

WELCOME TO KINDERGARTEN

Making the Transition from CPSE to CSE

**OCEANSIDE SCHOOL DISTRICT
(516) 678-1217**



TABLE OF CONTENTS

Dear Parents	2
Transition as a Process	3
The Transition Process and Your Child	4
Partners in the Process:	
A. You (the Parents and Family).....	5
B. Your Child’s CPSE Program/Providers.....	5
C. Your School District	6
Moving from Preschool to Kindergarten	7
Differences in Preschool Special Education and Special Education for School-Age Children	8
What Parents Tell Parents.....	9
Positive Connections from CPSE to CSE	11
APPENDICES	
A. Specialists and Their Role in Helping Your Child.....	14
B. Special Education Terms & Acronyms.....	16
C. Classifications for Students with Disabilities.....	26

Dear Parents,

This guide contains some valuable information about the process that takes place when a child with a disability, who has been attending a preschool special education program, is entering kindergarten in his/her local school district. The same process is used for a child who has been receiving special education or related services in a general education preschool, nursery school, child care or at home.

This guide was prepared by a group of professionals from special education, general education, colleges and universities, and agencies who are involved in the field of education in various ways. This group, known as the Regional Council for Educational Services, was formed through a grant given by the New York State Education Department to Nassau BOCES.

The Council met with educators and parents to explore the transition process from preschool special education to general education. It explored other materials written about the process.

The Council's work led to this guide for parents. The additional information in the guide contains questions and answers about the transition process prepared by the local school districts. This information targets the process of transition from CPSE to CSE. A list of acronyms and commonly used terms is also provided for your use.

The Council also prepared materials for districts and preschools in the hope that all these materials would make the process a smooth one for parents, districts, and most of all, for the children themselves.

There is a lot of information included in the guide. Please keep it so that you can refer to it when needed.



Transition as a Process

Transition from a preschool special education program (or from special education services in another setting, such as nursery school or child care) to a kindergarten program in a district program involves a process.

Transition can be more than one meeting with the district's Committee of Special Education (CSE) to decide where your child should go to school.

You should be preparing for transition as your child approaches the age when he or she will be leaving his or her preschool program (or services) and entering the school-age years. When you are prepared and informed, the process should be a smooth one.



The Transition Process and Your Child

There are many partners in the transition process. This guide identifies each one for you on the following pages.

First and foremost, you should know that all the partners are concerned with your child, who is at the center of the process.

When each partner begins with the interests of the child as most important, the process will go well.



Partners in the Process:

❖ You (the Parents and Family)

- YOU are a most important participant in the transition process. You know your child. You have valuable information to contribute to the transition process. Come to that process prepared to be a full partner.
- Both your preschool program or service provider and your school district should be working with you to prepare for the transition.
- Your district wants to develop the same relationship of trust with you. An important thing for you to know is that you can continue to have input into your child's education. Your relationship with teachers or service providers does not end with preschool.
- This booklet should help make the transition to education in your school district a smooth one for you and for your child. The information in this booklet should help you become a full partner in the process.

❖ Your Child's Preschool Special Education Program/Service Provider

- Your child's program or service providers are also important participants in the transition process. They have participated in the decision to have him or her enter kindergarten in your school district.
- Your preschool program or providers should be working with you and your school district on transition during your child's last year in the program.
- If you have any questions or concerns that involve your child's program or service providers, you should always ask them.

Partners in the Process:

❖ Your School District

- The school personnel want you to be comfortable with the transition process. You should talk with the school district personnel about your child and his or her needs.
- You will be formally notified of the date, time and place of the CPSE/CSE transition meeting when the decision about your child's placement will be made. However, you can always contact your school district before or after this meeting.
- Your school district will provide you with information about the district's kindergarten. You will be given information about screenings, busing and about the school's approach to educating your child.
- The information that is provided on the cover of this guide contains the name and phone number of the person(s) to contact with any questions you may have about your child's new school, Oceanside Kindergarten Center School #6.



