



TRANSFORMING TOGETHER

CONTINUUM OF SERVICES,
INSTRUCTIONAL PROGRAM
PROFILES, AND DISABILITY
CONDITIONS



2025-2026 School Year



Welcome to this comprehensive guide from the Clear Creek Independent School District Special Services Department. This book provides an in-depth overview of the continuum of services available to support students with diverse needs, profiles of the specialized instructional programs offered within CCISD, and detailed descriptions of various disability conditions. Designed as a valuable resource for parents, educators, and community members, it aims to foster understanding and collaboration to ensure every student receives the appropriate support to thrive academically, socially, and personally.

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Continuum of Services

CCISD Continuum of Services

LRE



MRE

Speech, Dyslexia, and Other Related Services serve students throughout the continuum in various capacities

Accommodation/Consultation - External supports in the general education setting.

In Class Support/Inclusion - Pk - 12 Services provided by a Special Education staff member in the general education setting.

Inclusion Modified - students are in a general education classroom with special education staff support while components on the curriculum are modified below grade level.

Resource - Provided by a Special Education Teacher in a Special Education Setting

- ◆ *K-12 - Modified Curriculum* - Recreation of curriculum working on pre-requisite skills
- ◆ *K-5 - Goal Specific Instruction* - Best for specially designed instruction focused on the areas of Basic reading and basic math.

General Education/Resource/Inclusion Setting w/pull out Behavior Support

- ◆ PASS (Positive Approach to Student Success) - provides social skills and self-regulation training for students who have difficulty managing their behaviors while in the general education setting.
- ◆ SLL SC (Structured Learning Lab Social Communication - for students with Autism Spectrum Disorders and other developmental disorders that require explicit social skills training and practice while in the general education setting

Self-Contained Setting/Specialized Program

- ◆ ECSE (Early Childhood Special Education) - Provided by a Special Education Teacher in a Special Education Setting
- ◆ SLL AB (Adaptive Behavior) - for students with Autism Spectrum Disorders and other developmental disorders that require instruction in a self-contained setting
- ◆ SD (Social Development) - for students who have difficulty managing their behaviors that require instruction in a self-contained setting
- ◆ AA (Alternate Academics) - modified instruction in functional and pre-requisite skills
- ◆ HEARTS (Helping Each Adult Reach Transition Services) - 18+

Off Campus

- ◆ Homebound
- ◆ Non-Public Day School
- ◆ Residential

Clear Creek ISD provides a continuum of special education services and placement options for students with disabilities in order to meet their individual needs. Specialized programs are strategically located throughout CCISD for students who are Ard'ed to a district class placement. Below are more in-depth description of specific programs along the continuum:

Resource

Provided by a Special Education Teacher in a Special Education Setting:

***K-12 - Modified Curriculum - Recreation of curriculum working on below grade level skills.**

☒ **Elementary - Content specific instruction for a portion of the class period as designated by the ARD committee. The instruction is guided by the same grade level curriculum that is implemented in the general education setting. However, the content and delivery are modified to meet the unique learning needs of each individual student.**

☒ **Secondary – Content specific instruction for an entire class period guided by the same grade level curriculum that is implemented in the general education setting. However, the content and delivery are modified to meet the unique learning needs of each individual student.**

***K-5 - Goal Specific Instruction – Goal Specific instruction for a small portion of the class period set aside to work on intensive intervention to address specific academic skill deficits. Typically for once or twice a week in basic reading and/or basic math in increments of 20 – 30 minutes as defined by the ARD committee.**

Positive Approach to Student Success (PASS)

The PASS program provides educational services within general education setting to students who have difficulty managing their behaviors. The focus of the PASS program is to teach social skills that replace inappropriate behaviors and motivate students to implement positive social skills while learning in the general education classroom.

Structured Learning Lab SLL - Social Communication (SC)

Structured Learning Lab is an intensive educational program typically for students with Autism Spectrum Disorders and other developmental disorders. The purpose of SLL-SC is to provide highly structured and individualized intervention for the development of functional communication skills and socially appropriate behaviors while learning in the general education classroom.

Early Childhood Special Education (ECSE)

ECSE provide special education and related services for eligible children with disabilities ages 3-5. ECSE refers to the services provided by the district, not to the place where they are provided. Eligible children may receive ECSE services in a variety of settings such as pre- kindergarten and self-contained classrooms or in community settings such as Head Start and pre-school.

Structured Learning Lab SLL- Adaptive Behavior (AB)

Structured Learning Lab is an intensive educational program typically for students with Autism Spectrum Disorders and other developmental disorders. The purpose of SLL-AB is to provide an intensive educational program for students in need of a highly structured, self-contained, environment focusing on social communication, social and behavioral instruction, and socially appropriate behaviors.

Social Development (SD)

Social Development services are designed to meet the needs of students with significant emotional and behavioral disabilities. The purpose of SD is to provide an intensive educational program for students in need of a highly structured, self-contained, environment focusing on positive behavior and social skills the student has not previously mastered.

Alternative Academics (AA)

Alternative Academic services are designed to provide students with cognitive disabilities a curriculum that encompasses functional and academic skills for communication, social, vocational and independent living skills to support post-secondary school goals. Academic instruction in AA is provided in a self-contained setting and is guided by the same grade level curriculum that is implemented in the general education setting. However, unlike resource, the content is individually modified to the pre-requisite level.

