to consider the information. The team or area of discipline should summarize it on a Part A form.
- If the assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions must be included (pg. 50-OS).

11. Parent is sent a Parent Invitation (PR-02) check “To determine if a child has a suspected disability”.

12. **A MFE Team Meeting is held.** During the meeting the team completes **Part B which includes (Pg. 55-OS):**

A. **Disability Determination for which the child is eligible**

- A statement that the child has been determined to have a disability, and if so, which disability(s)

*Note: See additional procedures for SLD, MD, Deafness or Hearing Impairment step 13 and 14)

B. **Basis for Eligibility Determination**

- The basis used by the team in making the determination including a description of **how the child met or failed to meet the definition** of the disability condition for which the evaluation was condition.
- A **statement** that the child has not been determined to be a child with a **disability due to lack of instruction in reading or math, or due to limited proficiency with the English language, or in the case of preschool the disability solely the result of environmental, cultural or economic disadvantage. (Pg. 14 Narr)**
- A **statement** that the disability condition presents an **adverse affect** on the child’s educational performance. Best practice should include a description of the adverse affect.
- Identify **educational needs** (Pg. 12 – Outline)

C. **Statement of disagreement** – should a team member disagree with the determination, he/she must include a statement, which specifies the reason(s) for the disagreement.

13. Use Part C of the Evaluation Team Report (PR-06) to determine **Specific Learning Disability (SLD)**

- a. The team may determine that a **child has a specific learning disability** if the child does not achieve adequately for the child’s age or to meet state approved grade-level content

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, mathematic calculation, **mathematic problem solving**.

- b. 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 the preceding paragraph when using a process based on the child's **response to scientific, research-based intervention**, 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, that is determined by the team to be relevant to the identification of a specific learning disability using appropriate assessments
- c. Note: Ohio will adopt **criteria** for determining whether a child has a specific learning disability (SLD). The criteria must NOT require the use of a **discrepancy formula**, must **permit** the use of a process based on the child's response to scientific, research-based interventions (**RTI**), and **may permit** the use of other **alternative research-based procedures**
- d. **It cannot be a result of** a visual, hearing or motor impairment, mental retardation, emotional disturbance, or environmental/cultural or economic disadvantage or **limited English Proficiency**. At least **one team member other than the child's regular teacher shall observe the child's academic performance** in the regular classroom. (Pg. 58- OS)
- e. 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**, the group must consider, as part of the evaluation, data that demonstrate that prior to, or as a part of, the referral process, 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.
- f. The school **district** 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. In determining whether a child has a specific learning disability the team must decide to 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**
Have at least one member of the team 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**.

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.

14. **Use additional procedures for the evaluation/determination of eligibility for MD and Deafness or Hearing Impaired.**

- A child can be determined to have **Multiple Disabilities** if:
A child has a **combination of 2 or more areas of disability (except for a combination which includes SLD)**, and a **severe or profound deficit in communication or adaptive behavior. (Pg 58- OS)**

- **A child can be determined to have Deafness or Hearing Impairment if:**
 - **An average pure tone hearing loss of 50dB or greater for the frequencies of 500, 1000 and 2000Hz in the better ear**
 - **An average pure tone hearing loss of 25 dB or greater for the frequencies 500, 1000, &2000Hz in the better ear**, which has an **adverse effect** upon his/her educational performance which **documented evidence of a more severe hearing loss during the developmental years, history of chronic medical problems which have resulted in fluctuating hearing** presently or past; or a **delay in diagnosis, provision** of amplification and or initiation of special programming
 - **Hearing loss in excess of 25 dB for 1000-8000 Hz in the better ear**, resulting in **poor auditory discrimination** that it has an adverse effect upon educational performance

15. See page 15 for Preschool Eligibility

16. Copy of the PR-06 is given to parent within 30 days from the date of eligibility determination or prior to the IEP (Pg. 56- OS)

Timelines:

- Reevaluation – every 3 years
- Copy of PR-06 is given to parent within 30 days from date of eligibility, or prior to IEP

II. RE-EVALUATION PROCESS

- Once a child has been offered an IEP for a disability, all subsequent evaluations are considered reevaluations including transition from preschool to school aged. There is **only one initial evaluation**. The one exception is a child who has been reevaluated and dismissed from services and after a time period longer than 1 year, is evaluated for services again.
- Must be done **every 3 years**, or as needed i.e. whenever :
 1. Transitioning from preschool handicapped to school aged (one of the other 13 disability categories).
 2. Proposing to change a disability category
 3. Before determining that the child is no longer a child with a disability
 4. Related services are being considered for addition to an existing IEP
 5. The child's parents or teachers request a re-evaluation (Pg. 56- OS)
- A re-evaluation is **not required** before termination of services due to **graduation**

Process is as follows:

1. The Parent is invited to a Reevaluation Planning meeting using the Parent Invitation (PR-02) (check the box "to determine reevaluation needs") and given Prior Written Notice (PR-01) (check "Reevaluation")
2. The IEP Team meets* to **review existing evaluation data to determine:**
 - whether the child **continues to have a disability**
 - the **present levels of performance** and educational needs
 - whether the child **continues to need special education** and related services.
 - whether **additions or modifications** are needed for the child to meet his/her goals.

* **Note:** For the purpose of planning a reevaluation, the members of the IEP team may conduct the review of existing information without a meeting.

3. Based on the review, the team determines **if additional data is needed, the areas needed, who will collect information, and the method used.**
 - While there is no state form the team may want to consider using a district revision of the planning form from old Model Policies and Procedures.
 - If the assessments needed for a disability category have not been addressed in the past (i.e. IQ test) you will need to gather that information. For example if you are changing placement from preschool to CD, a general intelligence test must be given. (Pg 53- OS)
4. If the team feels **additional assessment** is needed, **Parental Consent (PR-05)** is needed and the parents should be given a copy of **Procedural Safeguards**
5. If the **parents do not attend** the planning meeting and the team feels additional assessment is **not needed**, the school must **notify the parents of that determination and the reasons for it, and the right of the parents to request an assessment.**
 - Send parents the Prior Written Notice (PR-01) (check "reevaluation" and "other", write

“the reevaluation will be completed based on existing information, however you have the right to request an assessment to determine whether your child has/ or continues to have a disability”)

- If the district receives a request from a parent for assessment for a re-evaluation, they must conduct the assessment (Pg. 15 Narr)

6. The MFE is completed

7. Parents are sent an **invitation to the MFE meeting (PR-02) (Check “To Determine Eligibility for Services as a Child with a Disability”), Prior Written Notice (PR-01) (Check “Other” and write “To Determine Eligibility for a Disability”), and a copy of Procedural Safeguards (“Whose IDEA is it?”)**

* **Note:** if the district wants **to change an identified child’s disability category**, or they **receive additional information** about a child that **may change** the child’s **identification** they would need to mark **“Other” and “Change Identification”** and possibly **“Change Placement”** on the Written Notice (PR-01).

