Adams 14

Office of Integrated Services
Parent Handbook

Dear Parent or Guardian,

I want to take this opportunity to introduce myself and the Department of Integrated Services. We provide a continuum of services to students with disabilities, depending on their needs, and we welcome you into our family! I am the Director of the department, and I oversee all of the special education services delivered in the district. Students with disabilities can achieve great things, and I want you to know that we will do everything in our power to support his or her goals and dreams. It is critical that we all set high expectations for our children because without them, they will flounder, and will never reach their true potential.

All of our staff is dedicated to the growth and development of your child, and we need to partner with you to help them succeed. Please get to know your IEP team very well and share with us what helps your child to learn. We believe that with regular communication and input from you, your child will meet his/her goals.

This parent handbook is a tool for to families of students who have been identified as needing assistance from the Department of Integrated Services. It is our hope that the information included provides you with the necessary resources to understand the services your child will be offered, and your legal rights as mandated by both federal and state regulations.

Please use this handbook as a place to keep track of your IEP's and other handouts regarding your child, as well as a way to connect with the team members providing services for your child. Your Child Advocate is the team leader at your school and is very knowledgeable about the special education process. Please ask him or her any questions you have, but if you ever have additional questions or concerns, please feel free to contact me at 303-853-3248 or dlogegreer@adams14.org.

Thank you for sharing your child with us every day, and I hope that you have a great year.

Sincerely,

Dawn Loge, Ph.D.
Director of Integrated Services

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Your Special Education Team

The special education team is the group of teachers and staff members who support your child at school and implement the IEP. The staffs members are prepared to assist you with any questions or concerns that you have. Please feel free to contact them when needed.   If an interpreter would be helpful in the conversation, call the main office at your school and ask for that service to assist you. Sometimes, we may need to call you back when the teacher and the interpreter are both available.

Staff Member	Name and Phone number
Child Advocate – the school psychologist who is the leader of the special education team at your school	
Learning Specialist – the special education teacher who supports your child and the IEP	
Speech/Language Pathologist (SLP) – the professional who provides assessment and treatment of speech and language disorders	
Classroom Teacher/Advisor	
Other providers:	
Principal/ Assistant Principal	

Introduction

The Individuals with Disabilities Education Act (IDEA) is a law that ensures students with disabilities receive special services to be successful in school. You may hear people in the school refer to this law as simply, "IDEA." This United States law governs how schools provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities. The law covers children from birth to 21 years of age.

When a student is eligible for special education services, the team, including the parent(s)/guardian(s), determines the services needed. These services are written in the Individual Education Plan (IEP).

IDEA includes six key components that are defined below:

Free Appropriate Public Education (FAPE)
FAPE means that students with disabilities are entitled to receive appropriate services at no cost to them or the family. The IEP Team determines what services are appropriate for each student.

Least Restrictive Environment (LRE)
Students are included in a general education setting to the fullest extent possible, including having access to the general education curriculum.

Access
All students are served, regardless of disability, cost, or behavioral issues.

Due Process
Parents are entitled to have their rights clearly explained in their native language. Parents are entitled to have access to files, paperwork, evaluation, mediation, and due process hearings until the student reaches the age of 18.

Evaluations
Evaluations must:
- eliminate bias with nondiscriminatory screening tools,
- utilize appropriate instruments with the least language/cultural bias,
- gain parent agreement and share findings clearly, and
- use multiple instruments (not just one test).

Parent/Student Participation
All decisions, from initial screening to annual reviews, are collaborations with parents, students, professionals, and the school.

Adams 14 complies with the federal requirements of IDEIA and the Rules for the Administration of the Exceptional Children's Educational Act of Colorado to ensure the provision of special education and related services for students with disabilities.

Integrated Services Staff Directory

Director of Integrated Services	(303) 853-3246
Special Education Coordinator	(303) 853-3251
Assistive Technology/ Severe Needs Coordinator	(720) 322-8134
Child Find Coordinator	(720) 322-8119
Child Find Assistant	(720) 322-8130
Federal Programs Assistant	(303) 853-3250
Autism Coordinator	(303) 853-8131
Behavior Interventionist	(303)853-3270
Assistant to the Director of Integrated Services	(303) 853-3248

School Numbers

Alsup Elementary	(303) 288-6865
Central Elementary	(303) 287-0327
Dupont Elementary	(303) 287-0189
Hanson Elementary	(303) 853-5800
Kemp Elementary	(303) 288-6633
Monaco Elementary	(303) 287-0307
Rose Hill Elementary	(303) 287-0163
Community Leadership Academy	(303) 288-2711
STARS Early Learning Center	(303) 853-5000
Sanville Preschool	(303) 853-5675
Adams City Middle School	(303) 289-5881
Kearney Middle School	(303) 287-0261
Adams City High School	(303) 289-3111
Lester Arnold High School	(303) 289-2983

Definition of Terms

Educational Disabilities

The IDEA defines 12 different educational disabilities, and IEP teams must follow the law's criteria to determine if a child is eligible for special education and related services. This can be a difficult process, because not every child with a disability will have an "educational" disability. For example, Juan is a student who cannot walk, and he uses a wheelchair to get around, so he has a physical disability. However, because Juan can do all the work in his class, has appropriate relationships with peers and teachers and does not need any "specialized instruction" to go to school, he does not have an educational disability.

Physical Disability: A child with a **physical disability** shall have a sustained illness or disabling physical condition, which prevents the child from receiving reasonable educational benefit from regular education. The physical condition could be any illness that a doctor can diagnose, including ADHD, cerebral palsy, spine bifida, etc.

Vision Disability: A child with a **vision disability** shall have a deficiency in visual acuity and/or visual performance where, even with the use of lenses or corrective devices, he/she is prevented from receiving reasonable educational benefit from regular education.

Hearing Disability: A child with a **hearing disability** shall have a deficiency in hearing sensitivity as demonstrated by an elevated threshold of auditory sensitivity to pure tones or speech where, even with the help of amplification, the child is prevented from receiving reasonable educational benefit from regular education.

