

A Guide to the Special Education Process



Prepared by a Subcommittee of Morris-Union Jointure Commission
Directors of Special Services

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OVERVIEW

We are pleased to present parent(s)/guardian(s), staff members, and other individuals interested in special education with, “A Guide to the Special Education Process.” This guide is meant as a broad overview of the special education process. Particular district procedures may vary. Please contact your district’s Director of Special Education for further information regarding the special education process and related procedures. While this document is meant as a general basis of information, it was not intended, nor should it be construed, as defining the legal basis of special education identification, evaluation, and/or placement.

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I. INITIAL INTERVENTION

Intervention and Referral Services (I&RS) for general education students is intended as a primary way in which general education teachers or specialists can assist a student who is at risk for school problems within the general education environment. I&RS programs are not intended to replace traditional methods or resources for helping students to function effectively in school. Rather, they exist primarily to focus on particular student problems using available resources within the general education environment.

The primary purposes of the I&RS team are to identify students in need and then plan and provide appropriate intervention for those students within the general education community; identify the responsibilities of building staff who participate in the planning and provision of intervention and referral services; actively involve parent(s)/guardian(s) in the development and implementation of the I&RS plans; review and assess the effectiveness of the services provided in achieving the outcomes identified in the intervention and referral plan; provide professional development to general education staff members who either refer students to the I&RS or who assist in providing the intervention and referral services; and, finally, coordinate the services of community based social and health agencies.

An I&RS team is one of the many resources used by schools to intervene with student problems, prior to Child Study Team (CST) evaluation.

A. INTERVENTION AND REFERRAL SERVICES TEAM PROCESS (I&RS)

The Intervention and Referral Services Team process is a collaborative school effort between district personnel and parent(s)/guardian(s) to intervene when a student has been identified as making minimal academic and/or emotional progress in the general education setting. The team or committee collects and evaluates relevant data in order to determine or identify specific barriers to student performance. Once these barriers have been identified, individualized interventions are determined and implemented through an action plan in order to alleviate the concerns. In some instances this may include the use of the Response to Intervention Model. Although several variations of the model have been proposed, in general, RTI is based upon three components: the use of multiple tiers of increasingly intense interventions; a problem-solving approach to identify and evaluate instructional strategies; and an integrated data collection and assessment system to monitor student progress and guide decisions at every level. Student monitoring continues throughout this process by the identified individuals in the action plan. This process is ongoing and it continues to identify and evaluate problems, solutions and progress within the student's academic setting.

I&RS PHASES

1. Request for assistance
2. Information collection
3. Parent(s)/guardian(s) notification and participation
4. Problem solve
5. Develop I&RS action plan
6. Support, monitor and continue the process
7. Problem resolved or referral to CST

If the I&RS process exhausts all of the available school based general education interventions with minimal success, often, the student is then referred to the CST for a comprehensive evaluation in order to gather additional information as well as to determine if the student is eligible for special education and related services. The recommendation for a CST evaluation could come directly from the I&RS team or from the parent(s)/guardian(s) at any time during the process.