8. Team collects the data and fills out the **Evaluation Team Report (PR-06)**.

- An **MFE Part A needs to be completed by each professional** even if the team determines that additional testing is not needed. You need to document the review of information that you have and be sure to respond to the four key questions (See number 2 above).

9. During the meeting the team completes Part B of the Evaluation Team Report (**PR-06**) which includes

A. Disability Condition for which the child is eligible

- A statement that the child has been determined to have a disability, and if so, which disability(s)

*Note: See additional procedures for SLD, MD, Deafness or Hearing Impairment below on page 10.

B. Basis for Eligibility Determination

- The basis used by the team in making the determination including a description of how the child met or failed to meet the definition of the disability condition for which the evaluation was conducted.
- A statement that the child has not been determined to be a child with a disability due to lack of instruction in reading or math, or due to limited proficiency with the English language.
- A statement that the disability condition presents an adverse affect on the child’s educational performance. Best practice should include a description of the adverse affect.

C. Statement of disagreement – should a team member disagree with the determination, he/she must include a statement, which specifies the reason(s) for the disagreement.

10. Use Part C of the Evaluation Team Report (PR-06) to determine **Specific Learning Disability (SLD)**

- The child has a severe **discrepancy between achievement and intellectual ability** in

one or more of the areas: **oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, math calculation and or math reasoning. It cannot be a result of a visual, hearing or motor impairment, mental retardation, emotional disturbance or environmental/cultural or economic disadvantage. At least one team member other than the child's regular teacher shall observe the child's academic performance in the regular classroom. (Pg. 58- OS)**

11. **Use additional procedures for the evaluation/determination of eligibility for MD and Deafness or Hearing Impaired**

- A child can be determined to have **Multiple Disabilities** if:
A combination of 2 or more areas of disability except for a combination, which includes SLD, and a severe or profound deficit in communication or adaptive behavior. (Pg 58- OS)
- A child can be determined to have **Deafness or Hearing Impairment** if:
 - An average pure tone hearing loss of 50dB or greater for the frequencies of 500, 1000 and 2000Hz in the better ear
 - An average pure tone hearing loss of 25 dB or greater for the frequencies 500, 1000, &2000Hz in the better ear, which has an adverse effect upon his/her educational performance with documented evidence of a more severe hearing loss during the developmental years, history of chronic medical problems which have resulted in fluctuating hearing presently or past; or a delay in diagnosis, provision of amplification and or initiation of special programming
 - Hearing loss in excess of 25 dB for 1000-8000 Hz in the better ear, resulting in poor auditory discrimination that it has an adverse effect upon educational performance

12. Copy of the PR-06 is given to parent within 30 days from the date of eligibility determination or prior to the IEP (Pg. 56- OS)

13. A copy of the MFE, and Parent Invitation (PR-02) (check "To develop, review and or revise the students IEP") is sent to parent with Written Notice (PR-01) ("IEP Issues)

* **Note:** If the **parents agree with the IEP**, then **Written Notice is not needed**, as the IEP can serve as written notice. If they don't agree you can provide Written Notice at that time, if you have not sent it ahead of time.

14. Student who is **14 years** and any other student if appropriate is sent an invitation to the IEP (PR-02).

15. **IEP is developed (PR-07)** within 90 days from parent consent, or 30 days from eligibility determination whichever comes first.

16. Parents are sent a **copy of the IEP within 30 days** of the meeting (PR-07).

Entry into a Related Service when already receiving other services:

- A. Consider it a review of progress, and it would follow the **re-evaluation process** where you will:
- a. Reconvene the IEP team to determine the student's needs.
 - b. Concerns are identified and recorded at the re-eval. planning meeting. An professional in the **area of suspected need should be part of the team** when this determination is made.
 - c. **You do NOT have to retest in the other areas** he is already identified in. You can use data records, observations, etc. if that is what the team decides and just update the other areas of need.
 - d. If assessment information is **less than one year, it is still valid** and can be used.
 - e. If **new information is needed, a Parent Permission (PR-05) is needed. Also Written notice (PR-01-“Reevaluation”)** and **Procedural Safeguards** must be given to the parent.
 - f. After the information is collected, a **MFE** should be completed and a **new IEP** developed.
- * **Note:** Remember the **most recent MFE or IEP takes precedence** over all others. There is only one IEP per child. All special needs and services should be identified. Remember the most recent MFE is the one in which your 3 year re-eval timeline begins.

IV. PRESCHOOL:

1. Identification

- A. An IEP shall be in effect for each child with a disability by the child's third birthday (pg. 61- OS). If the birthday occurs during the summer, the IEP team shall determine the date when services will begin, however implementation shall occur no later than the beginning of the following year. (Pg. 1 Narr)
- B. A preschool age child's evaluation shall **address the following areas: adaptive behavior, background information, cognitive ability, communication skills, hearing, pre-academic, sensori-motor, social emotional/behavioral functioning, and vision.** It shall also include a **physical examination** if the disability is a result of a congenital or acquired physical disability, a **vision examination** if the area of disability is vision, and an **audiological evaluation** if the area of disability is hearing.
- C. In the area of **suspected deficit** (i.e. communication) you must gather information using each of these **four procedures**:
 - 1. **Structured Interview**
 - 2. **Structured Observations**
 - 3. **Standardized Norm Referenced Tests**
 - 4. **Criterion Referenced/Curriculum Based** (Pg 55- OS)

Data is obtained via these four methods confirm the reliability of standard scores and the existence of an adverse effect on normal development or functioning.

*Note: All of this information does not need to be collected by one person.