Significant Limited Intellectual Capacity (SLIC): A child with **significant limited intellectual capacity** shall have reduced general intellectual functioning, which prevents the child from receiving reasonable educational benefit from regular education. (Intellectual Disability (ID) Identification change by 2016)

Significant Identifiable Emotional Disability (SIED): A child with a **significant identifiable emotional disability** shall have emotional or social functioning which prevents the child from receiving reasonable educational benefit from regular education. (Serious Emotional Disability (SED) Identification change by 2016)

Specific Learning Disability: A child with a **specific learning disability** shall have 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; significant limited intellectual capacity; significant identifiable emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency.

Speech-Language Disability (SLD): A child with a **speech-language disability** shall have a communicative disorder, which prevents the child from receiving reasonable educational benefit from regular education. (Speech Language Impairment (SLI) Identification change by 2016).

Multiple Disabilities: A child with **multiple disabilities** shall have two or more areas of significant impairment, one of which shall be a cognitive impairment, except in the case of deaf-blindness. Cognitive impairment shall mean significant limited intellectual capacity. The other areas of significant impairment include: physical, visual, auditory, communicative or emotional. The combination of such impairments creates a unique condition that is evidenced through a multiplicity of needs, which prevent the child from receiving reasonable educational benefit from regular education.

Preschool Child with a Disability: A **preschool child with a disability** shall be three through five years of age and shall, by reason of one or more of the following conditions, be unable to receive reasonable educational benefit from regular education: long-term physical impairment or illness, significant limited intellectual capacity, significant identifiable emotional disorder or identifiable specific learning disabilities, or speech/language disorders.

Infant/Toddler with a Disability: An **infant/toddler with a disability** shall be a child from birth through two years of age who has significant developmental delays and who potentially may be unable to receive reasonable educational benefit from regular education and is eligible for early intervention services.

Autism Spectrum Disorder (ASD): A student with a physical disability in the area of **Autism** has a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. The **Autism** prevents a child from receiving reasonable educational benefits from general education.

Traumatic Brain Injury (TBI): 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 a child's educational performance. **Traumatic Brain Injury** 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. **Traumatic Brain Injuries** does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

ECEA Rules for the Administration of the Exceptional Children's Educational Act, January 2008, Colorado Department of Education

<u>What is Response to Intervention (RtI)?</u>

Students in Adams 14 (ACSD14) receive quality, effective instruction with ongoing progress monitoring. To implement progress monitoring, the student's current levels of performance are determined and goals are identified for learning that will take place over a specific time period. The student's academic performance is measured on a regular basis (weekly or monthly). Progress toward meeting the student's goals is measured by comparing expected and actual rates of learning. Based on these measurements, teaching is adjusted as needed. Each student's progress is monitored and instructional techniques are adjusted to meet his/her individual learning needs.
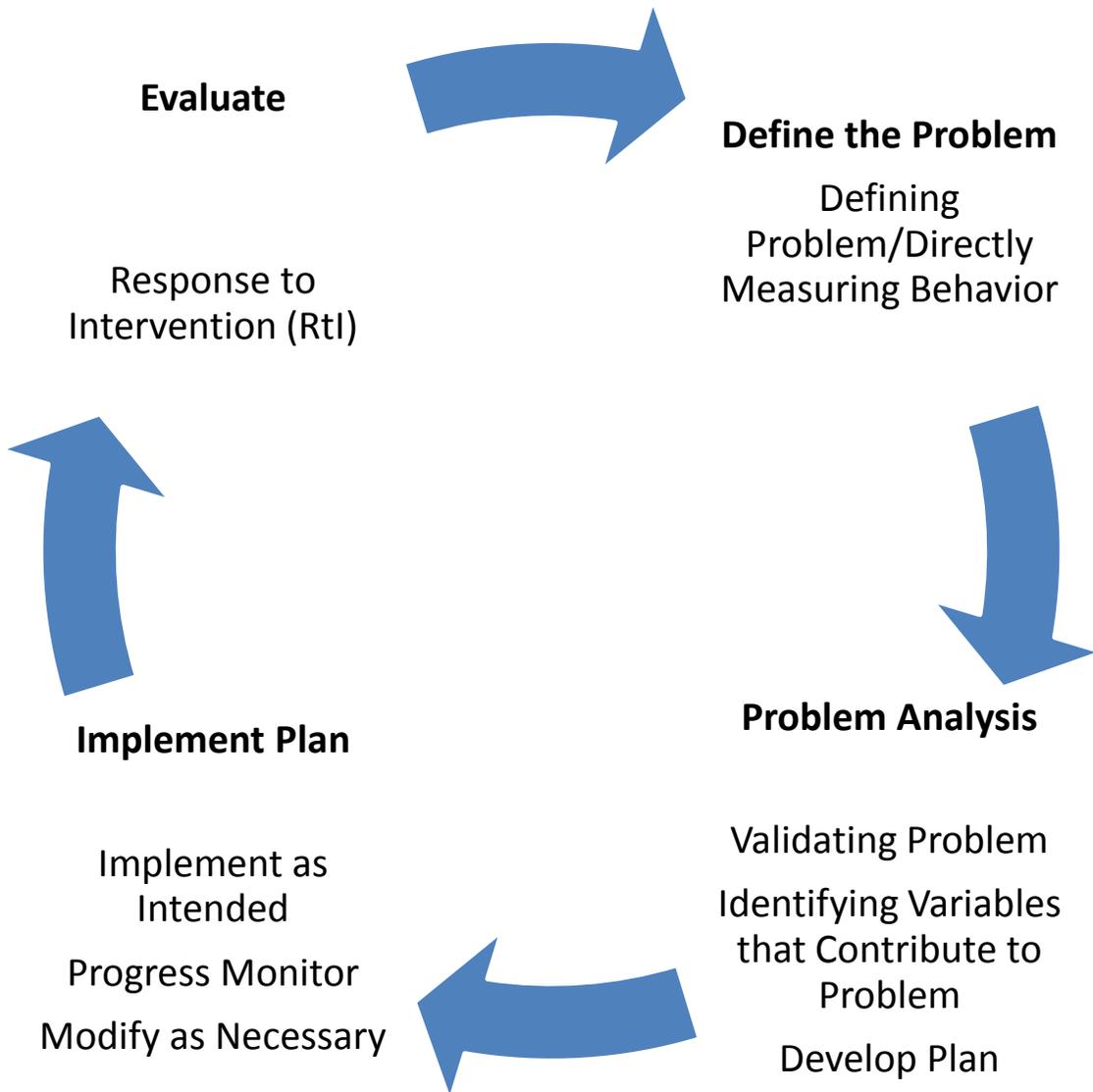
When a student experiences difficulty, a school intervention team, including the student's parents, meets to discuss the student. The intervention team reviews the student's progress monitoring data to determine how the student has responded to interventions. This process is called Response to Intervention, or RtI. More information on the RTI process is available on the CDE website at http://www.cde.state.co.us/RtI/