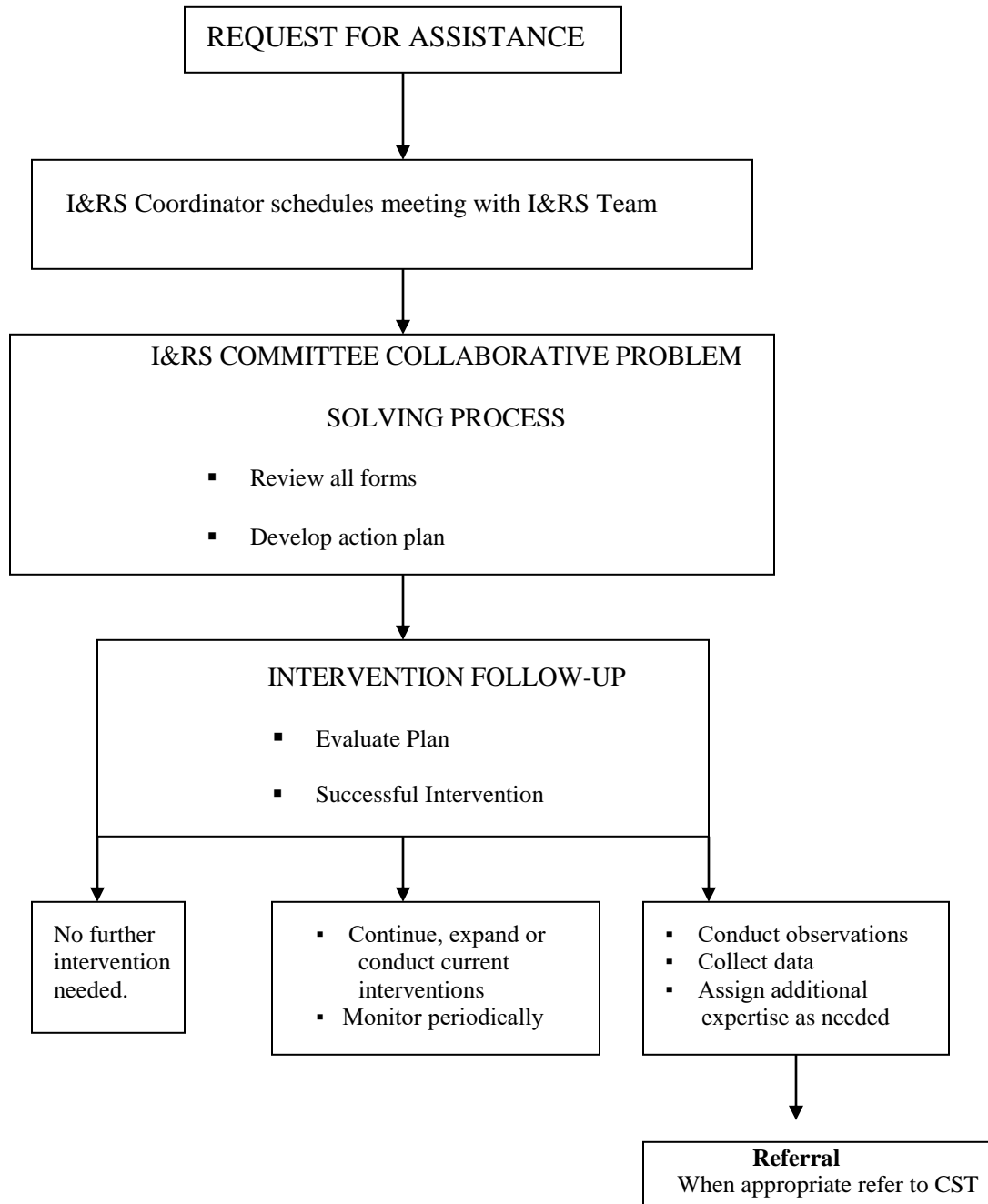
B. WHAT INTERVENTION IS AND IS NOT

The term intervention is used when teachers and other school personnel study and creatively problem solve educational issues that place a student at risk for school failure. Using a team approach that also significantly involves parent(s)/guardian(s), each school carefully considers the needs of students who are identified “at risk” for learning, behavior, and health problems. After careful consideration, strategies are put in place to work with the student and effectively address the issues at hand.

By its nature, intervention is a process. It is often the case that plans are revisited and modified. In most cases, however, a successful intervention plan which is created and shaped over a period of time proves to be a powerful method tool for the at-risk student. If successful, it is preferable to special education referral which requires a student to have an identified disability and undergo an evaluation.

In some cases, intervention is not successful and a referral for special education is deemed necessary. Even in these cases, the prior period of intervention is valuable. Prior intervention will illustrate that a referral is appropriate and will help inform the IEP team about strategies that have or have not produced success when it is time to develop the written IEP. It is important that parent(s)/guardian(s) not see intervention as merely a waiting process or a “red tape” step for special education.

INTERVENTION FLOW CHART



II. REFERRAL TO THE CHILD STUDY TEAM (CST)

What is a Referral?