Moving From Preschool to Kindergarten

Before your child's annual review, school district personnel will visit his or her program or they will talk with the providers who deliver special education or related services. During these visits or discussions, the district and preschool personnel will consider next year's program options for your child.

A recommendation for next year will be made at the meeting of your school district's Committee on Preschool Special Education (CPSE). You will be part of the discussion that leads to this recommendation, and you should feel comfortable about that recommendation.

Your school district's Committee on Special Education (CSE) makes the placement decision and develops the IEP (Individual Educational Plan) for the next year with your input and consent.

If you are not in agreement with the placement decision, you have alternatives. Usually, disagreements between parents and districts can be resolved with more discussion. You will be told what your rights are. **Remember that everyone wants what is best for your child and no decision is ever a final one. There are always alternatives in the future if needed.** Even if you agree with the placement decision, remember there are always alternatives for any child with special needs. Your child's success is the first consideration of everyone involved in his or her education.



Preschool Special Education vs. Special Education for School-Age Children

Your child received special education services in a particular setting. The service delivery system is somewhat different for preschool special education and special education for students ages 5 to 21. For your information, we have listed below how services are provided on each level. Your school district will provide you with specific information about its special education services.

Preschool	School-Age
<p>Services for children with disabilities, ages 3 to 5 years old, are provided in special education programs, nursery schools, Head Start programs, child care settings or in the home.</p>	<p>Students with disabilities, ages 5 to 21 years old, are serviced in a variety of settings depending upon their individual needs.</p> <p>Youngsters may be placed in a general education class with the support of supplementary aids and services as needed. If a child cannot be educated in a general education classroom, the district must make available options known as a continuum of alternative placements.</p> <p>There are other placements in the continuum outside the district school, but this guide concerns the transition of youngsters to the local school district. No matter what placement is selected, each youngster must be educated in the least restrictive environment (LRE) for him or her.</p>

What Parents Tell Parents

These are some of the thoughts of parents who have made the transition from preschool special education to local district kindergarten or first grade.

- **The most important thing to remember is that you are not alone in this process.** Everyone involved wants the best for your child. Transition is a cooperative process of real partnership.
- When you are beginning the transition process, your own fears may get in the way of hearing what others on the transition team are saying. Although it's only human, try not to let this happen.
- Try to learn as much about the process and your child's educational needs as you can. Keep notes. This will make you a better contributor to the process.
- If your district sends forms for you to fill out, provide as much information as possible.
- When you communicate with district personnel, tell them about your child's strengths and weaknesses and about the progress he/she made in preschool. Don't be afraid to express what you think contributed to or hindered your child's progress.
- Remember that every child has a unique profile. Knowing your child's learning style, his/her likes and dislikes about school and learning is valuable information. Every child has special needs.
- If you can possibly meet other parents of children who are returning to district from special education preschool programs or services, it will help you to share your feelings.
- Talk with other parents who have been through the transition process. Share your questions and feelings with them.
- Attend meetings that your district may have on transition or kindergarten issues.

- Join SEPTA (Special Education Parent-Teacher Association).
- Every child responds differently. Don't prejudge how your child will react to his or her new program.
- Visit the school that your child will be attending. Learn as much as you can about the school so that you can participate in the transition process.
- Realize that any transition, especially when it involves a young child, is traumatic. Many parents of typical children sending their youngsters off to the first day of kindergarten feel the same trauma.
- Communication is the key. Communicate with your school district as you start the process. Once your child is in his or her local district school, communicate with his/her teacher. Ask the teacher to communicate regularly with you.
- And please, after your child has been in kindergarten for a little while, take some time to let his/her preschool providers know how he/she is doing in his/her new school. This feedback will be truly helpful to the teacher in preparing others for the transition process.

