

Supplementary Aids and Services

Definition and Purpose:

“Supplementary aids and services means aids, services, and other supports that are provided in general education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with §300.114 through §300.116.” (34 CFR 300.42)

The purpose of providing supplementary aids and services is to support students with disabilities as active participants with nondisabled peers, as well as to enable their access to the general curriculum. To that end, supplementary aids and services include modification to the general curriculum and [a child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modification in the general curriculum]. (34 CFR 300.116 (e))

Full Range of Supplementary Aids and Services

34 CFR 300.114 (ii) states that, “Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs **only** if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.” [emphasis added]

Supplementary Aids and Services Should Be:

- Available to all students who need them.
- Designed to provide meaningful educational benefit.
- Provided in a manner that avoids stigmatizing students (Gaskin Settlement Agreement, 2005).

There are an infinite number of possible supplementary aids and services to be considered and implemented by Individualized Education Program (IEP) teams. Court decisions have required school districts to make a concerted and good faith effort to use supplementary aids and services to address behavioral issues in the general classroom. The provision of positive behavioral interventions, strategies, and supports is designed to foster increased participation of children with disabilities in general education environments or other less restrictive environments, not to serve as a basis for placing children with disabilities in more restrictive settings.

It is important that IEP teams contemplate educational placement in the general education classroom with the provision of supplementary aids and services as needed.

One framework that may assist IEP teams in considering the full range of supplementary aids and services includes four categories of supplementary aids and services for consideration: Collaborative, Instructional, Physical, and Social-Behavioral (Etscheidt & Bartlett, 1999). The chart that follows provides illustrative examples for each of the categories. The *Oberti* decision includes reference to four specific supplementary aids and services that local education agencies (LEAs) must consider: modified curriculum, teacher training, effective behavior support, and provision of an aide, if necessary (*Oberti v. Board of Education of the Borough of Clementon School District*, 995 F.2d 1204 (3rd cir.1993)).

Framework for Considering the Full Range of Supplementary Aids and Services (SaS)

Category	Examples
<p>Collaborative</p> <p>Adults working together to support students</p>	<ul style="list-style-type: none"> • Scheduled time for coplanning and team meetings • Instructional arrangements that support collaboration (e.g., coteaching, paraprofessional support) • Professional development related to collaboration • Coaching and guided support for team members in the use of assistive technology for an individual student • Scheduled opportunities for parental collaboration • All school personnel collaborate in the development and delivery of SaS
<p>Instructional</p> <p>Development and delivery of instruction that addresses diverse learning needs</p>	<ul style="list-style-type: none"> • Providing modified curricular goals • Providing alternate ways for students to demonstrate learning • Providing test modification • Providing alternate materials and/or assistive technology (e.g., materials on tape, transcribe text into Braille, large print, alternate computer access) • Providing instruction on functional skills in the context of the typical routines in the general classroom • Changing method of presentation • Using reader services • Providing research-based supplementary materials • Providing instructional adaptations (e.g., preteaching, repeating directions, extra examples and nonexamples)
<p>Physical</p> <p>Adaptations and modifications to the physical environment</p>	<ul style="list-style-type: none"> • Furniture arrangement in environments • Specific seating arrangements • Individualized desk, chair, etc. • Adaptive equipment • Adjustments to sensory input (e.g., light, sound) • Environmental Aids (e.g., classroom acoustics, heating, ventilation) • Structural Aids (e.g., wheelchair accessibility, trays, grab bars)
<p>Social-Behavioral</p> <p>Supports and services to increase appropriate behavior and reduce disruptive or interfering behavior</p>	<ul style="list-style-type: none"> • Social skills instruction • Counseling supports • Peer supports (e.g., facilitating friendships) • Individualized behavior support plans • Modification of rules and expectations • Cooperative learning strategies

The Supplementary Aids and Services (SaS) Consideration Toolkit provides a systematic approach that guides student-focused teams through steps that lead to the identification of supplementary aids and services that will enable a student with a disability to participate and learn within general education settings. The toolkit, which was developed for use within schools throughout Pennsylvania, consists of five components that are packaged separately to facilitate ease of use. The documents can be downloaded at: www.pattan.net/files/LRE/SaS-Toolkit.pdf.

References

Burns, E. (2003). *A Handbook for Supplementary Aids and Services*. Springfield, Ill: Charles C. Thomas.

Etscheidt, S. & Bartlett, L. (1999). The IDEA Amendments: A Four Step Approach for Determining Supplementary Aids and Services. *Exceptional Children*, 163-74.