18+ Services Helping Each Adult Reach Transition Services (HEARTS)

HEARTS is provided for any adult student who has completed state credits and assessment but did not meet graduation criteria for employment, employability skills, or agency connection. HEARTS is a non-traditional service model where students receive transition services both on their home campus and in the community. The goal is to help the students transition to adulthood by moving services from the campus into the community.

Homebound

Students served on homebound are expected to be confined to the home or hospital for a minimum of four weeks as documented by a physician licensed to practice in the United States. The student's 504/ARD committee shall determine the amount and duration of instruction and related services provided through the Homebound program.

Home instruction may also be used for services to DHH and Blind infants and toddlers (birth through age 2) and young children (ages 3-5) if the child's Individualized Family Services Plan (IFSP) committee or ARD committee decide it is appropriate.

INSTRUCTIONAL PROGRAM MODELS

Adaptive Behavior

Program Facts

<i>Short Name/Acronym:</i>	<i>AB</i>
<i>Program Manager:</i>	<i>Jacqueline Nelson, Assistant Director Kylie Kunefke, Assistant Director</i>
<i>Point of Contact:</i>	<i>Campus Case manager</i>
<i>Grade Level(s) Served:</i>	<i>K-8th</i>
<i>Elementary Locations:</i>	<i>North Pointe, League City, Robinson, Ross</i>
<i>Secondary Locations:</i>	<i>Brookside Int</i>

Program Description

The SLL: AB class at the elementary and secondary levels provides highly structured and individualized interventions for the development of socially appropriate behaviors and communication. The class is designed to provide highly structured communication, social and behavioral instruction through implementing a high level of prompting to learn and/or apply skills at high rate of reinforcement.

Program Goal

The goal of the AB class is to provide a targeted and systematic approach to specific communication, social emotional learning, behavioral and interaction needs for students that should lessen the need for continued intensive intervention in the future (Quinn et al. 1999).

Program Supports

These are tools used to ensure the highest program quality through an ongoing plan for program improvement.

- Effective Programming Rubric for Students with Autism Spectrum Disorder (ASD) and Related Disorders
- Critical Elements Class Check List
- Professional Learning Needs Assessment
- Class Support Plan

- Six Core Elements

Program Structure

The Adaptive Behavior class is a special education self-contained class where students receive direct academic and social skills instruction and are monitored to promote independence and generalization of prosocial behaviors in all settings.

Tier 1	Tier 2	Tier 3
• Students require a fully self-contained setting for behavior, academics, and social skills. The student requires a behavior intervention plan and is currently needing intense staff support and monitoring throughout the entire day.	• Students begin to generalize skills and can transition to a least restrictive setting with faded support.	• Instruction becomes more natural and generalized across settings, instructors and materials. • Students that have reached advanced stages of instruction may benefit from participation in the LRE such as (i.e. SLL: SC and /or General Education Setting)

Addressing Least Restrictive Environment (LRE)

Each student's Least Restrictive Environment is considered at the IEP meeting. The amount of time in the Special Education setting is data-driven based on the instruction required to meet IEP goals and grade-level standards (TEKS).

Program Components & Critical Elements

There are Six Core Elements Guiding the Implementation of SLL: SC

1. Individualized Support and Services
2. Systematic Instruction
3. Comprehensible/Structured Learning Environment
4. Specialized Curriculum Content: Communication & Social Skills
5. Functional Approach to Problem Behavior

Critical Elements Class Checklist

1. Classroom Learning Environment and Arrangement
2. Classroom Climate and Teacher/Paraprofessional Communication
3. Schedules
4. Behavior Management
5. Social Skills
6. Communication Skills
7. Instruction/Correlation between Student IEP and Lesson Plans
8. Documentation of Student's Progress

Classroom Learning Environment

Physical Space: Whole Group, Small Group, 1:1, Independent, Break, Calming/Cozy Area

Daily Schedule/Routines:

- Schedules for classroom, staff, and all individual students
- Incredible 5-Point Scale Check in/Out system

Communication

- All teachers are provided the ARD documentation through the CCISD district portal. The ARD outlines all up-to-date IEP paperwork to be implemented across school settings. All necessary stakeholders are provided a D-10 digitally and informed about the student's needs and provided specific information from the student's ARD/IEP. The Special Education Case Manager will communicate regularly with staff members and paraprofessionals to ensure support and services for students with disabilities are implemented with fidelity.
- Progress on IEP goals and objectives are reported in accordance with the district report card reporting periods.
- The certified teacher is the primary communicator to the parent regarding a student's academic and behavioral progress. Ongoing communication with parents is the responsibility of the case manager and classroom teacher.

Curriculum and Instruction

- The AB Class incorporates the five social emotional competencies of CASEL and specially designed instruction to target the unique needs of a child that result from a disability. The instruction is designed in such a way that the student can access the general education curriculum to the same extent as non-disabled peers and make progress toward grade level standards (TEKS).
- Use of daily lesson plans, instructional procedures including implementation and evaluation of instructional effectiveness, use of evidence-based practices in instruction (i.e. ABA), provides for generalization & maintenance, small ratios, inclusion opportunities.
- Students in the Adaptive Behavior Class are most likely to initially require specific intervention that involves teaching students "socially acceptable learned behaviors that enable a person to interact with others in ways that elicit positive responses and assist the person in avoiding negative responses" (Elliott, Racine, & Busse, 1995, p. 1009). Teachers are provided access to current research-based social skills curricula to support student's social-emotional learning.