Positive Connections from CPSE to CSE

Questions Commonly Asked by Parents

Prepared by School District Committees on Special Education
of Nassau County

With thanks to the parents and to the members of the
Regional Council for Educational Services who contributed to the development of this information

The following questions and answers are the result of a concerted effort by district CPSEs/CSEs throughout Nassau County to address the most commonly expressed concerns of parents whose youngsters are transitioning from preschool to school-age programs. The goal of this material is to make this transition comfortable for you, the parents, and for your children.

The district representatives who developed this information hope that it clarifies the transition process and encourages you to contact your district CSE office if you have any further questions.

1. What is the CSE?

You have been working with the Committee on Preschool Special Education (CPSE). Now you will be meeting with your district's Committee on Special Education (CSE)

The Committee on Special Education is a multisensory team in your school district that recommends services and programs for school-age children with disabilities. According to New York State Regulations, when your child becomes eligible for kindergarten, the decision about his/her program and services becomes the jurisdiction of the CSE.

2. Do I have to register my child in the district?

Yes, registration is required. Contact Phyllis Amisano in Central Registration at **(516) 678-6238** and follow the directions in this [Registration Link](#).

3. Will my child be screened for kindergarten?

Yes, all districts are required to do screenings. The timelines and screening instruments may vary from district to district. Screenings usually include brief evaluations of your child's language, cognitive and physical abilities.

4. How does the CSE make decisions about my child's placement?

It is important to understand that this process is required by State regulations. Be assured that districts are concerned about each child and his or her unique needs. To understand these needs, districts utilize a variety of strategies that may include:

- Reviewing your child's preschool records and evaluations
- Visiting your child at his/her current program and discussions with the staff of that program
- Inviting your child to participate in a screening
- Inviting you and/or your child to visit school
- Gaining information from you, the parent, about your child's needs.

5. Will I be notified of the CSE Meetings?

Just as in the CPSE process, you will be notified by mail of the date, time and place of the meeting. The letter will also provide information about who will attend the meeting.

6. Should I bring someone with me to the CSE meeting?

Parents may choose to come alone or they may bring anyone they wish to the meeting. There is also a parent who can serve as a member of the CSE.

7. Who will be invited to the CSE meeting?

When you meet with the CSE to discuss your child, the members who will be present will include:

- CSE Chairperson (or other district designee)
- A psychologist from the school district
- Your child's special education teacher or related service provider
- A general education teacher
- The parent member and physician member are optional and will attend only when necessary. You should contact the CSE office at least 72 hours prior to the meeting to request the attendance of a parent member and/or a physician.
- Other persons may be invited as necessary

8. Will my child's classification change?

As a preschooler, your child was classified by the CPSE as a Preschool Child with a Disability. If your child still requires special education as a school-age child, state regulations stipulate that the classification be more specific. There are 13 possible classifications. (See **Appendix C** for definitions of each classification)

- Autism
- Deafness
- Deaf-blindness
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Learning Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment including Blindness

Your child must meet the eligibility criteria for one or more of these classifications.

9. Will my child continue to have an IEP?

If your child is classified by the CSE, an IEP will be developed with your input that will describe the recommendations of the CSE.

10. What types of programs and related services are available in the school district?

District programs may vary. However, all districts have a continuum of available services. The specific program and/or related services for your child will be determined with your input at the CSE meeting.

State regulations require that the CSE in making placement recommendations, consider the Least Restrictive Environment appropriate for your child. The needs of most children with disabilities can be met in a public school setting with peers who are not disabled. Alternative programs should be considered only when the student's needs cannot be met within the regular school setting even with supplementary aids and services. (from a Parent's Guide to Special Education, a New York State Education Department publication that is available from the CSE office)

Appendix A

Specialists and Their Role in Helping Your Child

Audiologists are trained to do the following: identify and measure types and degrees of hearing loss; assess the extent of the hearing disability; recommend rehabilitation; fit hearing aids; and counsel parents on how to help their child adjust to a hearing loss.