Sometimes students need individualized, specific skill instruction. For example, a student may need individualized instruction for learning letter naming. Other students may respond well to small group instruction. A small group of students may need instruction for learning letter sounds. Once the student has mastered a specific skill, he/she is able to experience success while receiving whole class instruction.

Some students may continue to experience learning difficulty even after interventions have been implemented. In this case, the school Response to Intervention (RtI) Team and the parents meet to discuss next steps for the student. Possible steps may include intensive instruction with an intervention specialist and/or referral for a special education evaluation. The student continues to receive interventions and ongoing progress monitoring throughout the Response to Intervention process.

Students with disabilities continue to receive intensive interventions after they are determined to be eligible for special education. These interventions may be provided by general education or special education teachers, and are designed to meet the specific needs of each student. You should conference with your child's teacher(s) frequently to assist them with your child's academic progress.
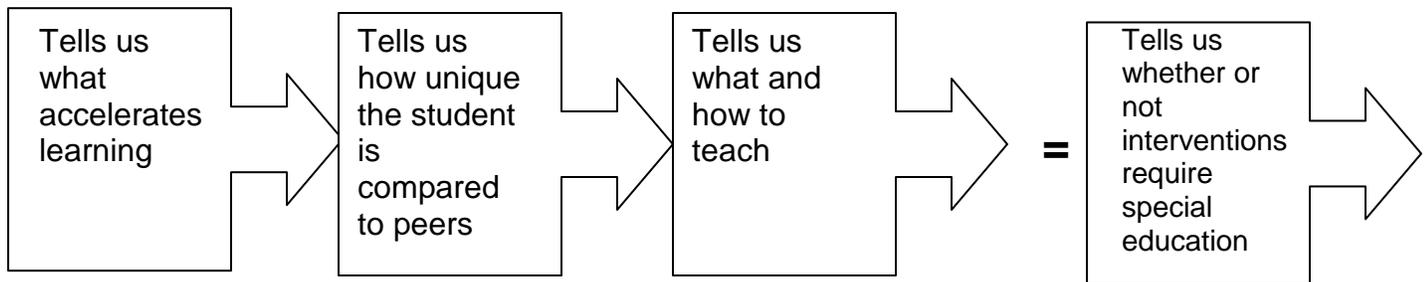
Response to Intervention

Evaluate

Define the Problem

Response to
Intervention (RtI)

Defining
Problem/Directly
Measuring Behavior

Implement Plan

Problem Analysis

Implement as
Intended

Progress Monitor

Modify as Necessary

Validating Problem

Identifying Variables
that Contribute to
Problem

Develop Plan

Eligibility for Special Education

Students are eligible for special education and related services if they meet the specific criteria for an educational disability. More information about the educational disabilities in the state of Colorado and the criteria for eligibility can be found on the Colorado Department of Education website at http://www.cde.state.co.us/cdesped/IEP_Forms.asp

Many students who are struggling in school do not need "specialized instruction" but rather, intensified services from their general education teachers. When curriculum, instruction or environmental conditions need to be very different for the student as compared to the needs of other students in the general education environment, the student does need special education.

Eligibility Decision

A.   B.   C.   Entitlement

Educational +   Discrepancy +   Instructional Needs   **=**   Decision
Progress

| Tells us what accelerates learning | → | Tells us how unique the student is compared to peers | → | Tells us what and how to teach | → **=** | Tells us whether or not interventions require special education | → |

What is Assistive Technology?

Assistive Technology is any tool allowing students with disabilities to use their own unique abilities to reach their goals. These tools help to increase, maintain, or improve the student's capabilities and increase independence. Assistive technology can range from simple low technology devices such as books adapted with Velcro picture symbols, to software for writing, to high technology devices such portable speech generating devices. Services include the selection, acquisition and support using the assistive technology device. Services also include ongoing assistance in teaching families and education team members how to use and implement these devices.

Student Examples
- A student with significant weakness in his/her hands may need the pages in a book adapted to increase the thickness, and he/she may use a tool to turn the pages independently.

- A student with communication needs, who is able to use some speech to communicate, but also needs additional supports to be more effective and efficient may use picture symbols to augment their communication.

- A student with significant challenges with fine motor and handwriting may use a computer for writing paired with word prediction software to increase his/her speed of production and accuracy of written work.

- A student who is unable to produce spoken words may use a speech generating device as an alternative to spoken words to communicate. This device may essentially be a mini computer with a program which contains pictures and words paired with a computerized or synthesized voice. This device ultimately provides the students with a voice they can use to express themselves.

The school district's Assistive Technology Team conducts an evaluation to determine a student's assistive technology needs. This team is multi-disciplinary and may include an assistive technology teacher or specialist, a speech language therapist, a physical therapist, an occupational therapist, learning specialist and the parent. The student's needs are considered on an individual basis and then become part of the student's IEP.

The Colorado Department of Education sponsors a unit that specializes in assistive technology issues called SWAAAC (State Wide Alternative Augmentative Assistive Communication). More information about assistive technology can be found on their website at http://www.swaaac.com/index.htm.

