

Sanders Unified School District #18 Procedures for Referral, Evaluation, and Identification of Students Eligible of Services Pursuant to individuals with Disabilities Education Act (IDEA 2004)

Sanders Unified School District will follow IEP process in the formation of the Individual Education Plan (IEP). The IEP ensures that children with special needs receive quality teaching and an individualized learning environment designed to maximize their education.

Special Education IEP Process

Step 1: Pre-Referral

The pre-referral step in the special education process is more formal than providing simple and temporary accommodations for students. Pre-referral intervention is to identify, develop, and implement alternative education strategies for students who have recognized problems in the classroom before the student is referred to special education. Pre-referral intervention will be conducted by the Sanders Student Study Team(s) at each school site. The pre-referral team consisting of the teacher, the parents/guardians, an administrator, other general education teachers, nurse, guidance counselor, and any other staff/adult involved in the education of the student. The general education teacher provides background information regarding the problem exhibited by the student and the team works together to develop possible solutions.

Sanders Unified will use the response to intervention (RTI) as the more formal and systematic pre-referral step (three levels of intervention) to review and document the following:

- Tier 1: focused on utilizing high-quality general education instruction in the core curriculum with all students. (RTI theorizes that around 80% of all students will respond positively to core curriculum and behavior systems.)
- Tier 2: targeted group instruction or some form of group remediation/reteach to improve performance. (The RTI model believes that second level services will improve performance for approximately 15% of all students.)
- Tier 3: use of intensive, individualized interventions.

Whether the school uses pre-referral teams or the more formal RTI process, the intent is to provide interventions that will help the student achieve success without entering special education. However, if these interventions do not improve the student's performance, then the student will be referred for an assessment to determine possible eligibility for special education services.

Pre-Referral for Early Childhood

Child Find is a component of the Individuals with Disabilities Act (IDEA '04) that requires.

Public Education Agencies (PEA) locate, identify, and evaluate all children with disabilities, age 3 through 22, located within their boundaries of responsibility that are in need of early intervention or special education services. (Arizona Early Intervention Program and Navajo Nation "Growing in Beauty" programs locate, identify and evaluate children Birth to age 3).

Sanders Unified will conduct Identification (screening for possible disabilities) within 45 calendar days each school year for all newly enrolled preschool and kindergarten students. Child Find is ongoing throughout the school year.

Screening procedures shall include vision and hearing status and consideration of the following developmental growth areas:

- Cognitive and general intelligence
- Academic.
- Communication.
- Motor and sensory
- Social emotional
- Functional Behavioral; and
- Adaptive Behavior skills.
- Health and physical

There are different pre-referral interventions through which the school district will initiate the IEP process. These interventions are implemented based on the type of disability exhibited by the student.

The main objectives of the pre-referral are.

- Document and elaborate on the challenges and difficulties exhibited by the child.
- Evaluate the usefulness of classroom accommodations and changes.
- Review the power of different instructional interventions.
- Supervise the development of the student.

The pre-referral process helps to determine whether behavioral and educational challenges exhibited by the child can be resolved in a general education classroom. To avoid unnecessary evaluations and placements, the assessments used at this stage are purely intervention-based. Typically crafted in the general education class, this step is conducted with the use of direct performance procedures.

During the pre-referral stage, teachers will try various certified teaching approaches in hopes of establishing whether flawed instruction could be the cause of the problems exhibited.

These interventions need to be documented with formal data for a period of four (4) to six (6) weeks. Students whose learning remains challenged will be referred to the next step in the IEP process, referred for special education services.

Step 2: Referral

If the intervention in the general education classroom is unsuccessful and the student continues to

experience difficulty, the Student Study Team may refer the child for a special education evaluation. Referrals for determination of eligibility for special education services may be initiated by:

- School personnel (including general education teachers, special education teachers, counselors, administrators, etc.
- Child's parent(s) or legal guardian(s);
- Any other person involved in the education or care of the child.

The official referral will begin the formal process of determining eligibility for special education services beginning with the review of existing data (RED) meeting. The schools' Multidisciplinary Evaluation Team (MET) which includes the parent/legal guardian must agree to the evaluation. The MET team will obtain consent from the student's parent to evaluate.

Referral for Reevaluation

The reevaluation of an already identified special education student will follow a similar process as an individual referred student beginning with the review of existing data meeting. If the MET team decides not to reevaluate, the student's parent/legal guardian will be informed of the reasons for the decision and given the opportunity (right) to request additional data.