Occupational Therapists in the educational setting, focus on the impact a student's disability has on his/her ability to learn and to meet the demands of the school environment. They work on helping the student receive and integrate the sensory information that is used in coordination with the needed gross and fine motor skills.

Neurologists are physicians who evaluate the neurology of the central nervous system and who are involved in diagnosis and treatment of disorders of the nervous system.

Ophthalmologists are physicians who specialize in the branch of medicine concerned with the structure, function, and diseases of the eye and their correction.

Optometrists are trained and licensed to examine and test eyes and to treat defects by prescribing lenses and by developing programs of eye exercise.

Pediatricians are physicians who specialize in the treatment of children, their development and care, and their diseases.

Physical Therapists in the educational setting, direct their efforts to the development and maintenance of the student's physical potential for independence in all education related activities. Their focus is on large muscle and gross motor activities.

Psychiatrists are physicians who specialize in the diagnosis and treatment of emotional problems and mental disorders. They are trained in psychotherapy.

Psychologists are trained in the assessment and treatment of people with emotional, interpersonal, or behavioral problems. They work in a variety of settings – schools, clinics, mental health centers, and hospitals.

School psychologists specialize in counseling school children and their families and work with teachers and other school staff to improve the child's ability to function in a school setting. Psychological testing done in schools is done only by psychologist.

Behavioral consultants specialize in the objective observation and analysis of behavior and in developing behavior management programs.

Neuropsychologists specialize in the integration of psychological observations on behavior and the mind with neurological observations of the brain and nervous system.

Speech Pathologists in the school setting are involved in human communication, its normal development, and its disorders. They evaluate the reception, integration, and expression of speech and language of children or adults, and assist in treating whatever problems exist.

Appendix B

Special Education Terms and Acronyms

504 Plan: The 504 Plan is a plan developed to ensure that a child who has a disability identified under the Rehabilitation Act and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. These accommodations and modifications must ensure that there is no discrimination because of the child's disability. Source: [AccessSTEM](#)

Accommodations: Curricular adaptations that compensate for learners' weaknesses without modifying the curriculum. Students receiving accommodations read the same material and take the same tests as their peers without disabilities.

Adaptations: Changes in educational environments that allow students with disabilities to participate in inclusive environments by compensating for learners' weaknesses.

Adequate Yearly Progress (AYP): The measure by which schools, districts and states are held accountable for student performance under the No Child Left Behind Act of 2001. Every state has the freedom to define AYP. All students, including those in special education programs, must demonstrate adequate yearly progress, until 2014 when the law assumes all students have met the standards. It is very likely that the 2014 date and perhaps the notion of Annual Yearly Progress will be significantly changed with the reauthorization of No Child Left Behind (NCLB). Source: Education Week
<http://www.edweek.org/ew/issues/adequate-yearly-progress/>

Annual Review (AR): The yearly meeting of the individualized education program (IEP) team (or called ARD committee in some states). The AR is designed to gather all the IEP team members in one location to update one another on a student's needs and performance by reviewing progress toward goals and looking at new data like work samples and recent testing.

Antecedent Behavior Consequences Chart (ABC): A tool used to create a record of disruptive behaviors that is utilized as part of functional behavioral assessment (FBA) to help to determine the triggers of and motivations behind these behaviors. ABCs are used to record what happened just before a behavior, a description of the behavior itself and the consequence of the behavior.

Applied Behavior Analysis (ABA): A technique for correcting behavior and social skill deficits in children with special needs. It is based on the understanding that children are more likely to

repeat desired behaviors when these behaviors are met with positive reinforcement, and that they are less likely to repeat undesirable behaviors that are not rewarded. One significant part of ABA is discrete trial training (DTT), in which a skill is broken down into its most basic components so that these components may be taught one at a time.

Assessment: Evaluations used to identify a student's strengths, weaknesses and progress. These tests are designed to provide an overview of a child's academic performance, basic cognitive functioning and/or his or her current strengths or weaknesses; they can also test hearing and vision. Assessments can consist of anything from the observations of a teacher or aide to standardized and criterion-referenced tests to complex, multi-stage procedures such as a group of teachers assembling a large portfolio of student work.