A referral is the first step in the special education process. It is a formal written request that a student be evaluated by the CST to determine whether a student is eligible for special education and related services or by the speech/language specialist to determine whether a student is eligible for speech services.

Who Can Refer?

Students may be referred to the CST or for a speech evaluation by instructional staff, school administration, parent(s)/guardian(s) and/or community agencies. Parent(s)/guardian(s) should submit their written request to the teacher, principal, or director of special services. School staff should submit the written request to the Director of Special Services.

When Should a Student Be Referred?

Generally, students who present with academic and/or behavioral difficulties are first brought to the attention of the Intervention and Referral Services (I &RS) Committee. This committee will create interventions to address educational difficulties in the general education classroom. Interventions in the general education classroom should be attempted prior to a CST or speech referral.

When interventions in the general education classroom are not appropriate for the student or when interventions are not effective, the student will be referred to the CST or speech/language specialist for evaluation.

Once a Student is Referred, What Happens Next?

Once a referral is received, the parent(s)/guardian(s) will be invited to a meeting that will be scheduled within 20 days of receipt of the referral (excluding school vacations other than summer vacation).

Based on a review of available information about the student's educational progress, a decision will be made at this meeting whether a CST or speech evaluation is warranted. If an evaluation is warranted, the nature and scope of the CST or speech evaluation will be discussed. If it appears that the problem can be alleviated with interventions in the general education program and the student has not participated in the I&RS process, there may be a decision not to conduct an evaluation, but to refer the student to the I&RS Committee for development of interventions, suggestions for other interventions for the parent(s)/guardian(s) to pursue, or refer the student to the 504 Committee. If the student is already in the I&RS process and an evaluation is not warranted, the I&RS plan can continue or be adjusted.

Referral Timelines

The classroom teacher and the (I&RS) Committee may recommend other strategies and building level support that can be utilized in general education setting. If the student's difficulties persist after the strategies and/or services have been implemented, a referral to the CST may be made. A referral is a written document that has been dated by the staff member or administrator who receives the referral. This provides a start date for the first timeline.

The CST will convene a meeting to consider the evaluation within 20 days from the dated receipt of this request. The parent(s)/guardian(s) and referring teacher will meet with the entire CST at this time to review the student's needs and jointly determine if an evaluation should occur. Meeting attendees will be asked to sign an attendance sheet.

If there is an agreement to perform an evaluation, a written plan for the evaluation is developed at the meeting, describing the nature and scope of the evaluation. Written consent for an evaluation is required by the parent(s)/guardian(s). This consent for evaluation can be provided at the conclusion of the meeting or the parent(s)/guardian(s) may wish to take additional time before providing written consent. Evaluations can only begin after the parent(s)/guardian(s) has provided written consent. The district has ninety (90) days from the time written consent is provided to complete the entire evaluation, eligibility, and placement process. Preschool aged students should complete the evaluation and eligibility process in time to receive services upon attaining the age of three.

Parent(s)/guardian(s) will receive written notice of the results of the evaluation planning meeting. A decision may be made that an evaluation may not be warranted. Students may be referred back to the I&RS Committee or for other community or school based services.

REFERRAL TO CST FLOW CHART



Case manager assigned and identification meeting scheduled within twenty (20) calendar days (excluding holidays). Information is collected regarding the child's educational progress.



Identification Meeting

Participants include parent(s)/guardian(s), all CST members and at least one of the child's general education teachers. A decision is made as to whether a CST evaluation is warranted.



No evaluation needed.



Evaluation Plan

If a CST evaluation is warranted, an evaluation plan is written describing the required evaluations and parental consent is obtained. The process begins.

III. EVALUATION AND ELIGIBILITY

A. IDENTIFICATION/EVALUATION PLANNING MEETING

The identification/evaluation planning meeting concludes the referral process to the CST. If the decision is made at the identification/evaluation planning meeting that an evaluation is warranted and signed parental consent is obtained, the individual evaluations of the student will commence. The comprehensive diagnostic evaluations are provided at no cost to the parent(s)/guardian(s) and completed in the student's native language. They are completed by certified professionals who will explain the results of their testing.