The SC Class implements the following specialized curriculum content to support communication and social emotional learning:

- The Incredible 5-Point Scale
- Superflex: A Social Thinking Curriculum
- The Emotional ABCs
- Building Social Relationships by Scott Bellini
- WhyTry-Upper elementary and secondary

Documentation and Grading

- Progress on IEP goals and objectives are reported in accordance with the district report card reporting periods. Students receiving instruction in the AB Class follow CCISD grading procedures and receive their enrolled grade-level report card.
- The Adaptive Behavior Teacher is the teacher of record and collaborates with other service providers to ensure that all necessary accommodations and/or modifications are provided in the environment and on assignments and tests.
- Special Education Case Managers utilize a variety of data collection methods aligned to each student's IEP goal to track progress toward mastery. Additionally, data is collected to ensure accommodations, and modifications are being implemented and used with fidelity.
- Special Education teachers must keep documentation of the instruction and supports provided in the AB Class and ensure that the time in and out of the AB Class is aligned with the Schedule of Services outlined in each student's IEP.

Behavior Management

- All students are expected to follow the CCISD Student Code of Conduct with supports and services outlined in their IEP, such as behavioral accommodations and Behavior Intervention Plans.
- The AB Classroom implements research-based preventative strategies to increase communication and self-regulation, replace problem behaviors with socially appropriate behaviors, and incorporate a team approach to Crisis Prevention Intervention (CPI)

Parent Resource Center

Link: [Special Services - Clear Creek Independent School District \(ccisd.net\)](http://ccisd.net)

INSTRUCTIONAL PROGRAM MODELS

Social Development

Program Facts:

<i>Short Name/Acronym:</i>	<i>SD</i>
<i>Program Manager:</i>	<i>Jacqueline Nelson, Assistant Director Kylie Kunefke, Assistant Director</i>
<i>Point of Contact:</i>	<i>Campus Case Manager</i>
<i>Grade Level(s) Served:</i>	<i>K-8th</i>
<i>Elementary Locations:</i>	<i>Bay, Clear Lake City, Gilmore, Goforth, Ward, FPE</i>
<i>Secondary Locations:</i>	<i>Creekside Intermediate, Seabrook Intermediate, Clear Lake Intermediate, Victory Lakes Intermediate, Clear Lake High School, Clear Creek High School, Clear Springs High School</i>

Program Description

Social Development services are designed to meet the needs of students with significant emotional and behavioral disabilities. A consistent and highly structured environment is necessary to provide an adequate framework for this service design. The program's focus is to address the student's school behavior by teaching pro-social, behavioral, and academic skills the student has not previously mastered.

Program Goal:

The goal of SD is to provide students receiving special education services with the behavioral and social skills necessary to facilitate a reintegration into the general education classroom setting, and to increase the students' behavioral and social abilities to be successful in their transition into adulthood. The services provide in-depth, intensive, and individualized instruction in academics, behavior, social and emotional development in an academic setting.

Program Supports:

Boys Town and Why Try are tools used to ensure the highest program quality through an ongoing plan for program improvement.

Program Structure

The Social Development class is a special education self-contained class where students receive direct academic, behavior, and social skills instruction and are monitored to promote independence and generalization of prosocial behaviors in all settings.

Addressing LRE

Each student's Least Restrictive Environment is considered at the IEP meeting. The amount of time in the Special Education setting is data-driven based on the instruction required to make progress on IEP goals and grade-level standards (TEKS).

Transition to LRE

Tier 1	Tier 2	Tier 3
Students require a fully self-contained setting for behavior, academics, and social skills. The student requires a Behavior Intervention Plan and is currently needing intense staff support and monitoring throughout the entire day.	Students begin to generalize skills and can transition to a least restrictive setting with faded support.	- Instruction becomes more natural and generalized across settings, instructors, and materials. - Students that have reached advanced stages of instruction may benefit from participation in the LRE such as PASS and/or General Education setting.

Program Components & Critical Elements

There are Six Core Elements Guiding the Implementation of SD

1. Individualized Support and Services
2. Systematic Instruction
3. Comprehensible/Structured Learning Environment
4. Specialized Curriculum Content: Social Skills
5. Functional Approach to Problem Behavior
6. Critical Elements

Critical Elements Class Checklist

1. Classroom Learning Environment and Arrangement
2. Classroom Climate and Teacher/Paraprofessional Communication
3. Schedules
4. Behavior Management
5. Social Skills
6. Instruction/Correlation between Student IEP and Lesson Plans
7. Documentation of Student's Progress

Classroom Learning Environment

- a. **Physical Space:** Whole Group, Small Group, 1:1, Independent, Break, Calming/Cozy Area
- b. **Daily Schedule/Routines:** Classroom, staff, and individualized schedules, Zones of Regulation Check in/out System,
- c. **Generalization:** Promoting independence for transition to lesser restrictive environment

Communication

All teachers are provided ARD documentation through the CCISD district portal. The ARD outlines all up-to-date IEP paperwork to be implemented across school settings. All necessary stakeholders are given a D-10 digitally and informed about each student's needs and specific information from the student's ARD/IEP.

- The SD teacher should always be the primary communicator to the parent regarding a student's academic and behavioral progress.
- The SD teacher will communicate regularly with parents regarding behavior.
- The SD Teacher will communicate regularly with staff members and paraprofessionals to ensure support and services for students with disabilities are implemented with fidelity.

Instruction

The Special Education classroom teacher is the instructional leader in SD. The instruction will be delivered in such a way that to the maximum extent possible, students are exposed to grade-level content while considering their unique behavioral needs.

Curriculum

The Social Development program follows the [Texas Essential Knowledge and Skills \(TEKS\)](#) and CCISD Curriculum.