Assessment Plan: A written description of the assessments that will be used to evaluate a student's strengths, weaknesses and progress and to determine his or her eligibility for special education services and the types of services that would help that student succeed. In some states the school district is given 15 days to decide which testing services will be used and put that into a plan, while in other states the time frame is not defined. However, IDEA gives only 60 days to complete an evaluation from the time a parent gives permission.

Assistive Technology (AT): Assistive technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. Assistive technology can include mobility devices such as walkers and wheelchairs, as well as hardware, software and peripherals that assist people with disabilities in accessing computers or other information technologies. Source: AccessIT
<http://www.washington.edu/accessit/articles?109>

Attention Deficit/Hyperactivity Disorder (ADHD): A condition that can make it hard for a person to sit still, control behavior and pay attention. Source: NICHCY
<http://nichcy.org/disability/specific/adhd>

Augmentative and Alternative Communication Device (AAC): AAC includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas. An AAC device is a tool that uses a non-speech mode of communication to augment spoken language. AAC devices include electronic devices that digitize or synthesize speech and non-electronic communication aids such as manual communication boards.

Sources: ASHA.org <http://www.asha.org/public/speech/disorders/AAC/>

Behavior Intervention Plan (BIP): A plan that targets one to three of a student's undesirable behaviors with interventions that are linked to the functions of the behavior; each intervention specifically addresses a measurable, clearly-stated targeted behavior. A BIP can include prevention strategies, which stop the behavior before it begins, as well as replacement

behaviors, which achieve the same function as the disruptive behavior without causing disruption.

Behavior Management: Responding to, preventing and de-escalating disruptive behavior.

Behavior Support Plan (BSP): A proactive action plan to address behavior(s) that are impeding learning of a student or of others in his or her classroom.

Child Find Program: A program, mandated by IDEA, that continuously searches for and evaluates children who may have a disability. Child Find Programs can vary widely from school district to school district.

Classroom Management: The way in which a class is arranged. This involves planning every aspect of a lesson, routines, procedures, interactions and the discipline in the classroom.

Collaborative Teaching: A teaching strategy in which two or more teachers work together, sharing responsibilities to help all students succeed in the classroom.

Committee on Special Education (CSE)

Committee on Preschool Special Education (CPSE)

Curriculum-Based Measurements (CBM): Small, regular evaluations used to determine how well a student is learning in various subject areas. CBM can involve checklists or oral questions which the teacher uses to gauge student understanding and skill in a particular curriculum. These measurements are part of the monitoring component of the RTI process.

Data-Based Decisions: A component of the RTI process that involves using information collected through the screening process to determine the intensity and duration of the needed intervention.

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

Deaf-Hard of Hearing (DOHH): See Deafness and/or Hearing Impairment.

Deafness: A hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification.

Developmental and Social History: A narrative assessment formulated by a child's classroom teacher, parents, pediatrician and school specialists, focusing on issues such as the child's health history, developmental milestones, genetic factors, friendships, family relationships, hobbies, behavioral issues and academic performance. A developmental and social history is a common element of an assessment plan.

Developmental Delay (DD): A delay in one or more of the following areas of childhood development: cognitive development, physical development (including vision and hearing), communication development, social and/or emotional development and adaptive development (including eating skills, dressing and toileting skills and other areas of personal responsibility).

Direct Assessment: A component of functional behavioral assessment (FBA) that involves recording objective information about a student's disruptive behavior. This can entail using a scatter plot form to show the behavior's frequency and time of day, as well as using an antecedent-behavior-consequences chart (ABC).

Discrete Trial Training (DTT): A part of applied behavioral analysis (ABA) in which a skill is broken down into its most basic components so that these components may be taught one at a time.