- D. All developmental domains must be addressed. **Thus the other areas of suspected deficits** must have one of the **four methods of assessment**: interview, observation, standardized norm referenced, or criterion referenced assessment.
- E. When communication is the suspected area of deficit for preschool eligibility, it is in the area of language (form, content and use) and not articulation.

* **Note:** in the 2002 Operating Standards the wording has changed to "Communication skills including form, content, and use of language, but not solely in speech articulation or phonology". The state department came out with clarification, that it was not their intent to change current practice. They wanted to clarify that developmental articulation problems, do not qualify. (ODE's Documented Deficit in Communication: Clarification of Eligibility for Preschool Services, 4/7/03)

2. Eligibility

- A. **A preschool aged child is determined to have a disability when one or more apply:**
 - a. A **documented deficit in one or more of the following areas:** communication, hearing, motor, social-emotional/behavioral functioning or vision or;
 - b. A **documented deficit in cognitive ability and a deficit in one or more** of the areas in a) above or, **adaptive behavior**, or a **deficit in adaptive behavior and a deficit in one or more of the areas in a) above.** (Pg.54- OS)
 - c. Except in the areas of hearing and vision a documented deficit shall be determined by a score of **two standard deviations** below the mean **in one area** or scores of one and **one-half standard deviations below the mean in two areas** (Pg. 8, OS). For vision and hearing see Pg. 7.

2. Transitioning

Timelines:

- 6 years before Oct 1st must be transitioned to a school aged IEP

- A. There is only **one initial MFE** on a child, all others are considered re-evaluations.
- B. Students who are 5 can be served in a school aged or preschool program. Based upon the data reviewed and the IEP process the IEP team. The team will determine if the child is served in preschool or a school aged program. A key factor is whether preschool or school aged eligibility criteria is used. **A child is not identified under school aged criteria and served in preschool or vice versa.** (ODE “Preschool Child with a Disability-Age Clarification” 7/04)
- C. Students who turn **6 years old before October 1st**, must be **transitioned to a school aged IEP.**
- D. If the student turns **6 years old after October 1st**, you can wait till the next IEP/MFE is due to transition the student to school aged.
- E. To **transition to a school aged IEP** a **re-evaluation** (i.e. MFE process) must be completed. This is necessary to identify the student in one of the other 13 handicapping conditions.
- F. When **planning the MFE any information needed** to qualify for one of the other 13 handicapping conditions that you **do not already have** information on, **must be completed** (i.e. if IQ was not tested for preschool, it must be done to identify as CD).

V. IEP

Timelines:

- Parent invited early enough to ensure opportunity to attend
- IEP within 30 days from determination that student needs special education
- IEP within 90 days of parent consent for evaluation

IEP Team shall include but not limited to:

- Parents;
- at least one regular education teacher;
- at least one special education teacher;
- a representative of the school district who is qualified to provide or supervise the provision of specially designed instruction and is knowledgeable about the general curriculum and availability of district resources;
- an individual who can interpret the instructional implications of evaluation results;
- others with special expertise;
- if appropriate the child.

1. Parent invited to IEP meeting (PR-02) (check “ To develop, review, and/or revise the student’s IEP”) “**early enough to ensure that they will have an opportunity** to attend, and scheduling the meeting at a mutually agreed upon time and place”. If the parent cannot attend, the district shall use other methods to ensure parent participation. (Pg. 64- OS). Parents are also sent Written Notice (PR-01) indicating IEP issues, and a copy of Procedural Safeguards.

* Note: the district shall take whatever action is necessary to ensure that parents understand the proceedings at the IEP meeting (including arranging for an interpreter). (Pg. 65-OS)

2. **Student invited** to IEP meeting (**PR-02**) 14 years, and younger if appropriate

* Note: The student of any age shall be invited to attend his/her IEP if a purpose of the meeting will be the consideration of the students school to post-school transition needs or services. If the student does not attend, the district shall take other steps to ensure that the student’s preferences and interests are considered. (Pg. 63- OS)

3. The district will invite a representative of any other agency that is likely to be responsible for providing or paying for transition services (i.e. BVR, RSC) (Pg. 64- OS).

4. **IEP meeting** will be held within 30 days from determination that student needs special education, 90 days of parent consent for evaluation.

* Note: if the parent **does not agree to attend**, the district shall conduct the meeting and have a **record of its attempts** to arrange a mutually agreed upon time and place (such as phone record, copies of correspondence, conference calls, meetings held off site visits to the parents home or work). (Pg. 65- OS, Pg. 18 Narr)

*Note: the district should **take whatever action is necessary to ensure that the parents understand the proceedings at the IEP meeting**, including arranging for an interpreter/translator (Pg. 18 Narr) If the parent **doesn't attend the first IEP meeting**, Written Notice must be provided (**PR-01**) check **"Other"** and write **"Initial Placement and FAPE"** and check **IEP Issues**.

*Note: A **member** of the IEP team is not required to attend an IEP meeting in whole or in part if the parent and the district agree in writing that the attendance of the member is not necessary:

- because the member's area of the curriculum or related service is not being discussed
- the member's area of curriculum or related service is being discussed and the member submits in writing to the parent and IEP team, input into the development of the IEP prior to the meeting. The input **MUST** be received prior to the meeting and **NOT** as they enter the IEP meeting

5. The IEP participants shall develop the IEP by implementing six sequential steps:

A. Future Planning (Formerly Vision) (Pg. 65 - OS):

- Family and student preferences and interests.
- Wording could be as simple as "to be understood by all peers and teachers".
- Not subject to due process.

B. Present Levels of Performance (Pg. 65- OS):

- Should flow from last year's IEP or MFE
- Should include baseline data
- **Should include strengths of the child and concerns of parents** for enhancing the education of the child
- Should include results of **initial or most recent evaluation**
- Should include results of **child's performance on any state or district-wide assessment**
- **Should include special factors and other considerations** (Pg. 66- OS)
- Should include how the child's disability **affects the child's involvement and progress in the general curriculum** (i.e. the same curriculum as for non-disabled children); or for **preschool children**, as appropriate, how the disability affects the child's **participation in appropriate activities**. (Pg. 66- OS)

C. Needs:

- Generated from a combination of Future Planning and Present Levels of Performance
- Should be prioritized
- Identifying and including needs that **require specially designed instruction to advance appropriately toward attaining annual goals**

D. Measurable Goals and Objectives:

- Both must be measurable and accomplished within one year. The criteria for meeting the goal should be included.
- Should be related to the area in which they qualified for services
- Goals related to meeting the child's needs that result from the child's disability **to enable the child to be involved in and progress in the general curriculum**, or other educational needs that result from the disability (Pg. 66 - OS)
- Identify the content area addressed (i.e. Language Arts, Reading, Math, All Areas). All

content areas do not need to be addressed, only those which the child's disability affects his/her involvement and progress in the general curriculum.