Child Find

Child Find locates, identifies and evaluates children ages birth to 21 who may have a disability and be eligible for special education services. Child Find is a program mandated by the federal government. In Adams 14, Child Find provides monthly developmental screenings for children ages 3-5 years. Children younger than 3 years of age are screened through the district's Infant/Toddler Program in conjunction with North Metro Community Services. Children who are eligible for kindergarten or older are screened and supported within their home school.

Once a child has been screened and a need for further evaluation has been determined, testing will occur within a given timeframe. A meeting (also called a Staffing) is held with the family and the specialists who conducted the evaluation. Based on findings not all lead to IEP. A plan with relevant educational goals is developed to support the child within his or her classroom environment. This plan is called an Individual Education Plan, or IEP. Each year, the child is re-evaluated to determine if there is a continued need for services and to develop new goals for the child's IEP.

Preschool/Pre-Kindergarten

Adams 14's preschool and pre-kindergarten programs use developmentally appropriate best practices for young children to ensure hands-on instruction in an inviting engaging environment, highly qualified staff guide the child's learning. Curriculum is developed within this environment, blending the child's interest, the Colorado early childhood standards, and the Adams 14 district standards.

Students who are three and four years old attend preschool either at their neighborhood school (Central, Hanson, Kemp or Rose Hill) or one of the two preschool buildings in the district (Sanville and STARs). All parents who are interested in preschool should attend a screening for their child to determine his or her strengths and needs. Students with the greatest needs get placed in preschool first.

Regular Medicaid & School-based Medicaid

Regular Medicaid is an insurance program that provides health services to many students and families. Families qualify for Medicaid based on their income, size of family, etc, and they go to the Adams County Department of Human Services to apply for Medicaid health care. For assistance with getting Medicaid for your child, contact Maria Zubia at 303-853-3213.

School-based Medicaid is <u>completely</u> separate from regular Medicaid. If you choose to participate in school-based Medicaid it will <u>not</u> affect your health benefits in regular Medicaid. If you choose to participate in School-based Medicaid, we will need your written consent, and we will be able to bring in more services to our students.

Some students with disabilities require health care services at school. For example, Angel has to be fed with a tube, and he must eat while he is at school, so staff is trained by Registered Nurses to perform this service. Another student, Caesar, has to be repositioned in his wheel chair multiple times throughout the day to reduce the stiffness in his joints. Two paraprofessionals are responsible to move him as needed to keep him healthy. If the parents allow their consent, the school district can get reimbursement for the time staff spend doing medical activities for students.

The district then uses the Medicaid reimbursement money to provide health and psychological services to families and children. This is a great way for you to help the district provide additional services to students, and it doesn't cost you anything.

The five-year Medicaid plan of Adams 14 determines the manner in which Medicaid funds are distributed. The District's Medicaid plan was developed by a committee including parents of special education students, nurses, a psychologist, and Community Health personnel. Results of a community-wide needs assessment determine the needs of district students. Medicaid funds contribute to the salary of a District Community Liaison who assists parents in obtaining insurance; school based therapists; and vouchers for medication, vision exams, glasses, and medical treatment.

Extended School Year Services (ESY)

While all students regress or lose some skills during a break, some children with disabilities experience a loss of skills or regression that is so great, it takes a significant length of time during the next school period to regain or recoup those skills. An extended school year program is provided for any student with a disability who is eligible for such services. The determination of eligibility to provide such services is made annually by the IEP team, depending on the student's ability to maintain skills already learned. ESY services are designed to specifically meet the needs of the individual students.

ESY Process

The following sequence is suggested in order for the ESY requirements to flow within the IEP process over the course of a school year:

- When a student enters the district or school, the student's file will be reviewed for evidence of previous ESY services and/or history of regression.

- Over the course of the school year, each service provider will collect data before and after major breaks and record the results in the student's file.

- Service providers will review data collected prior to each IEP meeting for evidence of regression/recoupment that may determine the student's eligibility for ESY services.

- During each IEP meeting, consideration for ESY services must be discussed using data collected and/or the predictive factors.

- The district ESY forms are completed for students who are eligible for ESY services and then attached to the student's most recent IEP.

- As with any IEP meeting, parents are invited to participate in both the determination of eligibility and the recommendations for delivery of services.

- Students receive individualized services based on IEP goals. Services are held in the summer time, usually at a school.

ESY Services:

ARE

- To maintain learned skills, not develop new skills
- To target goals and objectives derived from the current IEP
- Determined on an individualized, case by case basis
- Provided at no cost to families
- Based on the needs of the individual child, and thus there is no specific amount of time required (typically not the same as what the child may receive during the school year)
- Developed through creative use of educational and other personnel
- Provided in a variety of environments, including the home setting
- Available to any student who is eligible
- Evaluated annually and based on data collected during the current year to determine eligibility
- Discussed at the IEP meeting by the IEP team

ARE NOT

- To develop new skills
- A traditional summer school program
- To meet newly developed goals and objectives
- To make up for absences incurred during vacation, suspension or expulsion
- Provided for the convenience of families, (e.g., to substitute for childcare or to maintain the family's job security)
- To replace or duplicate alternative community resources

Gifted and Talented - Twice Exceptional Philosophy Statement

Adams 14 has an obligation to promote the development of unique potentials. Sometimes students who have a disability in one area are also gifted and talented in another area. We call these students "twice exceptional" students. We are committed to programs and services that promote the individual needs of those students who demonstrate the potential for superior performance. As educators we recognize that gifted and talented students require the basic knowledge taught in regular school programs and need the opportunity to develop socially by interacting with their peers. However, these students also require differentiated learning experiences that are challenging and are more appropriate for their unique needs.

For more information about gifted and talented services, ask your child's teacher about it or ask for the Gifted and Talented Liaison at your school or grade.

Special Education Records

The Adams 14 Office of Integrated Services maintains the special education records of all district students in strict accordance with federal and state statutes.

To obtain a copy of your student's special education records, please submit your request in writing to your Child Advocate or to the Federal Program Assistant. The Release form is included here. A copy of the records you request will be provided to you.

A student age 18 or older is authorized to request his/her own records, unless the parents have been awarded legal guardianship by the court.