Early Intervention (EI): Services for at-risk children from birth to their third birthdays, as mandated by the Individuals with Disabilities Education Act (IDEA).

Emotional Disturbance (ED): A mental health issue including, but not limited to, anxiety disorders, bipolar disorder (sometimes called manic-depression), conduct disorders, eating disorders, obsessive-compulsive disorder (OCD) and psychotic disorders. Source: NICHCY <http://nichcy.org/disability/specific/emotionaldisturbance>

Emotional or Behavioral Disturbance (EBD): A condition exhibiting one or more specific emotional and/or behavioral difficulties over a long period of time and to a marked degree, which adversely affects educational performance.

Fluency Deficit: A type of instructional deficit in which a child needs to practice a skill or receive coaching in order to use a skill effectively. An example is a reading fluency deficit, where the child cannot read smoothly or does so at too slow a rate.

Free and Appropriate Public Education (FAPE): The education to which every student is entitled under IDEA. Every student is entitled to an education that is appropriate for his or her unique needs and that is provided free of charge.

Functional Behavior Analysis (FBA): A process which describes a student's disruptive behaviors, looks for the reasons behind the behaviors and offers interventions that teach new behaviors to replace the undesired ones.

Hearing Impairment: An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance.

Source: NICHCY <http://nichcy.org/disability/specific/hearingloss>

Highly Qualified Teachers (HQT): An initiative of the No Child Left Behind Act, the federal definition of a highly qualified teacher is one who meets all of the following criteria: Fully certified and/or licensed by the state; holds at least a bachelor degree from a four-year institution; demonstrates competence in each core academic subject area in which the teacher teaches. The term highly qualified is not always synonymous with state certification.

Inclusion, Inclusive Classroom: The term inclusion communicates an all-embracing societal ideology. Regarding individuals with disabilities and special education, inclusion secures opportunities for students with disabilities to learn inside mainstream classrooms. Mainstream classrooms in which students with disabilities learn are known as inclusive classrooms.

Indirect Assessment: A component of functional behavioral assessment (FBA) that involves interviewing teachers, parents and other adults who have contact with a student, asking questions about that student's disruptive behavior and when and where it occurs.

Individualized Education Program (IEP): A legal document that defines special education services between the school district and the parents.

IEP Team: The team of qualified professionals made up of the parent, special education teacher, interpreter of test data, district representative, and general education teacher at a minimum. This group makes all decisions related to the instructional program of a child with special needs, including placement and services provided. In some states this team is called the admission, review and dismissal (ARD) team.

Individual Intelligence Tests: Intelligence tests that are administered to a student one on one. These tests are often part of the assessment process. Two common individual

intelligence tests are the Wechsler Intelligence Scale for Children (WISC) and the Stanford Binet Intelligence Scale.

Individualized Family Services Plan (IFSP): A written treatment plan that maps out the early intervention services a child (age birth to his/her third birthday) will receive, as well as how and when these services will be administered. It details a child's current levels of functioning, specific needs and goals for treatment (referred to as outcomes).

Individuals with Disabilities Education Act (IDEA): A law that guarantees educational rights to all students with disabilities and makes it illegal for school districts to refuse to educate a student based on his or her disability.

Informed Consent: The signed consent of a parent that describes what the parent is consenting to; informed consent must be obtained before a district assesses, makes a major revision to a child's program, continues, or stops service for a child's disability.

Interventions: Sets of teaching procedures used by educators to help students who are struggling with a skill or lesson succeed in the classroom.

Intelligence Quotient (IQ): One of the measures used to determine eligibility for special education services.

Source: Medline Plus <http://www.nlm.nih.gov/medlineplus/ency/article/001912.htm>

Least Restrictive Environment (LRE): The environment in which students with disabilities must be educated, as mandated by The Individuals with Disabilities Act (IDEA). Students with disabilities must be educated in a classroom setting that is as close to the general education setting as possible.