- Include a statement about:
 - **how the child's progress will be measured**
 - how the child's parents will **be regularly informed** (i.e. periodic report cards) **at least as often as their non-disabled peers** in regard to their **progress** and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year.

* Note: The federal regulations and statute do NOT require objectives on IEP's, unless the child will be assessed using an alternate assessment, nor do the federal regulations and statute require a vision statement. The federal regulations also do not require a transition statement at the age of 14. Ohio rules, however, require objectives and a vision statement as well as a transition statement when the child is age 14 on all IEPs. Therefore, objectives, a vision statement and a transition statement for children who are 14 are still required on all IEP's until such time as the rule may change

E. Identifying Needed Services:

- Include a statement of **special education and related services, supplementary aids and services to be provided to the child, and program modifications or supports to:**
 - **Advance appropriately** toward attaining goals
 - Be **involved and progress in the general curriculum** and to participate in extracurricular and other nonacademic activities
 - Be educated and participate with **other children with disabilities and non-disabled**
 - Establish **high expectations** for academic performance:
 - All modifications and accommodations must be related to an identified need
 - Accommodations usually fall within the following categories (presentation, response, setting, timing/scheduling)
 - A child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum (Pg. 86- OS)
 - Assessment accommodations are decided by the IEP team, based on the individual characteristics and needs and should be in place for all assessments not just the high stakes testing.
- Should include **type of specialized instruction** (i.e. Speech and Language, Assistive Technology, Occupational Therapy, etc...)
- Include **how it will be provided** (i.e. indirect, direct, large group, small group, individual, consultative)(Pg. 92 OS)
- Must include the **frequency, duration** (i.e. 30 min. twice a week, 240 minutes/month) **and location** of the services and modifications (Pg. 67 - OS)
 - Can be a range of time (i.e. 30-45 min) if team determines a range is needed to meet the unique needs of the child.
- If the services are continued onto other goal pages you can write " see page #X for speech and language services". i.e. there are three goal statements that require these services, the frequencies are listed once for all three goals (i.e. 30 minutes of speech and language services and 20 minutes of small group instruction) on the first page; for subsequent goals write the statement above ("See page.....)
- **Initiation date** for special education and related services must be during the first full

week of school, unless otherwise indicated on the IEP (Pg. 88 – OS)

- The district shall take steps to provide **nonacademic and extra curricular services** and activities in the manner necessary to afford children with disabilities an equal opportunity for participation in those activities (Pg. 87 – OS)

F. Least Restrictive Environment:

- The IEP shall include a **explanation of the extent to which the child will not participate with non-disabled peers in the regular class** (i.e. need for an environment free from distractions, need for individualized instruction, etc.)
- A child with a disability is not removed from education in age appropriate regular classrooms solely because of needed modifications in the general curriculum (Pg. 86 OS)

G. Special Factors (10 Questions): Check the box if it is part of the IEP, Put “NA” if it was discussed but not applicable or incorporated into the IEP. Consider if a child needs:

- a. **Behavioral Interventions or Supports** – If the child’s behavior impedes his/her learning or that of others, the team will consider if appropriate strategies, including positive behavior interventions.
- b. **Limited English Proficiency** – the team will consider the child’s language needs as they relate to the IEP.
- c. **Visual Impairments/Braille** – Braille instruction will be provided unless the team feels after an evaluation that it is not appropriate.
- d. **Communication Needs** -The team shall consider the communication needs.
 - If any goals address the student’s communication needs also check the box.
 - This also refers to deaf or hard of hearing, where you would need to identify the primary language of the child and the support services the student needs.
 - If the goals are communication oriented but the team determined that the services would NOT be delivered by the SLP but instead by another team member (i.e. LD Tutor), the Communication box should be checked.
- e. **Assistive Technology Devices and Services** – are made available. On a case by case basis a review of the use of school purchased AT devices in a child’s home or other settings if the team determines that the child needs access to those devices in order to receive a Free and Appropriate Public Education (FAPE).
 - The district shall ensure that hearing aids and other assistive listening devices worn in school are functioning properly.
- f. **Free and Appropriate Education (FAPE)**
 - If the team determines that the child **needs a device or service** (including an intervention, accommodation or modification) in order to receive FAPE, the team must **include a statement to that effect on the IEP** (Pg. 69 - OS).
- g. **Physical education:** Physical education, specially designed if necessary, must be made available to every child with a disability.
 - This box only needs to be checked if the student needs special physical

education (i.e. Adaptive PE).

h. **Extended School Year (ESY) Services:**

- ESY is required to prevent significant regression of skills due to interruption of instruction
- ESY is required to prevent significant regression of skills that cannot be recouped in a reasonable amount of time (i.e. 9 weeks) (Pg. 70- OS)
- **ESY could be an issue if the child did not meet goals on IEP.** While this isn't stated in the Operating Standards, many schools have been required to provide this. (If you see a child is not going to meet or come close to the goals during the year, consider reconvening the team during the year to rewrite the goals.)

***Note: ESY cannot be limited to a particular category of disability or unilaterally limit the type, amount or duration of those services.**

i. **Beginning at age 14** you need to include a transition statement of the service needs of the student under the applicable components of the students IEP that focuses on the student's course of study. This could be "will follow a college prep program". This page can be omitted if you don't need to address it for a younger child.

j. **Beginning at age 16**, the IEP will include a statement of needed transition services, including interagency responsibilities or any needed linkages.

k. **Age of Majority:** Beginning at least one year before the student reaches age of majority (18 yrs), the student's IEP must include a statement that the student has been informed of his/her rights that will transfer to the student upon reaching the age of majority.