1. Eligibility for Special Education:

The evaluation shall include assessments by at least two members of the CST for a preschool age child, who requires a speech-language assessment; it may be utilized as one of the two required assessments. If autism or communication impaired is the area of suspected disability, a speech-language assessment is required. A hearing and vision screening by the school nurse is required. Other areas from which information may be gathered include a specialized medical evaluation(s), speech/language evaluation, occupational/physical therapy evaluations, and/or an audiological evaluation. The tests may be conducted by the members of the CST or by practitioners contracted by the school district.

2. Eligibility for Speech/Language Services:

The evaluation shall include an assessment of voice, fluency and articulation. A hearing and vision screening by the school nurse is required.

The evaluations recommended by the school district are deemed to be in the student's best interest; however, the parent has the right to refuse consent or withdraw consent at any time. If the school district disagrees with this action, it may invoke a due process hearing.

Upon completion of the evaluations, the professional staff will provide the parent with a written report of the details of the testing results. Parent(s)/guardian(s) will be provided with copies of the district's evaluation reports 10 calendar days prior to the eligibility meeting. These evaluations will help determine if the student has an educational disability and whether special education services are required.

The discussion of the evaluations and the determination regarding special education and related services will take place at the eligibility meeting.

Parent(s)/guardian(s) may have obtained private evaluations at their own expense before or during the evaluation timeframe. If the parent(s)/guardian(s) wish to share this information with the school personnel, it will be taken into consideration in identifying the student as being eligible for special education and related services or speech language services and, if appropriate, in planning the program.

B. ELIGIBILITY MEETING

Upon completion of the evaluations, an eligibility meeting will be scheduled to determine whether the student is eligible for special education and related services or speech language services. Meeting attendees will be asked to sign an attendance sheet. The case manager or evaluator will review evaluation results and answer all questions. The case manager will discuss the rationale for determination of eligibility or non-eligibility. Parent(s)/guardian(s) will receive written notice of the results of this meeting. Should there be disagreement, parent(s)/guardian(s) should contact the Director of Special Services.

Eligibility for special education required meeting participants: Parent(s)/guardian(s), general education teacher, student (where appropriate), and case manager. CST member(s) and other school district personnel, when appropriate, can also be invited to attend.

Eligibility for speech/language services meeting participants: Parent(s)/guardian(s), student (where appropriate), general education teacher, and speech/language specialist.

C. RECOMMENDATIONS

1. Eligibility for Special Education

In developing recommendations, the CST, parent(s)/guardian(s), and any others present will discuss the evaluations and any other pertinent information on the student. The first decision is whether the student possesses an educational disability that adversely affects educational performance and requires special education and related services. There are 14 categories for special education eligibility: auditorily impaired, autistic, intellectually disabled, communication impaired, emotionally disturbed, multiply disabled, orthopedically impaired, other health impaired, preschool with a disability, social maladjustment, specific learning disability, traumatic brain injury, visually impaired and deaf/blindness. For a complete definition of each of the disabilities see <http://www.nj.gov/njded/code/current/title6a/chap14.pdf>.

If the CST determines that the student exhibits an educational disability, a determination must be made as to the least restrictive educational setting in which the student can receive educational benefit from special education services. In order to accomplish this task, there are a variety of placements to consider. These placements range in levels of restriction, including class size, student-teacher ratio, and degree of inclusion. The progression of services is as follows:

- General Education with Supplementary Aides/Services
- Resource Center/Support
- Resource Center Replacement
- Special Class – In District
- Out of District Placement
- Temporary Home Instruction

2. Eligibility for Speech/Language Services

In developing recommendations, the speech/language specialist, parent(s)/guardian(s), and any others present will discuss the evaluations and any other pertinent information on the student. Eligibility requires a disorder of articulation/phonology, voice or fluency that adversely affects educational performance and requires speech/language services.

D. CONSENT

Consent means that the parent(s)/guardian(s) have been given all the information necessary to make an informed decision about the proposed activity. Consent also means that the parents/guardians understand and agree in writing to the proposed activity.