Modifications: Curricular adaptations that compensate for learners' weaknesses by changing or lowering expectations or standards.

Monitoring: A component of the RTI process that involves assessing, keeping accurate records of and monitoring student progress, responsiveness to instruction and intervention. The term is also used for a state's evaluation of each district's compliance with mandates of IDEA and state special education code.

Multidisciplinary Evaluation Team (MET or MDT): The name used for the group of trained professionals that conduct eligibility and review assessments. These members are often the

same as the IEP Team, but the law does not define a MET or MDT, simply calls them a group of qualified professionals.

No Child Left Behind (NCLB): The current reauthorization of President Lyndon Johnson's Elementary and Secondary Education Act of 1965 (ESEA), passed in 2001 and implemented in 2002, the purpose of which was to raise achievement and close achievement gaps.

Source: National Education Association <http://www.nea.org/home/NoChildLeftBehindAct.html>

Occupational Therapist (OT): A professional who treats patients with injuries, illnesses or disabilities through the therapeutic use of everyday activities. They help these patients develop, recover and improve the skills needed for daily living and working.

Source: Bureau of Labor Statistics <http://www.bls.gov/ooh/healthcare/occupational-therapists.htm>

Orthopedic Impairment (OI): Physical disabilities which could affect the academic process.

Outcomes: Short-term goals that are a critical component of an individualized family service plan (IFSP). They must be relevant, specific and measurable.

Performance-Based Tests: Evaluations, such as the Woodcock Johnson, Third Edition (WJIII) or the Wechsler Individual Achievement Test (WIAT), that are used to help determine a child's eligibility for special education services.

Physical Therapist (PT): Professionals who help people who have injuries or illnesses improve their movement and manage their pain. They are often an important part of rehabilitation and treatment of patients with chronic conditions or injuries.

Source: Bureau of Labor Statistics <http://www.bls.gov/ooh/healthcare/physical-therapists.htm>

Picture Exchange Communication System (PECS): A type of augmentative alternative communication (AAC) originally developed for children with autism. The primary purpose of PECS is to teach individuals with autism to initiate communication. Individuals are taught to initiate by handing a picture to a communication partner in exchange for a desired item.

Source: Autism Spectrum Institute at Illinois State University
<http://www.education.illinoisstate.edu/downloads/asi/PictureExchangeCommunicationSystem.pdf>

Positive Behavior Support (PBS): An approach to eliminate challenging behaviors and replace them with pro-social skills.

Source: NASP Resources

<http://www.nasponline.org/resources-and-publications/resources/mental-health/positive-behavior>

Present Levels: A component of an individualized education program (IEP) that defines a student's strengths and weaknesses, current levels of academic achievement, and current levels of functional performance. Before 2004 this part of the IEP was called present levels of performance; the current term is present levels of academic achievement and functional performance (PLAAFP).

Professional Learning Community (PLC): A group of professionals that review data, create needed interventions and make decisions, with the goal of helping students learn and achieve. While the exact definition of a PLC can vary from school to school, in general, the PLC serves the entire school and members collaborate to analyze data and support student learning.

Reevaluation (previously Triennial Review): An IEP review meeting that takes place every three years. During this meeting, the IEP team meets to discuss a student's continuing eligibility for special education services. It is often combined with the IEP annual review (AR).

Response to Intervention (RTI): A process used by educators to help students who are struggling with a skill or lesson. If a child does not respond to the initial interventions, more focused interventions are used to help the child master the skill. RTI strategies address both learning and behavior.

Skill Evaluation: Diagnostic measures for determining a child's gross motor skills, fine manipulative skills and hearing, sight, speech and language abilities, administered by specialists such as a school speech pathologist or general practitioner. A skills evaluation is a common element of an assessment plan.

Special Education (SPED): Term used in the Individuals with Disabilities Education Act (IDEA) that is defined as specially designed instruction to increase the student's chances for success.