Special education records are transferred as part of the general school records from one district, private school or approved facility to another upon written or verbal request of the parent or school official when the child has transferred. If you move, and we receive a request from another school for your child's special education records, we will provide them so that the new school can meet your child's needs. The law states that consent of the parent is not required to transfer education records (including assessment information and the IEP) from one education agency to another for the purpose of provision of free appropriate public education (FAPE). In all other situations, you must give consent before we would release your records.

Adams 14 retains special education records on all students for seven years after the student is 18.

REQUEST TO RELEASE OR SECURE CONFIDENTIAL INFORMATION

Date: _____   Student Name: _____
Date of Birth: _____

Address:
_____

This is authorization for the following agencies to release and secure confidential information:

TO/FROM	**TO/FROM**
Agency Name: _____	**Agency Name:** _____
Agency Dept: _____	**Agency Dept:** _____
Contact Person: _____	**Contact Person:** _____
Address: _____	**Address:** _____
City: _____ **State:** _____	**City:** _____ **State:** _____
Zip: _____ **Phone:** _____	**Zip:** _____ **Phone:** _____
Fax: _____	**Fax:** _____
Email: _____	**Email:** _____

The following checked records will be released or secured:

☐ **Audiometric**   ☐ **Educational**   ☐ **Speech/Language**
☐ **Medical/Health**   ☐ **Occupational Therapy**   ☐ **Physical Therapy**
☐ **Psychiatric**   ☐ **Psychological**   ☐ **Social Work**
☐ **Other (Specify Below):**

[text box]

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent/guardian, except as provided by law.

_____

PARENTAL CONSENT

☐Yes   ☐ No   **I consent to the transfer of information as stipulated above.**

_____
Signature of Parent/Guardian   Date

Community Agencies and Resources

Adams County Head Start 7111 East 56th Avenue Commerce City, CO 80022 **Preschool programs provided for 3 and 4 year old children**	(303) 286-4141 http://www.co.adams.co.us
ARC of Adams County 11698 Huron Street, Suite 106 Northglenn, CO 80234 **Advocacy for parents who have students with developmental disabilities**	(303) 428-0310 http://www.arcadams.com/
Adams 14 Child Find 5291 E. 60th Avenue Commerce City, CO 80022 **Services for any child with a suspected disability ages birth to 21**	(720) 322-8130
Commerce City Recreation Center 6060 Parkway Drive Commerce City, CO 80022 **Recreational and informational services for all families**	(303) 289-3760
Community Health Services 4675 East 69th Avenue Commerce City, CO 80022 **Medical and psychiatric services for all families**	(303) 289-1086
North Metro Community Services 1185 W. 124th Avenue Westminster, CO 80234 **Community Centered Board services for infants and toddlers with suspected disabilities and also for individuals with developmental disabilities of any age**	(303) 252-7199 http://www.nmcommserv.com/
PEAK-Parent Center Denver Parent Resource Center 1212 Mariposa Street Denver, CO 80204 **Many resources for parents of students with disabilities**	(303) 861-1900 http://www.peakparent.org

School to Work Alliance Program-SWAP 5291 E. 60th Avenue Commerce City, CO 80022 **Vocational/Job services for young people ages 16-25 with disabilities**	(303) 853-3294 or (303) 853-3296
Intergenerational Learning Community 5291 E. 60th Avenue Commerce City, CO 80022 **Learning opportunities for people of all ages and abilities**	(303) 289-4396 (303) 289-4460 (Spanish)
Community Reach Center 8931 Huron Street Thornton, Colorado 80260 **Mental Health services for children, families, adults**	(303) 853-3500 information@communityreachcenter.org www.communityreachcenter.com
Food Bank of Colorado 10700 E. 45th Avenue Denver, CO 80239 **Food resources for families**	Phone (303) 371-9250 Toll Free (877) 460-8504 info@foodbankrockies.org
SHARE Adams County Food Dist. Center # 142 7111 E. 56th Ave **Food resources for families**	(303) 428-0400 (800) 933-7427 denvermetroshare@gmail.com
SALUD 6255 North Quebec Parkway Commerce City, CO 80022 **Health services for all individuals**	Medical: (303) 286-8900 Dental: (303) 286-6755 http://www.saludclinic.org/
Hope Center 5291 E. 60th Ave. Commerce City, CO 80022 **Food, clothing, school supplies for homeless families**	(303) -853-3274

IEP Meetings What to Expect, How to Prepare

Article from Additude Magazine
http://www.additudemag.com/adhd/article/6259.html
By Karen Sunderhaft

IEP meetings can be emotional, and it is hard to hear and understand everything that is said if you are keyed up or anxious. Keeping a positive tone is tricky, but it can be done.

At HOPE Educational Consulting, in Ohio, Katie Wetherbee -- a former special-education teacher and a mother of a child with special needs -- shows families how to do just that. Here she shares advice that has worked wonders for herself and other mothers of special-education and ADHD children.

1. Prioritize your child's needs. Before the meeting, write down your child's academic, social, physical, and emotional problems, in order of priority. Request that the top three problems in each area be addressed. Some things may need to wait, but don't budge on the ones that are most important now.

2. Write everything down. Keep a daily log of time spent and of the specific activities you do at home with your ADHD child to support his needs in school. For example, monitor the time spent on homework, or on completing daily organizational tasks. This will show the team how hard you work. It will also make it easier to set up programs at school that can work in conjunction with routines at home.

3. Do advance work. Find out which teachers will attend the IEP meeting. If you know that the speech therapist will be there, e-mail questions to her ahead of time. If you prepare well, the meeting time, about an hour in most school districts, can be used more effectively.

4. Make it personal. Nida Parrish, a proud parent of seven-year-old Collin, always brings along two items to IEP meetings: a photo of her son and a piece of his artwork. "Collin is artistic, and it may be a side of him his teachers don't know about. Bringing something personal sets the tone for the meeting and allows everyone to be on 'Team Collin,'" she says.