- Any student 18+ years old can sign their own IEP and make decisions, unless the parent retains guardianship.

l. **Testing:**

- **Children with disabilities are included in state and district-wide assessment programs** with appropriate accommodations and modifications.
- The IEP team determines **how the individual student will participate** in assessment, **not whether they will participate** (i.e. with or without accommodations in the regular assessment or alternate) (Pg. 18, NCLB Standards and Assessment).
- **Alternate assessment is done for any student who does not take one or more tests.** The need for alternate assessment depends on individual needs not the category of disability. A **statement of why the regular assessment is not appropriate and how the child will be assessed should be included.** (Pg. 72- OS)
- The team can decide to **excuse the consequences associated with not passing the graduation test** (not graduating), but the student needs to **participate at least one time.** The student can continue to retake the test, which in turn is better for the district.
- Out of level testing (i.e. grade lower than presently in) is not an acceptable means for meeting assessment or accountability requirements of NCLB (Pg. 19,

NCLB Standards and Assessment)

- **After 3 years, Limited English Proficient (LEP) students must be assessed in reading/language arts in English.** If the team determines that on an individual basis, that native language versions of academic assessments would yield more accurate and reliable information on what a student knows, the district may assess the student in the appropriate language other than English for an **additional two years.** (Pg. 19, NCLB Standards and Assessment).

H. Parent Consent and Copies of IEP (signature page of IEP)

- **The district shall obtain parental consent**
- **A Copy of the IEP should be sent to the parent/guardian** within 30 days of meeting (Pg.72 - OS).

I. Revision of the IEP

- In making changes to the IEP, the **parent and the district may agree NOT to convene the IEP team for making changes to the IEP** and instead may develop a **written document to amend or modify the child's current IEP.**
- **Upon request, a parent must be provided with a revised copy of the IEP** with the amendments incorporated.
- If the changes are made to the child's IEP without convening the team, the district must ensure that the child's IEP team is informed of those changes.

J. Periodic Review:

- IEP team shall review the IEP periodically, but not less than **annually**, to determine whether goals are being achieved.
- The IEP team shall **revise the IEP as appropriate to address:** any lack of expected progress, results of reevaluation, information about the child provided to or by the parents, the child's anticipated needs, or other matters (Pg. 73-OS).
- Districts may choose to use the Progress section on the IEP or a district developed form.

K. District Placed Private Schools: Each student with a disability whom the school district placed in or referred to a private school is provided with special education and related services in conformance with an IEP, and provided with an education that meets the standards, and has all the rights of a child with a disability (Pg. 74 -OS)

L. Accessibility of IEP: The child's **IEP shall be accessible to each regular education teacher, special education teacher, related service provider** and other service providers who are responsible for its implementation and each teacher/provider **shall be informed of:**

- **His/her specific responsibilities** related to implementing the IEP and
- **Specific accommodations/modifications/supports** that must be provided for the child in accordance with the IEP (Pg. 62 - OS)

M. Accountability: Each district shall provide special education and related services in accordance with the child's IEP and shall make a **good faith effort** to assist the child to achieve the goals and objectives or benchmarks listed on the IEP. (Pg. 74- OS)

N. Data Collection Form (Former EMIS) – Each district will still need to be responsible for documenting and reporting each student’s services to the state department. This form however is no longer part of the Forms for the Education of Children with Disabilities. Consult your district to determine how they will be implementing this.

Parent Refusal to Sign IEP (Best Practices):

- A. If the parent will not sign the part of the IEP that they agree with services, or agree with all except... **write by the side that the parent refused to sign**. Be sure however that you ask them to **sign on the top as a participant**.
- B. If the parent refuses to sign the IEP make sure you have provided **Written Notice (PR-01)**:
 - a. First IEP – “Change of Placement” and write “Proposal to initiate placement and FAPE”
 - b. Follow up IEP’s – “IEP Issues”
- C. Parent signature of an IEP is only absolutely needed if there is a change of placement or on the initial IEP. However, try to get the parents signature if at all possible.
- D. If the parents **agree with the IEP, Written Notice (PR-01) is not needed**, as the IEP can serve as written notice.

Move in from Another District or State

Within State:

If a child moves from one district in Ohio to another district in Ohio, within the same school year, the receiving district must provide the child FAPE, including services comparable to those described in the previous IEP until the receiving district either adopts the IEP or develops, adopts and implements a new IEP.

Out of State:

If a child moves into a district from out of state the district has **two** options

Option 1:

- If district reviews evaluation and determines that it has **NOT expired** and **MEETS eligibility**, then Ohio may adopt the out of state evaluation.
- Send Prior Written Notice and convene a meeting to review and revise IEP.
- When the evaluation expires, the next evaluation will be a **RE-EVALUATION**.

Option 2:

- If district reviews evaluation and determines that it has **expired OR** the child **DOES NOT meet eligibility**, under Ohio Standards **OR** if district does not like the evaluation, they can do an evaluation.
- Send Prior Written Notice and convene a meeting to do an **INITIAL** evaluation. All procedures, processes, etc. for initial evaluations will be followed by the district.
- Once the evaluation is completed and the child is determined eligible for services, the IEP team convenes and writes an IEP

In both these scenarios the child must be provided a free appropriate public education (FAPE), including services comparable to those described in the child's IEP from the previous out of state school district, until the Ohio district can create and implement a new IEP.

VI. DISMISSALS:

According to ASHA dismissal may be due to:

- Meeting all goals
- Interventions no longer results in measurable benefits despite documented use of a variety of approaches
- Child is unwilling or unmotivated and efforts to address these factors have not been successful
- Extenuating circumstances such as dental/medical/social
- the disorder no longer has an adverse affect on the child's educational performance
- the child no longer needs special education/related services to participate in the general curriculum

1. Dismissal from a Primary Handicapping Condition:

- A. You must do the **complete reevaluation** (MFE paperwork) to determine if child is eligible for services or not. Please refer to page 1.
- B. Send Written Notice (PR-01) (Check "Reevaluation" and check "change of placement").
- C. Send Parent an invitation to the reevaluation planning meeting (PR-02 and check "to determine reevaluation needs").
- D. Plan the reevaluation and get parent consent (PR-05) if new assessments need to be conducted
- E. Send Parent a Parent Invitation to "determine eligibility for a disability" on PR-02
- F. **Determine Eligibility** on page MFE (PR-06). Describe how the child fails to meet the definition of the handicapping condition.
- G. **Review IEP (PR-07), and put "goal met"**.
- H. Could write on the old IEP i.e. "Team decision to discontinue Speech and Language Services" and have **parent date and initial this statement**.