Teachers are provided access to current research-based social skills curricula to support student's social-emotional learning and will provide students with planned opportunities for practice and generalized inclusion.

The SD Class implements the following specialized curriculum content to support communication and social emotional learning:

- Boys Town (K-8)
- The Zones of Regulation (K-5)
- The Emotional ABCs (K-5)
- Why Try (6-12)

IEP Implementation

The IEP is implemented by all professionals involved in the student's education. The Case Manager is responsible for developing the PLAAFP and IEP/BIP goals in collaboration with the IEP committee. The Special Education and General Education staff members on campus are expected to view the IEP and D10, implement the necessary accommodations and behavior intervention plan while monitoring progress on the IEP goals as outlined in the IEP document.

Documentation & Grading

Students receiving instruction in the SD setting follow CCISD grading procedures and receive their enrolled grade-level report card.

Behavior Management

Functional approach, data collection (methods, use, and analysis), research-based preventative strategies, replacement behaviors monitoring, graphing, team approach, and crisis management (CPI).

- Students are subject to following the district's student code of conduct with modifications specified in the behavior intervention plan (BIP). BIP is a supplement to the student code of conduct.

INSTRUCTIONAL PROGRAM MODELS

Social Communication

Program Facts

<i>Short Name/Acronym:</i>	<i>SC</i>
<i>Program Manager:</i>	<i>Jacqueline Nelson, Assistant Director Kylie Kunefe, Assistant Director</i>
<i>Point of Contact:</i>	<i>Campus Case manager</i>
<i>Grade Level(s) Served:</i>	<i>K-8th</i>
<i>Elementary Locations:</i>	<i>North Pointe, League City, Robinson, Ross</i>
<i>Secondary Locations:</i>	<i>Brookside Intermediate</i>

Program Description

The SC Class at the elementary and secondary levels is designed to target specific social skills (turn-taking, social initiation, etc.) that should not only increase the student's social skill acquisition but the demonstration of those targeted social competence skills across environments. Students in this setting require explicit social skills training and practice to meet significant deficits in communication, social-emotional emotional learning, and behavior. The SLL: SC is designed to offer highly intensive communication, social-emotional learning, behavioral and interaction instruction for students.

Program Goal

The goal of the SC class is to provide a targeted and systematic approach to specific communication, social emotional learning, behavioral and interaction needs for students (Quinn et al. 1999).

Program Supports

These are tools used to ensure the highest program quality through an ongoing plan for program improvement.

- Effective Programming Rubric for Students with Autism Spectrum Disorder (ASD) and Related Disorders
- Critical Elements Class Check List
- Professional Learning Needs Assessment
- Class Support Plan
- Six Core Elements

Program Structure

Social Communication is an inclusive support monitoring class. The student's homeroom is in the general education setting. Students receive direct social skills instruction in a special education setting and are monitored by the Social Communication staff throughout the building in all other settings.

Tier 1	Tier 2	Tier 3
Social Skills Class with intense maximum monitoring. 4-5x an hour at elementary level and 3x per 45 minutes at secondary level. Monitoring staff may have to provide push in support within the classroom then fade to increase independence.	Social Skills Class with monitoring 2-4 times an hour at elementary level and 2 times per 45 min.	Social skills class with monitoring 1-2 times an hour at elementary level and 1 time per 45 min.

Addressing Least Restrictive Environment (LRE)

Each student's Least Restrictive Environment is considered at the IEP meeting. The amount of time in the Special Education setting is data-driven based on the instruction required to meet IEP goals and grade-level standards (TEKS).

Program Components & Critical Elements

There are Six Core Elements Guiding the Implementation of SLL: SC

1. Individualized Support and Services
2. Systematic Instruction
3. Comprehensible/Structured Learning Environment
4. Specialized Curriculum Content: Communication & Social Skills
5. Functional Approach to Problem Behavior

Critical Elements Class Checklist

1. Classroom Learning Environment and Arrangement
2. Classroom Climate and Teacher/Paraprofessional Communication
3. Schedules
4. Behavior Management
5. Social Skills
6. Communication Skills
7. Instruction/Correlation between Student IEP and Lesson Plans
8. Documentation of Student's Progress

Classroom Learning Environment

Physical Space: Whole Group, Calming/Cozy Area

Daily Schedule/Routines:

- Schedules for classroom, staff, and all individual students
- Incredible 5-Point Scale Check in/Out system

Communication

- All teachers are provided the ARD documentation through the CCISD district portal. The ARD outlines all up-to-date IEP paperwork to be implemented across school settings. All necessary stakeholders are provided a D-10 digitally and informed about the student's needs and provided specific information from the student's ARD/IEP. The Special Education Case Manager will communicate regularly with staff members and paraprofessionals to ensure support and services for students with disabilities are implemented with fidelity.
- Progress on IEP goals and objectives are reported in accordance with the district report card reporting periods.
- The certified teacher should always be the primary communicator to the parent regarding a student's academic and behavioral progress. Ongoing communication with parents is the responsibility of the case manager and classroom teacher.