Specific Learning Disability (SLD): A disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. Specific learning disabilities include 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, of mental retardation, of emotional disturbance or of environmental, cultural or economic disadvantage.

Source: Massachusetts Department of Elementary & Secondary Education
[Http://www.doe.mass.edu/sped/links/learndisability.html](http://www.doe.mass.edu/sped/links/learndisability.html)

Speech-Language Pathologist (SLP): Also known as a speech therapist, a professional who diagnoses and treats communication and swallowing disorders.

Source: Bureau of Labor Statistics
<http://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm>

Stanford Binet Intelligence Scale (derived from the Binet-Simon Test): A norm-referenced individual intelligence test, administered by the school psychologist or special education team. The questions are designed to help educators differentiate between students performing below grade level because of cognitive disabilities and those who do so for other reasons.

Student Baseline: A student's starting point, determined by data collected through universal screening tools. A student's baseline is used to measure his or her progress throughout the year.

Student Study Team (SST): A more common term is Multidisciplinary Evaluation Team (MET or MDT). It is a team comprised of the school psychologist, parents and the school's special education team that meets when a child continues to struggle after attempts have been made to remedy problems without special education services. The SST or MET decides if the student should be evaluated, or if he or she will continue without special education services.

Transition/Transition Plan: Transition is a general term used to describe a change in a student's school or program. A transition plan is specific to an IEP: a student who will turn 16 within the life of his or her individualized education program must have a transition goal and plan that outlines how he or she will transition to life beyond high school.

Transition Meeting: A meeting of the individualized education program (IEP) team prior to a student moving into a new program or school.

Traumatic Brain Injury (TBI): An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability and/or psychosocial impairment, that adversely affects a child's educational performance.

Universal Design: An approach that makes a curriculum accessible to all students, regardless of their backgrounds, learning styles and abilities.

Universal Screening Tool: A test that can correctly identify students who are struggling with grade-level concepts or skills. A universal screening tool is used as part of the RTI process.

Visual Impairment (VI): An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Wechsler Intelligence Scale for Children (WISC): An individual intelligence test, usually administered by the school psychologist, which measures a student's intelligence in a variety of areas, including linguistic and spatial intelligence. This is a norm-referenced test, meaning that it has statistical validity and reliability for what it states it measures.

Appendix C

CLASSIFICATIONS FOR STUDENTS WITH DISABILITIES

Student with a disability means a student with a disability as defined in section 4401(1) of Education Law, who has not attained the age of 21 prior to September 1 and who is entitled to attend public schools pursuant to section 3202 of the Education Law and who because of mental, physical or emotional reasons, has been identified as having a disability and who requires special services and programs approved by the department.

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a student'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, and unusual responses to sensory experiences. The term does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined below (iv). A student who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria in this paragraph are otherwise satisfied.

Deafness means a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a students' educational performance.

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for students with deafness or students with blindness

Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the student's education performance:

- i. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- ii. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- iii. Inappropriate types of behavior or feelings under normal circumstances;
- iv. A generally pervasive mood of unhappiness or depression; or
- v. A tendency to develop physical symptoms or fears associated with personal or schools

The term includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance.

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

Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a student's educational performance.

Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, as determined in accordance with section 200.4(c)(6). The term includes such conditions 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, of mental retardation, or emotional disturbance, or of environmental, cultural or economic disadvantage.

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

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a student's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.) and impairments from other causes (e.g., cerebral palsy, amputation, and fractures or burns which cause contractures).

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems, including but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, attention deficit disorder or attention deficit hyperactivity disorder or tourette syndrome, which adversely affects a student's educational performance.

Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment, that adversely affects a student's educational performance.

Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force or by certain medical conditions such as stroke, encephalitis, aneurysm, anoxia or brain tumors with resulting impairments that adversely affect educational performance. The term includes open or closed head injuries or brain injuries from certain medical conditions resulting in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not include injuries that are congenital or caused by birth trauma.

Visual Impairment including blindness means an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.