The Multidisciplinary Evaluation Team must conduct a reevaluation prior to the decision to dismiss a student for the special education program.

Step 3: Identification

Once a referral has been made, the process of a comprehensive psycho-educational evaluation will begin to determine whether the student has a disability that requires special education services. The Multidisciplinary Evaluation Team will conduct a formal and comprehensive psycho-educational evaluation that measures:

- Intelligence
- Achievement
- Behavioral
- Disability-specific issues
- Medical
- Informal observations

The initial comprehensive psycho-educational evaluation will be completed within 60 calendar days from receipt of informed written parental consent *For students transitioning from the Arizona Early Intervention Program (AzEIP), Sanders Multidisciplinary Evaluation Team will consider the evaluation as an initial evaluation.

The 60-day evaluation period may be extended for an additional 30 days, provided it is in the best interest of the child and the parents and Public Education Agency (PEA=Sanders Unified School District Representative) agree in writing to such an extension.

Step 4: Eligibility (FAPE)

The Individual Disability Education Act (IDEA) states that each child is entitled to a Free and Appropriate Public Education (FAPE). Sanders will accomplish this requirement for identified students by developing an Individualized Education Plan (IEP) that addressed the specialized need of the student.

The information gathered during the comprehensive psycho-educational evaluation will be used to classify the student as needing special education and/or related services. The Individual

Education Plan (IEP) team will develop an IEP which addresses specialized instruction and delivery of that specialized instruction in the appropriate setting. Students who do not meet the qualifications for special education services will remain in the traditional classroom setting.

The following are areas of special education eligibility:

- Autism (A) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied. [34 C.F.R. § 300.8(c)(1)]
- Deafness (D) means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance. [34 C.F.R. § 300.8(c)(3)]
- Deaf-Blindness (DB) 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 children with deafness or children with blindness. [34 C.F.R. § 300.8(c)(2)]
- Emotional Disturbance (ED) 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 a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section. [34 C.F.R. § 300.8(c)(4)] A determination of Emotional Disturbance requires verification of a disorder by a psychiatrist, licensed psychologist, licensed professional counselor, licensed clinical social worker (LCSW), or a certified school psychologist.
- Hearing Impairment (HI) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section. [34 C.F.R. § 300.8(c)(5)] A determination of Hearing Impairment requires an audiological evaluation by an individual holding a master's or doctoral degree in audiology, and an evaluation of communication/language proficiency.
- Mild Intellectual Disability (MIID) Intellectual Disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance. [34 C.F.R. § 300.8(c)(6)] The term Intellectual Disability replaces the term mental retardation.
- Moderate Intellectual Disability (MOID) Intellectual Disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance. [34 C.F.R. § 300.8(c)(6)] The term Intellectual Disability replaces the term mental retardation.

- **Multiple Disabilities (MD)** Multiple disabilities means concomitant impairments (such as [intellectual disability]-blindness or [intellectual disability]-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities do not include deaf-blindness. [34 C.F.R. § 300.8(c)(7)]
- **Other Health Impaired (OHI)** 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— (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) Adversely affects a child's educational performance. [34 C.F.R. § 300.8(c)(9)] A determination of Other Health Impairment requires verification of a health impairment by a Doctor of Medicine, doctor of osteopathy, licensed nurse practitioner, licensed physician assistant, or in cases of ADHD a certified school psychologist or licensed psychologist.
- **Orthopedic Impairment (OI)** Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). [34 C.F.R. § 300.8(c)(8)] A determination of Orthopedic Impairment requires verification of the physical disability by a Doctor of Medicine, doctor of osteopathy, doctor of podiatric medicine, licensed nurse practitioner, or licensed physician assistant.
- **Speech or Language Impairment (SLI)** Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance. [34 C.F.R. 300.8(c)(11)] A determination of Speech-Language Impairment requires an evaluation by a certified speech-language pathologist or speech-language technician. For students whose speech impairments appear to be limited to articulation, voice, or fluency problems, the written evaluation may be limited to: an audiometric screening within the past calendar year; a review of academic history and classroom functioning; an assessment of the speech problem by a licensed and certified speech-language pathologist or speech-language technician; or an assessment of the student's functional communication skills.
- **Specific Learning Disability (SLD)** Specific learning disability—(i) General. Specific learning disability means 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. (ii) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of [intellectual disability], of emotional disturbance, or of environmental, cultural, or economic disadvantage. [34 C.F.R. § 300.8(c)(10)]
- **Severe Intellectual Disability (SID)** Intellectual Disability means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance. [34 C.F.R. § 300.8(c)(6)] The term Intellectual Disability replaces the term mental retardation.
- **Traumatic Brain Injury (TBI)** Traumatic brain injury means 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 injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. [34 C.F.R. § 300.8(c)(12)] A determination of Traumatic Brain Injury requires verification of the injury by a Doctor of Medicine, doctor of osteopathy, licensed nurse practitioner, licensed physician assistant, or a licensed clinical neuropsychologist.