Curriculum and Instruction

- The foundation SC class incorporates the Five Basic Tenets of Social Skills Programming. Scott Bellini's (2008) Five Basic Tenets reflect research findings in teaching social skills to students with ASD and the five social emotional competencies of CASEL. In addition, assessments, PLAAFPS, goals and objectives, communication systems, communication, and social skills instruction, planned opportunities for Communication and Social Skills practice and generalized inclusion opportunities, etc.
- Students in the Social Communication Class are most likely to initially require specific intervention that involves teaching students "socially acceptable learned behaviors that enable a person to interact with others in ways that elicit positive responses and assist the person in avoiding negative responses" (Elliott, Racine, & Busse, 1995, p. 1009). **Teachers are provided access to current research-based social skills curriculum to support student's social emotional learning.**

The SC Class implements the following specialized curriculum content to support communication and social emotional learning:

- The Incredible 5-Point Scale
- Superflex: A Social Thinking Curriculum
- The Emotional ABCs
- Building Social Relationships by Scott Bellini
- WhyTry-Upper elementary and secondary

Documentation and Grading

- Progress on IEP goals and objectives are reported in accordance with the district report card reporting periods. Students receiving instruction in the SC Class follow CCISD grading procedures and receive their enrolled grade-level report card.
- The General Education teacher is the teacher of record and collaborates with the Special Education teacher to ensure that all necessary accommodations and/or modifications are provided in the environment and on assignments and tests.
- Special Education Case Managers utilize a variety of data collection methods aligned to each student's IEP goal to track progress toward mastery. Additionally, data is collected to ensure accommodations and modifications are being implemented and used with fidelity.
- Special Education teachers must keep documentation of the instruction and supports provided in the SC Class and ensure that the time in the SC Class is aligned with the Schedule of Services outlined in each student's IEP.

Behavior Management

- All students are expected to follow the CCISD Student Code of Conduct with supports and services outlined in their IEP, such as behavioral accommodations and Behavior Intervention Plans.
- Social Communication implements research-based preventative strategies to increase communication and self-regulation, replace problem behaviors with socially appropriate behaviors, and incorporate a team approach to Crisis Prevention Intervention (CPI)

INSTRUCTIONAL PROGRAM MODELS

PASS

Program Facts

<i>Short Name/Acronym:</i>	<i>PASS</i>
<i>Program Manager:</i>	<i>Jacqueline Nelson, Assistant Director Kylie Kunefke, Assistant Director</i>
<i>Point of Contact:</i>	<i>Campus Case manager</i>
<i>Grade Level(s) Served:</i>	<i>K-12th.</i>
<i>Elementary Locations:</i>	<i>Bay, Clear Lake City, Gilmore, Goforth, Greene, Ward</i>
<i>Secondary Locations:</i>	<i>Creekside Intermediate, Seabrook Intermediate, Clear Lake Intermediate, Victory Lakes Intermediate, Clear Lake High School, Clear Creek High School, Clear Springs High School, Clear Brook High School, Clear Falls High School</i>

Program Description

PASS (Positive Approach to Student Success) is founded on the belief that children and youth benefit behaviorally from educational experiences with their non-disabled peers and academically from participation in the general education curriculum. PASS provides educational services within mainstream settings to students with behavioral issues. (PASS Inclusion for Students with Behavior Disorders

Program Goals

The goal of the PASS Program is to educate by providing both instruction and practices in social skills that students need to be successful in life. The PASS approach to education is inclusive.

Program Supports

These are tools used to ensure the highest program quality through an ongoing plan for program improvement.

- PASS is inclusive; The majority of PASS services are delivered in the mainstream inclusive setting.
- Critical Elements
- Professional Learning Needs Assessment
- Class Support Plan

Program Structure

PASS is an inclusive support monitoring class. The student's homeroom is in the general education setting. Students receive direct behavior and social skills instruction in a special education setting and are monitored by the PASS staff throughout the building in all other settings.

Addressing LRE

Each student's Least Restrictive Environment is considered at the IEP meeting. The amount of time in the Special Education setting is data-driven based on the instruction required to make progress on IEP goals and grade-level standards (TEKS).

Program Components & Critical Elements

PASS involves four phases of implementation:

1. Preplacement
2. Orientation
3. Inclusion and Maintenance
4. Aftercare

Students' progress through the phases, beginning with a brief period of self-contained instruction in pro-social replacement behaviors and advancing to full inclusion with individually determined levels of monitoring and support from the PASS Coach. The length of time any student remains in each phase is determined by student progress as he or she participates in PASS activities.

Classroom Learning Environment

The PASS room should be neutral while emphasizing the rewards and appeal of the inclusion setting.

Physical Space, Daily Schedule/Routines, Promoting Independence, and Generalization.

Communication

All teachers are provided the ARD documentation through the CCISD district portal. The ARD outlines all up-to-date IEP paperwork to be implemented across school settings. All necessary stakeholders are provided a D-10 digitally and informed about the student's needs and provided specific information from the student's ARD/IEP. The Special Education Case Manager will communicate regularly with staff members and paraprofessionals to ensure support and services for students with disabilities are implemented with fidelity.

Curriculum and Instruction

- All PASS instruction uses a cognitive-behavioral model that emphasizes teacher instruction, teacher modeling, student role-playing, and repeated practice for generalization. This applies to teaching behavior expectations in the PASS room as well as teaching individualized social skills that help each student build replacement behaviors for students' targeted behavior goals.
- PASS uses a variety of supplemental curricula which could include, but is not limited to, CHAMPS, PBIS, Zones of Regulation, Emotional ABCs, and The Incredible Five-Point Scale with planned opportunities for communication and social skills practice and generalized inclusion opportunities. Teachers are provided access to current research-based social skills curricula to support student's social-emotional learning.