2. Dismissal from a Related Service

- A. **Talk to the parent and teachers ahead of time** to discuss the possibility of dismissal.
- B. **At the IEP meeting Review IEP, and put goal met beside each goal.** It is an IEP team decision, which can be made at the IEP meeting to discontinue a related service. A MFE is not needed.
- C. Could write on the old IEP i.e. " **Team decision to discontinue Speech and Language Services" and have each team member date and initial this statement.**
- D. If you wish to revise the goals of the primary handicapping condition and a new IEP is developed, write an **explanation of why the service was discontinued on the new IEP in the Present Level section** (i.e. "Team decision to discontinue Speech/Language Therapy because...").

3. Parent Request for Dismissals:

A. **On the signature page of the IEP parent indicates that they:**

- a. **Do not give consent for special education** services at this time (i.e. Speech as a Primary Program).
- b. Give consent to initiate special education and related services specified in the IEP **except for ... i.e. speech.** (Speech Related)
- c. If the child has an existing IEP in which the parent has already given consent for services and the parent decides later to discontinue services, you would ask the parent to check that they don't give consent and include the date.

B. If this situation occurs the discontinued service provider **needs to contact the district director of special education (i.e. PPD)** to determine the district's course of action.

- The district could choose to ask the parent to officially revoke the service in a letter, or could **take parent to due process** if they feel the child needs the service.

C. District must continue to offer a **re-evaluation every 3 years** to determine if the child still qualifies for services, even if they have been removed from services.

4. Graduation from High School

A. A **re-evaluation is not required.**

B. A **Prior Written Notice (PR-01)** is needed (“Change of Placement and Graduation from High School”).

C. An IEP annual review must be held. Goals should be reviewed and **progress updated on the IEP.**

D. Team could write “**Discontinuance of service, due to graduation on IEP**“ and have the **parent date and initial this statement.**

VII. SERVICES PLAN (AUX. SCHOOLS)

- The **District of Attendance** is responsible for locating, identifying and evaluating all children who are suspected of having a disability, under IDEIA 2004 who are enrolled in any chartered nonpublic school, including religious schools located within that public school district.
- Each public school district shall consult with nonpublic school representatives and representatives of parents of parentally placed nonpublic school children.
- IDEIA specifies **group vs. individual entitlement** for Auxiliary Schools. There are **no FAPE** requirements with a Services Plan (i.e. does not have to get all services needed, or specific amount of service).
- The **District of Residence** must make **FAPE** (Free and Appropriate Public Education) available to all children residing in the district identified as having a disability and determined to be in need of special education services.
- Parents can only file Due Process against the District of Attendance for Child Find. They cannot file Due Process for amount of service, etc. as a Services Plan is a group entitlement.
- Students with disabilities who are **placed by a public agency in a private school** (such as St. Rita as opposed to St. Dominic) as a means for providing special education and related services are entitled to an education that meets the standards that apply to education provided by the State and LEA. Thus these **students should participate in the state's academic assessment system** (i.e. proficiency, diagnostic and achievement assessments)
(Pg. 23 NCLB Standards and Assessments).
- **Services can be provided in the building.** The SLP can support students on ISP's in the classroom, however the focus of the SLP's work must be on the identified student (s) and not seen as "team teaching".
- You are **not permitted however to work with children within the classroom setting of a teacher employed by the school unless there is an identified child in the room and this portion of time is paid with IDEIA funds (VI B)**. Groups of students on interventions or who are "at risk" students can be seen to promote speech/language, social and/or study skills but this can not take place in the regular teaching environment. This can not be seen as team teaching or direct classroom assistance.
- **No individuals paid through auxiliary or VI-B funds can serve out of state students.** These students can be served by non-public school personnel under building level intervention plans, You can give suggestions and share ideas, but you can not work directly with these students.
- **The count that generates IDEIA VI-B funds** is taken on students identified with a disability by **December 1st** and reported to EMIS.
- **The process of identification is as follows:**
 1. **Child is referred to an Intervention Assistance Team to develop modifications/accommodations (Intervention Documentation).**
 2. **Team meets to determine if they suspect a disability (PR-04).**
 3. **District of Attendance is sent a letter** informing them that the auxiliary team **suspects a disability.**
 4. **District of Attendance** collaborates with **Aux. School** to complete a **MFE (i.e. District of Attendance sends personnel for the assessment, District of Attendance or Aux staff performs the assessment)**

5. If child qualifies, it is recommended that the **District of Attendance** provide parents with documentation stating that the **District of Residence** will provide child FAPE if the child wishes to enroll in their public school. A copy of this documentation should be sent to the District of Residence (with parent permission)
6. It is recommended that **District of Residence offers an IEP for placement in the public school.** Parent will probably refuse it unless they want to transfer their child from the auxiliary school to the public school. It is recommended that the **District of Residence** should make sure they have provided Written Notice (PR-01) indicating “Initiate Placement and FAPE” (Check “Other”)
7. A **Services Plan** is developed **by the Aux. School**
 - The public school district where the nonpublic school is located (whether or not it is the child’s district of residence) convenes the services plan meeting, conference call or videoconference.
 - **The parent and a non-public representative must be at the Services Plan Meeting** (i.e. nonpublic principal or teacher. NOTE: Many times this is delegated to the SLP at the non-public school).
 - **Only the services offered by IDEIA funded personnel should be listed** on the Services Plan. Any classroom modifications should be on a separate school accommodation plan and **not** on the Services Plan, as the district of service cannot be responsible for monitoring what happens in the classroom.
 - Proficiency accommodations and modifications must be listed on a **school accommodation plan** and done for all tests throughout the year. This is the recommendation because there is no way for you to monitor this in the classroom at all times.
 - If the student on a Services Plan moves into a public school, the district in which the child moves (**District of Residence**) will need to assess the current information and write an IEP if the child continues to qualify. The MFE would have been completed and does not have to be redone if it is within 3 years. (although best practice would be to not use an evaluation that is more than a year old)

Re-Evaluation

- Every three years the District of Attendance must do a re-evaluation to determine if the student still qualifies for services and is attending the nonpublic school. The District of Attendance can meet with the Auxiliary team to determine who will do the evaluation. If the re-evaluation is not done, a Services Plan cannot be offered at the Auxiliary school.
- If the team decides that they have enough current data and a formal re-evaluation is not necessary, it is recommended that this should be documented on the Evaluation Planning Form

State Assessment Considerations

- Non-public students are required to take and pass the **Ohio Graduation Test** (10th grade), but are not required to take the Alternate Assessment, if exempted. (IDEIA requirements for alternate assessment do not apply to children with disabilities enrolled in nonpublic schools)
- A child parentally placed in a nonpublic school may receive allowable accommodations when taking state assessments or may be excused from the consequences of state assessments if one of the following conditions apply
 - A current services plan, documenting that the child is excused from the consequences of the state assessment is in place
 - A current services plan, documenting that the child will receive allowable accommodations
 - The nonpublic school has developed a written plan documenting that the child is excused from the consequences of the state assessment. The written plan must meet all of the requirements of State Rule 3301-13-10
 - The nonpublic school has developed a written plan documenting that the child will receive allowable accommodations on the state assessment. The written plan must meet all of the requirements of State Rule 3301-13-10.