- Visual Impairment (VI) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. [34 C.F.R. § 300.8(c)(13)] A determination of Visual Impairment requires verification of a visual impairment by an ophthalmologist or optometrist.
- Developmental Delay (*For early childhood to age 9) The regulations that implement the IDEA allow states to determine eligibility for special education to children aged three through nine who are experiencing developmental delays in one or more of the following areas: physical development; cognitive development; communication development; social or emotional development; or adaptive development. [34 C.F.R. 300.8(b)] Arizona Revised Statutes (A.R.S.) state that "Developmental delay" means performance by a child who is at least three years of age but under ten years of age on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas: cognitive development; physical development; communication development; social or emotional development; [or] adaptive development." [A.R.S. 15-761(3)]
- Preschool Severe Delay (PSD) Arizona defines preschool severe delay as "performance by a preschool child on a norm-referenced test that measures more than three standard deviations below the mean for child of the same chronological age in one or more of the following areas: cognitive development; physical development; communication development; social or emotional development; [or] adaptive development." The results of the norm-referenced measure must be corroborated by information from a comprehensive development assessment and from parental input, if available, as measure by a judgment-based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented. [A.R.S. 15-761(24)]

Step 5: Development of the IEP (IEP and LRE)

Within 30 days of the completion of the evaluation, the Multidisciplinary Evaluation Team will meet to determine eligibility. In simple terms, a student is considered eligible for special education services if:

(1) the child has a disability as defined by IDEA which negatively impacts his/her educational performance, and (2) the child needs special education services in order to benefit from education.

Not all students are determined to be eligible for special education services. There are multiple reasons why a student may not qualify for special education services including not having a disability that negatively impacts his or her education. However, these students may be considered for other help to access the academic curricula. In these situations, the school will need to work out a plan to provide other services for the student.

If the team determines that the student is eligible for special education services, then a formal Individualized Education Program (IEP) team will be formed to develop a plan of special education services for the student.

An IEP is a written statement for a child with a disability that is developed, reviewed, and revised in a meeting and that must include certain content:

- A statement of the child's present levels of academic achievement and functional performance
- A statement of measurable annual goals
- A description of how the child's progress toward meeting the annual goals will be measured and when periodic reports on the child's progress will be provided.
- A statement of the special education and related services and supplementary aids and services to be provided to the child.
- A statement of the program modifications or supports for school personnel.
- An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and activities.
- A statement of accommodations necessary to measure academic achievement and functional performance on State and districtwide assessments.
- The projected date for the beginning of the services, and the anticipated frequency, location, and duration of those services
- If the IEP team determines that the child must take an alternate assessment, a statement explaining why.
- If the child turns 16 while an IEP is in effect, appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living, and transition services needed to assist the child in reaching the postsecondary goals. [34 C.F.R. § 300.320(a)]

*When applicable, other individuals will be included in the IEP meeting such as the rehabilitation or transition service providers or early intervention representatives.