Consent is immediate. This means, after the parent(s)/guardian(s) have given written consent, the school district must start the activity as soon as possible.

Giving consent is voluntary. Parent(s)/guardian(s) can revoke (withdraw) their consent at any time by writing to the school district. Revoking consent does not stop an action that has occurred after the consent was given and before the consent was revoked. The school district must accept a parent(s)/guardian(s) written revocation of consent and cannot utilize mediation or a due process hearing to seek to overturn that written revocation of consent. Within 10 days of receiving the parent(s)/guardian(s) written revocation of consent, the school district must provide the parent(s)/guardian(s) written notice that they have revoked consent and that their child is now a general education student. The school district shall cease providing special education and related services after the expiration of the 15 calendar-day notice unless the parent(s)/guardian(s) rescinds the revocation of consent, in writing, within that time period.

E. INDEPENDENT EVALUATIONS

Parent(s)/guardian(s) may request in writing to the Director of Special Service an independent evaluation upon initial evaluation or reevaluation if there is disagreement with the evaluation provided by the board of education. Parent(s)/guardian(s) shall be entitled to only one independent evaluation at public expense each time the district board of education conducts an initial evaluation or reevaluation with which the parent(s)/guardian(s) disagrees. The request shall specify the assessments the parent(s)/guardian(s) is seeking. The district may ask the parent(s)/guardian(s) to explain why he or she objects to the school districts evaluation.

1. Upon receipt of the parental request, within 20 days, the school district shall provide the parent(s)/guardian(s) with information about where an independent evaluation may be obtained or file for due process to show that its evaluation is appropriate.
2. Any independent evaluation purchased at public expense shall: be conducted according to NJAC 6A:14-3.4, be obtained by another public school, educational services commission, approved clinic or agency, or appropriately certified and/or licensed provider in NJ.
3. The provider must be mutually agreed upon and must meet the districts reasonable cost criteria. The district can ask the parent(s)/guardian(s) to demonstrate the unique

circumstances to justify an IE provider not on the districts list or that exceeds the districts reasonable cost criteria.

IV. IEP MEETING

Once a student has been found eligible for special education and related services or speech/language services, an IEP meeting must be held. This meeting is required before any special education services can commence. The purpose of the meeting is to determine the child's current educational status and develop a program designed to meet the child's unique needs. This meeting must be held as soon as possible following a determination of eligibility, and no more than 30 calendar days following the eligibility meeting with parental consent.

All evaluative reports will be sent for review 10 days prior to the scheduled meeting as well as all requests for attendance excusals for specific district personnel.

At the beginning of the meeting, all participants will be asked to sign and date an attendance sheet. This signature does not indicate consent or approval of the IEP. The IEP team may work from a blank or draft version of the IEP.

At an IEP meeting, the child's present levels of academic achievement and functional performance will be discussed, including how the child's disability affects involvement and progress in the general education curriculum. For preschool children there will be a description of how the disability affects the child's participation in appropriate activities. This discussion will include the results of the initial or most recent evaluation and, as appropriate, consider the student's performance on any general statewide or district assessment. The sources of information including evaluation data, teacher reports, classroom observations, and other relevant information will be listed. The strengths of the child and the concerns of the parent(s)/guardian(s) will also be stated as well as the interests and preferences of the child, if age 14 and older.

If the IEP team determines that the student needs a particular assistive device or service, the IEP must include a statement to that effect in the appropriate section. These needs may include behavioral, communication, language, hearing, and vision and may additionally require assistive technology.

A statement regarding your child's transition from an elementary to secondary program will be included based upon factors such as age, social, academic, and vocational development.

Beginning at age 14, a transition plan for the student's future will begin to be developed. A statement will be written about the student's interests and preferences and post-secondary plans. At age 16, the IEP will include in this transition statement relevant assessments, goals and services determined by the IEP team to be necessary to facilitate the student's movement toward appropriate post-secondary outcomes. Depending on the individual needs of the child, the transition services may include instruction, related services, community experiences, and the development of daily living skills and vocational skills.

At least three years before the student's 18th birthday, a statement advising both parent(s)/guardian(s) and student of the transfer of rights at age 18 will be included in the IEP.