Dismissals: The District of Service, along with the Auxiliary school, should meet to discuss who will do the re-evaluation to determine if the student is eligible or not for services. This can be worked out between all parties involved as to who does what information gathering.

Documentation for IDEIA funds (formerly VI B) is needed for the portion of time that services are purchased with these funds. Funds can only be used for direct service to students being evaluated of a suspected disability or currently on Services Plan. If the student is not seen on a particular day, you cannot include them in the documentation. The documentation must be kept for 3 years.

VIII. HEARING SCREENINGS:

1. Only licensed SLP's, Audiologist's, SLP/ Audiology Aides or Nurses can do school hearing screenings.
2. SLP's may conduct pure tone air conduction hearing screening, screening tympanometry, and acoustic reflex screening limited to a pass-fail determination for the identification of individuals with other disorders of communication. An SLP may not do threshold testing as part of their scope of practice. This practice is reserved for an Audiologist.
3. Hearing Screenings are to be done at 20dB for the following frequencies: 1000 Hz, 2000Hz, and 4000Hz. If the student does not respond to one or more of the frequencies, you are to reposition the earphones and immediately re-screen. Any child who fails the screening is to be screened again in 4-6 weeks.
4. Any child who fails two screenings four to six weeks apart shall be referred for audiological and medical evaluation. Any child who failed the first school screening and who failed the previous years school screening with no documented follow-up care shall be immediately referred.

(Ohio Department of Health, "Who Can Conduct Hearing Screenings in Ohio Schools", 2002)

IX. DELIVERY OF SERVICES

1. Role of Service Providers

- A. Service children with **disabilities as their first priority** and may serve children who are not disabled where needs for these services are identified;
- B. **Support regular education teachers** in service and/or consulting about children with and without disabilities so that the regular education personnel, in partnership with the special education service providers, can implement the child's IEP in the least restrictive environment;
- C. Assist in organizing and facilitating **supplemental supports** provided within the regular classroom,
- D. Design **parent involvement activities**; and
- E. Implement **education interventions and specially-designed instruction** which means adapting, as appropriate, to the needs of the eligible child, the content, methodology or delivery of instruction
 - a. To address the unique needs of the child that result from the child's disability; and
 - b. To ensure access to the general curriculum (Pg. 92-93-OS)

2. Service Provider Ratios for Delivery of Services

- A. The district shall determine ratios for an individual service provider by considering the following:
 - a. **Scheduling and time demands** of service providers, including but not limited to the following:
 - 1. **All areas of service provided to children with and without disabilities**, including screening, assessment, consultation, counseling, training, and related duties in the school setting, intervention design, and educational interventions.
 - 2. The **severity of each eligible child's need, and the level and frequency of services** necessary for children to attain IEP goals and objectives.
 - 3. **Time needed for planning** in accordance with paragraph (A) (9) of rule 3301-35-05 of the Administrative code.
"Teachers shall be provided sufficient time for designing their work, evaluating student progress, conferencing, and tema planning. The schedule of full-time equivalent classroom teachers assigned to a school with a teacher day of six hours or longer, excluding lunch period, shall include **two hundred minutes per week for these purposes**".

Additional time for diagnostic testing and classroom observation; coordination of the program; parent, staff and agency conferences concerning individual children; **staff development** activities; and follow-up; and the **demands of an itinerant schedule**, including the number of buildings, the distance between the buildings and travel. (Pg. 95 –OS)

X. DEFINITIONS OF HANDICAPPING CONDITIONS

The terms used are defined as follows:

Autism: A developmental disability significantly affecting verbal and non-verbal communication and social interaction, **generally evident before age 3 that adversely affects a child's educational performance.**

Other characteristics often associated with autism are

- **engagement in repetitive activities** and stereotyped movements
 - **resistance to environmental change** or change in daily routines
 - **unusual responses to sensory experiences**
- While Autism is a medical diagnosis, Federal Regulations do not require a medical diagnosis of Autism to determine eligibility. An educational team can determine this designation; if the team feels the behaviors meet the definition .
 - **Does not apply** if the child's education performance is adversely affected primarily because the child **has an emotional disturbance.**
 - If the child **manifests these characteristics after age three, they could be diagnosed as having "autism" if the criteria above are satisfied.**

Cognitive Disability (mental retardation): **Significantly sub-average** (IQ of 70 and below) **general intellectual functioning, existing concurrently with deficits with adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.**

- With an IQ based on **standard error of measurement and clinical judgment**, a child may be determined to have significant sub-average general intellectual functioning with an intelligence quotient not to exceed 75.
- **Grandfather clause:** A child who was identified as having a developmental handicap prior to 7/1/02, shall be considered a child with a disability if the child continues to meet the definition of "developmental handicap" set forth in the Rules (effective 1982) (**IQ 80 and below**), and shall be eligible to receive special education and related services in accordance with the Operating Standards effective 7/1/02. (Pg. 3)
 - **Reference:** See ASHA Position Statement – *"Role of the SLP in Identification, Diagnosis, and Treatment of Individuals with Cognitive-Communicative Impairments (Volume III-79)*
 - **Reference:** See ASHA Position Statement – *"Serving Communicatively Handicapped Mentally Retarded Individual" (Volume IV-45)*

Deaf-Blindness: 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 program solely for children with deafness or children with blindness.