5. Prepare a presentation. Bring a written list of questions and subjects to discuss, so that you don't forget anything important. When Collin started kindergarten, his dad created a slide-show presentation that illustrated his concerns. It ended with two photos of Collin, side by side: One picture showed him smiling and the other showed him crying. The family left the slide up and asked, "What kind of year will we make for Collin?"

6. Invite a friend. Ask a friend or family member to come with you to act as a second set of ears and eyes. Your surrogate can take notes, so that you don't miss or misunderstand anything important. After the IEP meeting, while everything is fresh in your mind, review your friend's notes, jotting down questions.

7. Have an open mind. An education lawyer, from Ohio, explains that parents must have faith in the system. "Parents may get stuck on a specific reading program that they feel their child can benefit from. But there may be another program that would better suit your child's needs. Your goal is to explain that Johnny can't read, and to ask for the 'best' program the school can recommend."

Parrish was surprised to learn, before her IEP meeting, that the school had assigned her son a teacher she thought might be problematic. Instead of entering the meeting defensively, she asked why the school thought this would be a good match. Nida agreed with the school's assessment.

8. Designate a go-to person. At the meeting, determine which participant you feel most comfortable with, and ask him or her to be your contact when questions arise. Select someone who interacts frequently with your child.

9. Schedule a follow-up. After the initial IEP meeting, request a 60-day review with the team to see how the year is going. This can be arranged in person with the team or written down in the section of the IEP titled "Summary of Services."

10. Keep everyone on the same page. After the meeting, send everyone an e-mail or a letter summarizing the meeting goals and listing the people assigned to do specific tasks. This will serve as a record of the meeting.

11. Say thanks. Most people who work with special-needs children do it because they love the kids. Send a note that includes examples of how a teacher's actions made a difference.

12. Catalog the journey. Keep a notebook or file for each school year. Include copies of correspondence, the current IEP, test results, report cards, and samples of your child's work. This will help you keep the documents organized, and create a record of the progress your child has made. Refer to the notebook to remind you of how far your child has come, and of the new goals you want to help her work toward.

You are the expert on your child. No one -- coach, teacher, or therapist -- knows more about her strengths, her passions, her dreams than you do. What's the best way to convey your insights and practical knowledge to her teacher, so your child can succeed at school?

For many parents, the home/school checklist, developed by the Learning Disabilities Association of Minnesota, has been the answer. The document, which serves as an MRI of your child's learning profile, helps identify academic shortfalls and the strategies you're taking, or have taken, to solve them. This handy tool facilitates communication between you and the teacher, and sends the message that you are a valuable resource and part of the team. The checklist may also prompt the teacher to share classroom strategies that you can use at home.

The home/school checklist is especially useful at the beginning of the academic year, but can be used at any point during the semester with good results. To download the document, log on to ldaminnesota.org.

Home and School Checklist for Success

LDA Minnesota

Strengths
1. _____
2. _____
3. _____

Best Qualities
1. _____
2. _____
3. _____

Favorite Activities
1. _____
2. _____
3. _____

_____
Student Name

Photo of Student

Motivators
1. _____
2. _____
3. _____

Social Relationships
1. _____
2. _____
3. _____

Three Most Important Things to Know about my Child
1. _____
2. _____
3. _____

Parent(s)/Guardian:
_____

Home # _____

Work #: _____

Cell #: _____

Homeroom Teacher: _____

Other Teachers:
* _____
* _____
* _____

Home/School Checklist

When you see this:	Try these:
1. Difficulty following a plan, shifting among uncompleted tasks, and completing assignments.	☐ Break the goal into realistic steps with clear timelines. ☐ Ask what will be done, first, second, third. ☐ Color code by priority. ☐ Check off completed tasks ☐ Monitor progress frequently. ☐ Request a set of books for use at home.
2. Difficulty with problem-solving and unrealistic goals.	☐ Ask how and what questions, not why. ☐ Keep asking questions until realistic goal is set ☐ Encourage self-problem solving ("What can you do about that?")
3. Difficulty sustaining attention to tasks or other activities (easily distracted by extraneous stimuli)	☐ Break up activities into small units. ☐ Reward accomplishments and on-task behavior. ☐ Use physical proximity. ☐ Discuss earphones, study carrels, quite places, or preferential seating. ☐ Use written schedule and self-monitoring charts ☐ Use stopwatch, timer, and/or vibrator. ☐ Use cues (hand signals, posters, rule charts, etc.) ☐ Show what paying attention looks like (e.g., "You look like you are paying attention when..."). ☐ Set time limit for small unit of work and provide positive reinforcement for accurate completion.
4. Difficulty with long-term time management.	☐ Use daily, weekly, monthly assignment sheets. ☐ Utilize large calendar white board. ☐ Have her/him estimate and track assignment completion.
5. Difficulty with short-term memory.	☐ Gain his/her attention before giving directions. ☐ Give one or two directions and state as a request. ☐ Accompany oral directions with written directions. ☐ Ask her/him to repeat back simple directions. ☐ Suggest he/she quickly jot down directions or draw pictures. ☐ Make up daily job or daily work cards.
6. Difficulty with any task that requires long-term memory.	☐ Combine seeing, saying, writing, and doing; she/he may need to sub-vocalize to remember. ☐ Teach memory techniques as a study strategy (e.g., mnemonics, visualization, oral rehearsal, numerous repetitions). ☐ Teach highlighting to mark important ideas. ☐ Use large calendar to keep track of appointments, assignments, and things to look forward to doing. ☐ Review notes within 24 hours.
7. Difficulty with test-taking.	☐ Allow extra time for testing; teach test-taking skills and strategies; allow students to be tested orally. ☐ Use clear, readable, and uncluttered test forms. ☐ Use test format with which the student is most comfortable. ☐ Allow ample space for student to respond. ☐ Have lined answer spaces for essays or short answer tests. ☐ Teach positive self-talk. ☐ Teach student to practice deep breathing. ☐ Arrange seating for less distractibility.
8. Confusion with spoken material, lectures, and audiovisual material (difficulty finding main idea from presentation; attributes too much importance to minor details).	☐ Provide framed outlines of presentations (introducing visual and auditory cues to important information). ☐ Allow peers to share notes from presentation. ☐ Encourage use of audio recording, with permission. ☐ Teach and emphasize key words (the following, the most important point, etc.). ☐ Model "think alouds."
9. Difficulty bringing home needed materials and assignments and/or difficulty turning in completed assignments.	☐ Use daily, weekly, and/or monthly assignment sheets. ☐ List materials needed daily. ☐ Organize a consistent way for students to turn in and receive back papers. ☐ Combine all classes and their folders, notebooks, and other needed materials in a single binder (so she/he has to remember only a single binder). ☐ Request an extra set of books for use at home.
10. Losing things necessary for task or activities at school or at home (e.g., pencils, books, or assignments before, during, and after completion of a given task).	☐ Help her/him get organized and frequently monitor. ☐ Emphasize a place for everything and everything in its place. ☐ Provide positive reinforcement for good organization. ☐ Have basket next to front door for things needed to be taken to school.