Annual measurable academic and functional goals may be developed that are related to the New Jersey Student Learning Standards through the general education curriculum unless otherwise

required according to the student's educational needs. Annual benchmarks or short term objectives will be included, and methods of progress reporting will be addressed.

The IEP will explain the extent, if any, to which the student will not participate with nondisabled peers in the general education class and in extracurricular and nonacademic activities and determine whether the student requires an extended school year (ESY) program.

Participation in district and state assessment will be addressed; and, if necessary, modifications and/or accommodations will be developed. Beginning at age 14, the IEP will identify the State and local graduation requirements that the student will be expected to meet for graduation. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, a rationale for the exemption or modification and a description of relevant alternate proficiencies to be achieved will be included in the IEP.

Special education services are listed by instructional area. For in-class programs, the amount of time the resource teacher is present in an in-class support class is noted. Related services are listed with the frequency, location (in class or pull out) and duration (length of session).

The least restrictive environment (LRE) is typically the student's neighborhood school. This is always considered first for placement. However, the IEP may be delivered in another school in the district, another public school district or a state approved school for special education students if that is considered the LRE for that particular student.

An IEP may be amended without a meeting if the parent(s)/guardian(s) or district makes a written request for such change and both parties are in agreement. This change will be reflected either in an amended IEP, or in an addendum made to the IEP.

Parental consent is required to implement the initial IEP. The program and services will not begin prior to signed consent. For IEPs developed beyond the initial, however, parental consent is not required. All IEPs will be reviewed annually or more often if determined necessary by the IEP team.

V. ISSUES AFTER PLACEMENT

A. REEVALUATION

A reevaluation will be conducted within three years of the student's prior eligibility meeting to determine whether the student continues to be a student with a disability. The IEP team will hold a reevaluation planning meeting at which time the team will discuss whether formal testing is warranted or if there is sufficient available information to continue the eligibility without formal testing.

A reevaluation may be waived with parental consent except for the reevaluation of preschoolers to determine school age eligibility and when a change in eligibility is being considered, such as declassification.

If testing is not warranted, with written parental consent, the IEP team may proceed to the eligibility meeting. If testing is warranted, an evaluation plan is developed, written parental consent is obtained and the evaluations performed. Upon completion of the evaluations, the CST will provide the parent(s)/guardian(s) with copies of the district's evaluation reports 10 days prior to the eligibility meeting. These evaluations will help determine if the student continues to be eligible for special education services.

B. ASSISTIVE TECHNOLOGY

There is much information currently available related to assistive technology for special needs students. This information has raised many questions regarding how assistive technology can help your child with specific challenges related to his/her educational disability.

Assistive technology devices are identified in the IDEA 2004 as: Any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

When looking for a solution regarding what is the most appropriate assistive technology for your child, a team approach is optimal. The focus of the team's work is to assess your child's strengths and challenges, consider his or her functional and educational needs and then identify specific tasks to be accomplished through goals and objectives in the IEP related to assistive technology. The final process in the team's work is matching an appropriate technology tool (high tech/mid tech/low tech) that will support your child's identified need, keeping in mind that the least complex intervention needed to remove the barriers to performance should be the first consideration. A qualified assistive technology professional can assist in this process when needed. Parent(s)/guardian(s) and districts to work together to measure effectiveness of assistive technology and provide assessment and intervention as a dynamic and continuous process of problem solving toward each new step in achieving desired goals.

C. TRANSITION SERVICES

Transition is a formal process of long-range cooperative planning that will assist students with disabilities to successfully move from school into the adult world. High quality transition

planning and services will enable students with disabilities to pursue their desired postsecondary goals. Transition services are those activities that are designed to assist the student from school to post-school activities. This may include preparation for postsecondary education, vocational training, employment skills, continuing and adult education, independent living, or community participation. Transition services include the instruction, related services, community experiences, and development of employment or other adult learning objectives sufficient to assist the student with becoming an independent and lifelong learner and adult. Transition services commence at age 14, or younger, if deemed appropriate by the IEP team.