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

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

- an **inability to learn that cannot be explained by intellectual, sensory or health factors;**
- **an inability to build or maintain satisfactory interpersonal relationships** with peers and teachers;
- **inappropriate types of behavior or feelings under normal circumstances;**
- a general **pervasive mood of unhappiness or depression;**
- a tendency to **develop physical symptoms or fears associated with the personal or school problems.** The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

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

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

- Two areas of disabilities and a severe or profound deficit in communication or adaptive behavior

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

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

- The only disability category, where a related services (i.e. OT, PT) can "stand alone". OHI would become the "primary handicapping condition", with OT, PT, and speech services as related services. This is one of the few exceptions where OT and PT can "stand alone" as the only service provided.

- *ADD/ADHD is an allowable handicapping condition under OHI (IDEA reauthorization). See ASHA Position Statement – “Role of Audiologists and SLP’s Working with Persons With Attention Deficit Hyperactivity Disorder “ (Volume IV-36a)*
- A licensed medical doctor or private practitioner (Psychologist) can diagnose ADD/ADHD.
- Children who do not meet IDEA eligibility may be eligible for services under section 504.
- Documentation is needed before making a referral for ADD. The SLP may assist in documenting observations in the following areas: classroom scripts, teachers cues for defining and activating these scripts, the child’s knowledge of the script and awareness of the teacher’s cues. (*ASHA Position Statement, 1996*). The SLP will also need to assess the child’s language skills. Particular attention should be in the following areas: higher level extended discourse; meta-cognitive skills; phonemic awareness; use of language for planning, problem solving and monitoring behavior;

Specific Learning Disability: A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an 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. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, or mental retardation; of emotional disturbance; or environment, cultural or economic disadvantage.

- child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas: **oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics comprehension, mathematics reasoning.**
 - See ASHA Position Statement – “*Issues in the Delivery of Services to Individuals with Learning Disabilities*” (Volume III – 39)
 - See ASHA Position Statement – “*Language Learning Disorders*” (Volume III- 45)
 - See ASHA Position Statement – “*Providing Appropriate Education for Students with Learning Disabilities in Regular Education Classrooms*” (Volume III- 73)
 - See ASHA Position Statement – “*Learning Disabilities*” (Volume IV-17)

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

Traumatic Brain Injury: An acquired injury to the brain caused by an external physical force or by other medical conditions, including but not limited to stroke, anoxia, infectious disease, aneurysm, brain tumors and neurological insults resulting from medical or surgical treatments. The injury results in total or partial functional disability or psychosocial impairment or both, that adversely affects a child’s educational performance. The term **applies to open or closed head injuries, as well as to other medical conditions that result in acquired brain injuries.** The injuries result in impairment in one or more areas such as cognitive; 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 to brain injuries induced by birth trauma.**

Visual Impairment: Including blindness, means impairment in visual that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. Visual impairment for any child means:

- a visual impairment, **not primarily perceptual** in nature, resulting in a measured visual **acuity of 20/70 or poorer in the better eye with correction**, or
- a physical eye condition that affects visual functioning to the extent that special education placement, materials, and/or services are required in an educational setting.

XI. PROFESSIONAL CONSIDERATIONS FOR SPEECH AND LANGUAGE ELIGIBILITY

To qualify for speech and language school based services you must meet the Operating Standards definition of Speech and Language Impairment which states:

“ a communication disorder such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects a child’s educational performance”.

1. Language –

- **Best Practice:** a significant deviation exists between developmental norms and the child’s performance in receptive and/or expressive oral language encompassing the areas of morphology, syntax, semantics, and pragmatics, with or without auditory procession difficulties.
- **Reference:** See ASHA’s Roles and Responsibilities of Speech Language Pathologists with Respect to Reading and Writing in Children and Adolescents (2001).

Other Considerations when determining a Language Disorder:

a. Cognitive Referencing –

- **Reference:** According to ASHA’s IDEA & Your Caseload (1999), the practice of excluding students with language problems from eligibility for services when language and cognitive score are commensurate, has been challenged (i.e. language and cognition at same level). Determination of eligibility for services **should not** be made solely on the basis of a discrepancy between language and cognitive measures. Instead you must consider if language services could be beneficial.

b. Dialect –

- **Reference:** ASHA’s Definitions of Communication Disorders and Variations (1993) stipulates, “A regional, social or cultural/ethnic variation of a symbol system **should NOT be considered a disorder of speech or language.**” This is considered a difference vs. a disorder.

c. Central Auditory Processing Disorder –

- **Reference:** is not a disability category under IDEA. The child must qualify for services under an accepted disability category (i.e. speech-language, learning disability).

d. ESL - English as a Second Language-

- **Reference:** IDEA stipulates “A child may **NOT be determined to be eligible** for specialized instruction if the determinant factor for that in Limited English proficiency which is considered a difference and not a disability.

b. Must be determined to be language handicapped in native language to qualify for speech and language services.

- Preferable method of identification includes tests standardized in native language.
 - If unable to secure tests standardized in the native language, an interpreter who speaks the native language could be used to help administer tests standardized in English. However training is needed for specific procedures, practice, etc.
 - Might have the psychologist use a nonverbal test.

- Can see an ESL student as an intervention based student.

- **Reference:** See ASHA Position Statement – “Provision of English-as-a-Second –Language Instruction by SLP’s in School Settings” – (Volume III-76)

2. **Articulation** –

- **Best Practice:** his or her speech contains consistent misarticulations, additions, substitutions, distortions or omissions of one or more phonemes.
- **Reference:** ASHA recommends in *IDEA and Your Caseload*, that “where there is a **motor-based speech disorder** the child should be eligible at any age to receive services, regardless of the developmental level of speech sound production. The decision should be based on an oral-motor exam that assesses the structure and function of the speech system”.

3. **Stuttering** –

- **Best Practice:** the flow of speech is interrupted by repetitions or prolongations of sound, syllable, word or articulatory posture, and the disruptions evoke negative reactions from the speaker and/or listener.

4. **Voice** –

- **Best Practice:** exhibits difficulties in the area of pitch, quality and/or loudness not appropriate to the child’s age or sex.”
- **Physicians Evaluation:** Although Standards do not require a physician’s evaluation, according to best practices and ASHA (1997) we should suggest that student’s with voice disorders be examined by a physician.
- Therapy can be initiated while waiting for physician results for voice.
- If a district requires a doctor’s examination, they can be liable to pay for it.