11. Frequent messiness or sloppiness.	☐ Give reward points for improved neatness. ☐ Arrange for a peer who will help her/him with organization. ☐ Show how to keep materials in a specific place (e.g., pencils and pens in pouch). ☐ Teach to self-check for accuracy.
12. Poor handwriting (often mixing cursive with manuscript and capitals with lower-case letters) or difficulty with fluency in handwriting (e.g., good letter/word production but very laborious).	☐ Allow for shorter assignments. (Emphasize quality over quantity.) ☐ Use alternative method of production (computer, scribe, oral presentation, etc.). ☐ Arrange with teacher to use a computer to complete written work.
13. Inappropriate responses in class often blurted out; answers given to questions before they have been completed.	☐ Seat student in close proximity to teachers so visual and physical monitoring of student behavior can be done. ☐ State behavior that you want (tell her/him how you expect her/him to behave). ☐ Establish cues to trigger appropriate behavior.
14. Poor social interaction with peers.	☐ Model and practice reading body language. ☐ Talk about social norms and possible consequences. ☐ Practice approaching peers at lunch and on the playground. ☐ Identify like-minded peers.
15. Suspect bullying is occurring.	☐ Establish communication between teachers, administrators, and parents. ☐ Talk with teachers about classroom rules and consequences. ☐ Define problem and acknowledge his/her feelings. ☐ Discuss who is a friend and who isn't. ☐ Discuss and model appropriate responses to bullying. ☐ Establish secret phrase.
16. Impulsive and emotional outbursts.	☐ Defuse by redirecting and/or temporarily separating student to calm down. ☐ Determine maturity level of social ability for realistic expectations. ☐ Identify situations and sources of agitation. ☐ Discuss, model, and practice alternative behavior.
17. Agitation or inappropriate behaviors under pressure and competition (athletic or academic).	☐ Stress effort and enjoyment ☐ Coach her/him about waiting turns and coping strategies for doing so. ☐ Reward for team effort and cooperation. ☐ Give responsible jobs (e.g., care and distribution of balls, scorekeeping, consider leadership role).
18. Frequent involvement in physically dangerous activities without considering possible consequences.	☐ Anticipate dangerous situations and plan for them in advance. ☐ Stress Stop-Look-Listen. ☐ Pair with a responsible peer. ☐ Establish a unique "must stop" cue. ☐ Model when and how to say "no" to a peer who suggest dangerous activities.
19. Poor adult interactions; defies authority; manipulates (passive).	☐ Provide positive attention. ☐ Talk individually about the inappropriate behavior ("What you are doing is... a better way of getting what you need or want is..."). ☐ Use appropriate humor to reduce tension/stress. ☐ Assure her/him that a clean slate exists after an outburst. ☐ Remain calm and do not debate or argue. ☐ Whenever possible, offer a face-saving way out.
20. Frequent self-put-downs, poor personal care and posture, negative comments about self and others, low self-esteem.	☐ Structure for success. Train her/him for self-monitoring, reinforce improvements, teach self-questioning strategies (e.g. What am I doing? How is that going to affect others?) ☐ Allow opportunities to show her/his strengths. ☐ Give positive recognition for contributions. ☐ Build self esteem by praising immediately any and all good behavior and performance. ☐ Encourage positive self-talk (e.g. "What did you do well today? How did that make you feel?") to encourage her/him to think positively about self.
21. Does not meet behavioral expectations.	☐ Remain calm, state infraction of rule, and do not debate or argue. ☐ Have pre-established consequences for misbehavior. ☐ Administer consequences immediately and monitor proper behavior frequently. ☐ Enforce rules of the house and classroom consistently. ☐ Avoid ridicule and criticism. ☐ Change rewards if no longer effective in motivating appropriate behavior.
22. Difficulty using unstructured time (recess, hallways, lunchroom, locker room)	☐ Prepare for transitions – use words/cues/time updates. ☐ Plan for time usage (e.g., "What are you planning to do at recess today?").

Adapted from Florida Department of Education

What we will do at home to support our child

- ☐ Attend conferences and meetings.
- ☐ Check backpacks and agendas for notes.
- ☐ Help her/him experiment with different places to study and different home conditions (low music, at desk, on bed, stability ball, etc.).
- ☐ Determine regular time and place for her/him to complete homework.
- ☐ Help her/him prioritize tasks.
- ☐ Help child with expectations and directions.
- ☐ Help her/him identify activities or breaks to look forward to after completing a certain amount of time or homework.
- ☐ Write as she/he dictates concepts when teacher-approved for appropriate assignments.
- ☐ Frequently monitor homework progress.
- ☐ Establish means to communicate with the teacher (e-mail, planner, phone calls).

- ☐ Contact the teacher when the work is causing frustration or is a struggle.
- ☐ Consider a coach or tutor if needed.
- ☐ Limit TV and games (to encourage reading, physical activity, quiet time, etc.).
- ☐ Read together for fun or discuss current events.
- ☐ Praise and reward productivity.
- ☐ Explore her/his interests and strengths.
- ☐ Create an emotionally safe environment to reward strengths and build success.
- ☐ Recognize he/she has a legitimate medical condition.
- ☐ Recognize he/she will respond favorably to supportive and positive discipline.
- ☐ Provide good nutrition and a regular sleep schedule.