IEP Implementation

The IEP is implemented by all professionals involved in the student's education. The Case Manager is responsible for developing the PLAAFP and IEP goals in collaboration with the IEP committee. The Special Education and General Education staff members on campus are expected to view the IEP and D10 implement the necessary accommodations and monitor progress on the IEP goals as outlined in the IEP document.

Documentation & Grading

At the secondary level, students receiving instruction in the PASS setting for social skills follow CCISD grading procedures and receive their enrolled grade-level report card.

Behavior Management

Functional approach, data collection (methods, use, and analysis), research-based preventative strategies, replacement behaviors monitoring, graphing, team approach, and crisis management (CPI).

- Students are subject to following the district's student code of conduct with modifications specified in the behavior intervention plan (BIP). BIP is a supplement to the student code of conduct.

Clear Creek ISD Community Based 18+ Services

Adult Community Education Services (ACES)

Program Facts

Short Name/Acronym:

ACES

Program Manager:

Kylie Kunefke, Assistant Director

Program Specialist:

Kim Rodgers, Transition Specialist

Grade Level(s) Served:

18+ Adult Students

Locations:

Community

Program Description:

ACES stands for *Adult Community Education Services*. ACES represents the best practice, research-based model for 18+ Service. Students must be referred to this service model once they meet 18+ services criteria. The focus of ACES is on instruction completely in the community as directed by the student's adult schedule, post-secondary goals, and transition-based IEP goals. Transportation is provided using family and community support that reflect the real-life schedule of the student after ISD services have ceased. Travel training instruction is implemented as needed based on student and family needs. There are NO ISD transportation services provided.

18+ Services Goal

Clear Creek ISD offers a continuum of non-traditional 18+ services in age- appropriate settings, designed to support a successful transition into adult life. The goal of 18+ services is to establish a meaningful adult life in the community which reflects each student's interests, preferences, strengths and needs and no longer requires the direct and ongoing support of CCISD.

18+ Services Eligibility

- Be 18 years of age or older.
- Have met course requirements for graduation with at least 1 modified course(s)
- Have met state requirements for the statewide assessment.

- Require transition based educational services beyond the age of 18 to complete the IEP and meet the graduation requirements of employment, employability skills, or access to services (89:1070, graduation codes 54,55, and 56)
- Have graduated under graduation code 35 (no modified curriculum) followed by a request to return (89:1070 J)

18+ Services Supports

Personalized, natural support developed for the community setting as well as facilitation to sustainable community-based services for ongoing support needs.

Addressing LRE

The ARD-C considers the community setting as part of LRE continuum as there are no longer general education courses for 18+ students.

Critical Elements

- A. Post-Secondary Goals drive IEP development
- B. Transition Planning
- C. Person Centered Planning
- D. Work Based Learning
- E. Meeting Graduation Requirements for Employment, Employability, or Agency Connections

Program Components

- A. Bridging the gap between high school and adult life
- B. Providing training and instruction in the community
- C. Maximizing our adult students' level of independence in their community and life after high school
- D. Providing job coaching and assisting with development of employment and/or volunteering
- E. Providing transportation training in which the student works with the teacher and family to learn how to travel within the community: accessing community transportation services, walking, biking, etc.

- F. Assisting adult student and family in accessing adult agencies/services: DARS, MHMRA, Medicaid, SSI
- G. Assisting with connections to postsecondary education and/or vocational training programs: VAST-HCC, STRIVE-ACC, PATHS-A&M, continuing ed courses, internships, apprenticeships, etc.
- H. Assisting in the development of sustainable life skills such as meal prep, laundry skills, functional use of technology (cell phone/email), and/or budgeting/banking
- I. Assisting adult students to obtain and maintain full or part-time paid employment – applying, interviewing, completing orientation, maintaining, etc.
- J. Assisting adult students to participate in postsecondary education and/or training.
- K. Facilitating the learning and use of self-determination skills
- L. Improving communication skills related to social relationships, employment, postsecondary education/training, and independent living.
- M. Assisting adult students in developing sustainable friendships with same-age peers
- N. Facilitating the application to and client-ship of adult agencies that provide continued services to adults with disabilities.
- O. Assisting adult students to develop and participate in adult recreation/leisure activities.
- P. Helping parents/guardians and family members develop skills to provide support to adult students with disabilities after graduation or aging-out of high school.
- Q. Providing training, support, and opportunities for adult students with disabilities to increase their overall level of independence.

Learning Environment

Community

Professional Communication (Teacher & Paraprofessional)

ACES Teachers and Job Coaches (Paras) exhibited role specific professional communication with all stakeholders – see 18+ Handbook. All ACES staff utilize district cell phones for professional communication purposes with adult students, parents/guardians, and community partners.

Instruction

Personalized, based on IEP.

Curriculum

18+services are based on the student's Transition IEP, not on TEKS.

Student Communication Tools/Modalities

Natural and sustainable communication supports such as email, text, phone calls, and sustainable accessibility apps and technology supports.

IEP Implementation

Individualized 1:1 or small group services in the community setting.

Lesson Planning

Lesson Planning is individualized and related directly to the Transition Based IEP

Documentation & Grading

Progress monitoring is based on IEP goals and objectives.

Program Assessment

Quality Indicators for 18+ Services

Behavior Management

ACES services may include priority area social/behavior goals that are critical to the students' post-secondary goals and adult schedule.

Professional Learning Expectations

Professional Learning Expectations for ACES focuses on transition planning, person centered planning, work-based learning, and the development of a transition-based IEP.

Classroom Visit Checklist (Walk Thurs)

Observational walk throughs are completed in the community.