Step 6: Implementation

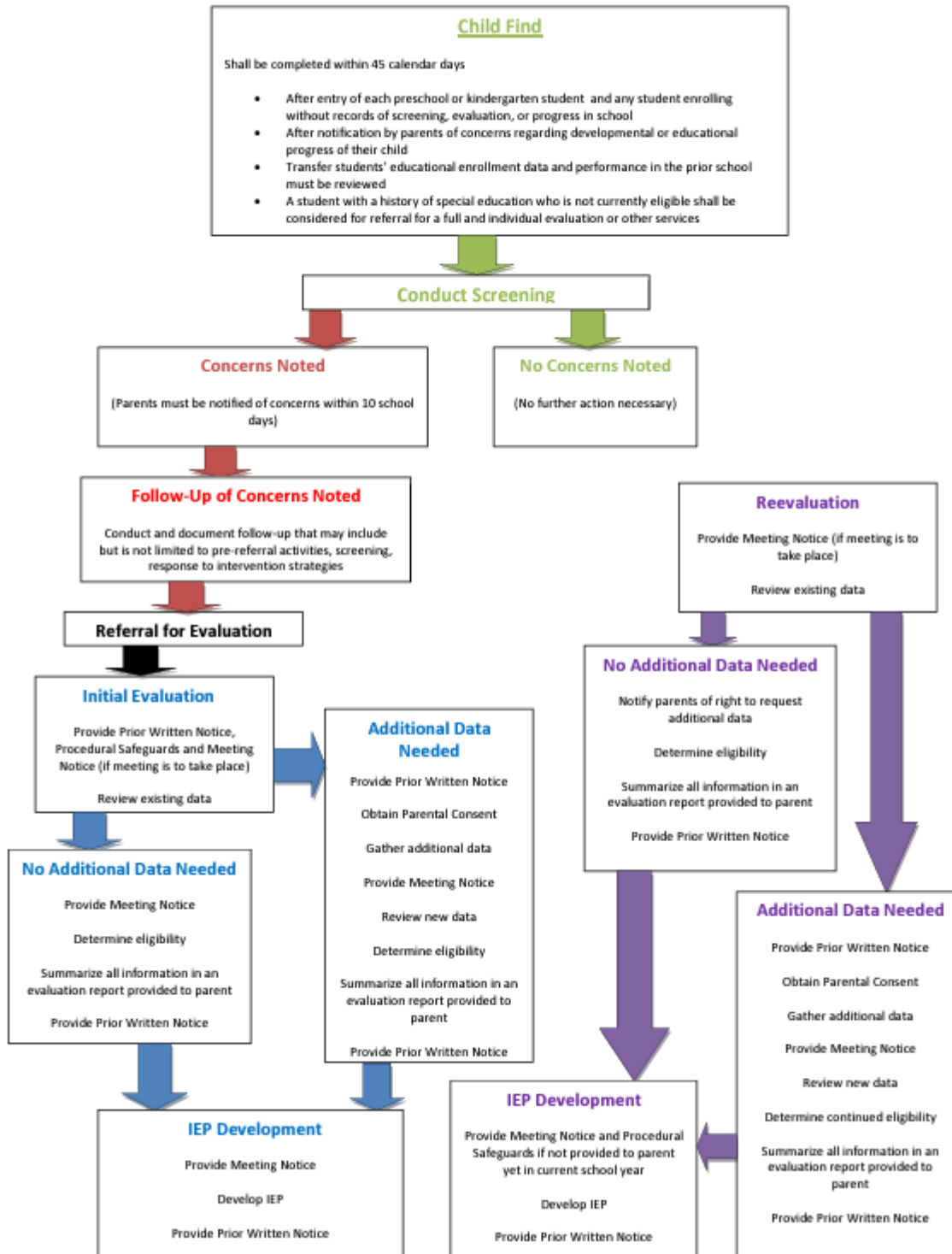
Once the IEP is developed and signed by members of the IEP team it will be the responsibility of the entire IEP team to ensure that the IEP is implemented. The IEP team may meet as frequently as needed to discuss the implementation of the IEP. The IEP case manager is required to ensure documentation of mastery of benchmarks and annual goals. The IEP is a "living" document and can be altered during the school year if needed. The IEP goals and benchmarks provide the objectives for the education of the student and prescribe the services being provided by the district. However, it must be understood that the district is not required to meet all goals within the school year, but they must provide evidence of the "good faith effort" toward achieving the goals. Implementation of the IEP may include related services providers such as occupational or physical therapist services, speech/language services, visual and hearing-impaired specialist.

Step 7: Reevaluation and Reviews

Each IEP developed requires accountability and consistent follow up by the child's parents. A review is conducted annually or after every three years. The purpose for these reviews is to determine whether the child is meeting their educational goals.

If the IEP goals are not being met, revisions are made in the IEP. In the event that the child is meeting and even exceeding their IEP goals, new milestones are determined. In some cases, the child may be moved back into the general education classroom setting (inclusion).

Special Education Process



Questions regarding Exceptional Student Services Procedures: Contact Robert Snyder

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