Notes/Comments

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The Basic Special Education Process under IDEA Article from the US Department of Education
http://www2.ed.gov/parents/needs/speced/iepguide/index.html

The writing of each student's IEP takes place within the larger picture of the special education process under IDEA. Before taking a detailed look at the IEP, it may be helpful to look briefly at how a student is identified as having a disability and needing special education and related services and, thus, an IEP.

Step 1. Child is identified as possibly needing special education and related services.

"Child Find." The state must identify, locate, and evaluate all children with disabilities in the state who need special education and related services. To do so, states conduct "Child Find" activities. A child may be identified by "Child Find," and parents may be asked if the "Child Find" system can evaluate their child. Parents can also call the "Child Find" system and ask that their child be evaluated. Or —

Referral or request for evaluation. A school professional may ask that a child be evaluated to see if he or she has a disability. Parents may also contact the child's teacher or other school professional to ask that their child be evaluated. This request may be verbal or in writing. Parental consent is needed before the child may be evaluated. Evaluation needs to be completed within a reasonable time after the parent gives consent.

Step 2. Child is evaluated.

The evaluation must assess the child in all areas related to the child's suspected disability. The evaluation results will be used to decide the child's eligibility for special education and related services and to make decisions about an appropriate educational program for the child. If the parents disagree with the evaluation, they have the right to take their child for an Independent Educational Evaluation (IEE). They can ask that the school system pay for this IEE.

Step 3. Eligibility is decided.

A group of qualified professionals and the parents look at the child's evaluation results. Together, they decide if the child is a "child with a disability," as defined by IDEA. Parents may ask for a hearing to challenge the eligibility decision.

4 Step 4. Child is found eligible for services.

If the child is found to be a "child with a disability," as defined by IDEA, he or she is eligible for special education and related services. Within 30 calendar days after a child is determined eligible, the IEP team must meet to write an IEP for the child.

5 Step 5. IEP meeting is scheduled.

The school system schedules and conducts the IEP meeting. School staff must:

- contact the participants, including the parents;
- notify parents early enough to make sure they have an opportunity to attend;
- schedule the meeting at a time and place agreeable to parents and the school;
- tell the parents the purpose, time, and location of the meeting;
- tell the parents who will be attending; and
- tell the parents that they may invite people to the meeting who have knowledge or special expertise about the child.

6 Step 6. IEP meeting is held and the IEP is written.

The IEP team gathers to talk about the child's needs and write the student's IEP. Parents and the student (when appropriate) are part of the team. If the child's placement is decided by a different group, the parents must be part of that group as well.

Before the school system may provide special education and related services to the child for the first time, the parents must give consent. The child begins to receive services as soon as possible after the meeting.

If the parents do not agree with the IEP and placement, they may discuss their concerns with other members of the IEP team and try to work out an agreement. If they still disagree, parents can ask for mediation, or the school may offer mediation. Parents may file a complaint with the state education agency and may request a due process hearing, at which time mediation must be available.

7 Step 7. Services are provided.

The school makes sure that the child's IEP is being carried out as it was written. Parents are given a copy of the IEP. Each of the child's teachers and service providers has access to the IEP and knows his or her specific responsibilities for carrying out the IEP. This includes the accommodations, modifications, and supports that must be provided to the child, in keeping with the IEP.

8 Step 8. Progress is measured and reported to parents.

The child's progress toward the annual goals is measured, as stated in the IEP. His or her parents are regularly informed of their child's progress and whether that progress is enough for the child to achieve the goals by the end of the year. These progress reports must be given to parents at least as often as parents are informed of their nondisabled children's progress.

9 Step 9. IEP is reviewed.

The child's IEP is reviewed by the IEP team at least once a year, or more often if the parents or school ask for a review. If necessary, the IEP is revised. Parents, as team members, must be invited to attend these meetings. Parents can make suggestions for changes, can agree or disagree with the IEP goals, and agree or disagree with the placement.

If parents do not agree with the IEP and placement, they may discuss their concerns with other members of the IEP team and try to work out an agreement. There are several options, including additional testing, an independent evaluation, or asking for mediation (if available) or a due process hearing. They may also file a complaint with the state education agency.

10 Step 10. Child is reevaluated.

At least every three years the child must be reevaluated. This evaluation is often called a "triennial." Its purpose is to find out if the child continues to be a "child with a disability," as defined by IDEA, and what the child's educational needs are. However, the child must be reevaluated more often if conditions warrant or if the child's parent or teacher asks for a new evaluation.

My Student's Records

- o This is a good place to store your IEPs and related records, so you always have them in one place.
- o Bring the folder with you to your meetings at the school for reference.

PARENT SURVEY
SPECIAL EDUCATION - INTEGRATED SERVICES

To work effectively as partners in your child's educational success, we need your input.   Please rate your experience as a Parent on the following questions:

Evaluation Scale: (1) Strongly Disagree   (2) Disagree   (3) Agree   (4) Strongly Agree

My experience as a parent:	1	2	3	4
The team worked with my schedule to set the meeting time.	1	2	3	4
I was treated as a respected IEP team member	1	2	3	4
I was able to share my thoughts at the staffing	1	2	3	4
I understand the results of my child's testing and how it affects his/her school performance.	1	2	3	4
The staff is knowledgeable about how to assist my child to be successful in school.	1	2	3	4
I understand my child's disability.	1	2	3	4
My child is receiving al the services on his IEP	1	2	3	4
I know who to call if I have additional questions or concerns.	1	2	3	4
I feel better prepared to meet my child's needs at home.	1	2	3	4
My child is making adequate progress on IEP goals and objectives	1	2	3	4
I understand the IEP process	1	2	3	4
Overall, my experience as a parent on the IEP team was positive.	1	2	3	4

Comments:

Please return the survey to your school or the Director of Integrated Services at the ESS building:
5291 E. 60th Ave. Commerce City, Co. 80022