INSTRUCTIONAL PROGRAM MODEL

Alternative Academics

Program Details

Short Name/Acronym:

AA

Program Manager:

Jacqueline Nelson – Elementary

Kylie Kunecke- Secondary

Point of Contact:

Campus Case manager

Grade Level(s) Served:

K-12

Elementary Locations: Arlyne & Alan Weber Elementary, Armand Bayou Elementary, Ed White E-STEM Magnet School, Falcon Pass Elementary, G.H. Whitcomb Elementary, Henry Bauerschlag Elementary, I.W. & Eleanor Hyde Elementary, James F. Bay Elementary, James H. Ross Elementary, LaVace Stewart Elementary, Lloyd R. Ferguson Elementary, Margaret S. McWhirter Elementary, North Pointe Elementary, P.H. Greene Elementary, Ralph Parr Elementary, Sandra Mossman Elementary, Wedgewood Elementary, Landolt Elementary

Secondary Locations:

All Campuses

Program Description

The Alternative Academics (AA) class serves students with cognitive and/or developmental delays who require significant support in academics, functional/vocational skills, communication, social skills, and behavior.

Program Goal

The Alternative Academics (AA) class provides intensive intervention for students with significant deficits in academics, functional/vocational skills, communication, social skills, and behavior. The AA class provides a highly structured, predictable setting. The goal of the AA class is to presume competence, promote independence, and provide individualized goals to support academic, functional, and behavioral opportunities.

Addressing Least Restrictive Environment (LRE)

Each student's Least Restrictive Environment is determined at the IEP meeting. The amount of time in the Special Education setting is data-driven based on the instruction required to meet IEP goals and grade-level standards (TEKS).

Program Components & Critical Elements

Critical Elements Class Checklist

1. Classroom Learning Environment and Arrangement
2. Classroom Climate and Teacher/Paraprofessional Communication
3. Schedules
4. Behavior Management
5. Social Skills
6. Communication Skills
7. Instruction/Correlation between Student IEP and Lesson Plans
8. Documentation of Student's Progress

Classroom Learning Environment

The AA classroom is intentionally designed to encompass the physical structure of the classroom, visually supported student schedules, clearly communicated expectations and procedures, with considerations of functional supports and behavioral programming each student requires for success. The classroom learning environment may vary from teacher to teacher and from classroom to classroom to reflect student needs. Teachers provide accommodations and curriculum modifications in a structured environment. Pacing of instruction is reduced to provide increased opportunity for repetition of critical academic content, demonstration of content/skills mastery and instruction on IEP goals. Paraprofessionals may work in a classroom under the direct supervision of a teacher.

Physical Arrangement: The physical classroom will utilize and organize the space so that it depicts a variety of clearly defined classroom areas for whole group, small group, and individual instruction. Classrooms may include areas to accommodate the need for sensory regulation, including a quiet/break area. Individual adaptive equipment and communication systems identified in an IEP are provided and supported in the classrooms.

Communication

- All stake holders involved with the student, e.g. general education teachers, transportation staff, service providers, etc., are provided a copy of the IEP paperwork to ensure they remain up to date on the IEP supports and services, including the Behavior Intervention Plan (BIP). It is crucial all support personnel collaborate when supporting students with disabilities.
- The Special Education Case Manager will communicate regularly with staff members, paraprofessionals, and parents/guardians to ensure supports and services for students with disabilities are implemented with fidelity.
- Updates on IEP progress will be provided to parents/guardians as stated in the IEP. The student's Case Manager and Service Providers are responsible for reporting progress on all IEP Goals and Objectives in the IEP.

Curriculum & Instruction

The AA Class uses research-based teaching strategies that support students with disabilities adversely affecting their academic and functional skills. Students in the AA program benefit from explicit and systematic instruction that is both differentiated and student-centered. Teachers must ensure each student's IEP is adequately addressed, and that each student is making educational progress.

Academic: Academic instruction in the AA classroom is based on the Texas Essential Knowledge and Skills (TEKS) and the CCISD Curriculum. AA teachers utilize the TEKS Vertical Alignment and TEKS Curriculum Frameworks to identify the curriculum areas addressed at each grade level and the grading period they are addressed. Academic, vocational, and functional tasks for each student are individualized based on student need. All AA classrooms provide a variety of research and standards-based curriculum materials.

Unique Learning System: Unique Learning System is a supplement to the CCISD curriculum. It is an online, dynamic, standards-based tool specifically designed for students with special needs. Each unit contains 30 special education lesson plans and downloadable materials that teachers can readily implement into classroom learning activities. Materials are created using SymbolStix graphics. The unit lesson plans define three levels of differentiated tasks to accommodate the diversity of learners with significant disabilities. Unique Learning Systems Goals, Preferences and Skills (GPS) is a data collection center designed to identify individual student goals, preferences, and skills within educational learning tasks. All areas of assessment within the GPS have been created to accommodate students with complex learning needs. Assessment results are stored on the n2y secure website to allow for growth measures to be monitored over the years.

[ULS Brochure](#)

Social Skills: Students in the AA program have difficulties with social skills. These skills are taught and reinforced using various interventions including social narratives, role play, video modeling,

live modeling, peer training, and prompting procedures. Support, such as speech therapy, can also be provided when appropriate. The natural social environment is the most appropriate teaching location.

Elementary: Utilizes the Emotional ABC program for their social skills curriculum

Community-Based Instruction (CBI): Community-Based Instruction (CBI) outings will be documented and the student's progress on the IEP goals/objectives while on the CBI. For more information, procedures, and forms on CBIs, please refer to Section 8 of the Handbook.

Documentation & Grading

The teacher will regularly document student progress on IEP goals and objectives. The AA teacher is expected to develop and maintain a portfolio for each student which includes data, work samples, products, IEP goals and objectives, BIP, accommodation logs, or other documents supporting the student's progress on their IEP. Data should be collected at least twice weekly. Then data will be further analyzed each 9-week grading period and results will be reflected on the IEP Progress Reports with percentages or trials/opportunities and data to support the percentages. Teachers will adjust and track the lack of student progress. If the student does not make progress over a span of two 9-week grading periods, an ARD will take place to make further adjustments to the IEP.

Elementary: Students within the AA program will adhere to the modified "Alternative Academic Learning Progressions". At the beginning of the year parents will receive a document describing each progression and number value.

[Alternative Academic Learning Progressions](#)

[Modified Learning Progression PowerPoint](#)

[Modified Learning Progression Framework](#)

Behavior Management

- All students are expected to follow the CCISD Student Code of Conduct with supports and services outlined in their IEP, such as behavioral accommodations and Behavior Intervention Plans.
- The AA Classroom implements research-based preventative strategies to increase communication and self-regulation, replace problem behaviors with socially appropriate behaviors, and incorporate a team approach to Crisis Prevention Intervention (CPI)

INSTRUCTIONAL PROGRAM MODEL

In-Class Support

Program Facts

<i>Short Name/Acronym:</i>	<i>ICS</i>
<i>Program Manager:</i>	<i>Heidi Danner</i>
<i>Point of Contact:</i>	<i>Campus Case manager</i>
<i>Grade Level(s) Served:</i>	<i>K-12</i>
<i>Elementary Locations:</i>	<i>All campuses</i>
<i>Secondary Locations:</i>	<i>All campuses</i>

Program Description

The ICS instructional arrangement is for providing Special Education and related services to a student in the General Education classroom in accordance with the student's IEP. Students receiving ICS may or may not receive additional curriculum modifications. Qualified Special Education personnel must be involved in the implementation of the student's IEP through the provision of direct, indirect, and/or support services to the student and the student's General Education classroom teacher(s) necessary to enrich the General Education classroom and enable student success. Specially Designed Instruction provided through ICS follows the amount of daily or weekly time outlined in the IEP Schedule of Services according to student needs.

Program Goal

The goal of **In-Class Support** is to provide students who receive Special Education services with the necessary specially designed instruction and academic supports to access and make progress in the General Education curriculum.

Addressing Least Restrictive Environment (LRE)

Each student's Least Restrictive Environment is considered at the IEP meeting. The amount of time in the Special Education setting is data-driven based on the instruction required to meet IEP goals and grade-level standards (TEKS).

Program Components & Critical Elements

The general education classroom teacher and special education staff are responsible for following campus administrator expectations.

Classroom Learning Environment

The classroom learning environment may vary from teacher to teacher and from classroom to classroom. However, it is best practice that our ICS classrooms employ a smaller staff to student ratio. Teachers have accommodations readily available in a calm, welcoming environment.

Communication

All staff involved with the student are provided a copy of the IEP paperwork as needed, either in a digital or hard-copy format. This is to ensure all staff members remain up to date on the IEP supports and services to be implemented across school settings. All necessary stakeholders, including the General Education teacher(s), are informed of each student's needs and provided specific information from the student's ARD/IEP. It is highly critical for General Education teachers, along with all support personnel, to collaborate when supporting students with disabilities in the General Education classroom. The Special Education Case Manager will communicate regularly with staff members, paraprofessionals, and parents/guardians to ensure supports and services for students with disabilities are implemented with fidelity.

Updates on IEP progress will be provided to parents/guardians as stated in the IEP. The student's Case Manager and Service Providers are responsible for reporting progress on all IEP Goals and Objectives in the IEP.

Curriculum & Instruction

The General Education classroom teacher is the instructional leader while In Class Support is being provided. Instruction in the ICS setting is inclusive, specially designed, individualized, differentiated, and student-centered, based on student IEP goals and objectives and should be appropriately rigorous for each student to encourage sufficient growth. Each student's IEP should be addressed, and substantive documentation of progress monitoring should occur. Specially designed instruction targets the unique needs of a child that result from a disability. The instruction must be designed in such a way that the student can access the general curriculum to the same extent as non-disabled peers and make progress toward grade level standards (TEKS).

Instruction in the ICS setting should be designed using effective, research-based instructional strategies at all levels so that students can achieve their IEP goals and have opportunities to be creative and collaborative with others.

Documentation & Grading

Students receiving instruction through ICS follow CCISD grading procedures and receive their enrolled grade-level learning progressions report card. The General Education teacher is the teacher of record and collaborates with the Special Education teacher to ensure that all necessary accommodations and/or modifications are provided in the environment and on assignments and tests.

Special Education Case Managers utilize a variety of data collection methods aligned to each student's IEP goal to track progress towards mastery. Additionally, data is collected to ensure accommodations and modifications are being implemented and used with fidelity. Finally, Special Education teachers must keep documentation of the instruction and supports provided during ICS and ensure that the amount of ICS provided is aligned to the Schedule of Services outlined in each student's IEP.

Behavior Management

All students are expected to follow the CCISD Student Code of Conduct with supports and services outlined in their IEP, such as behavioral accommodations and Behavior Intervention Plans.

INSTRUCTIONAL PROGRAM MODELS

Early Childhood Special Education (ECSE)

Program Facts

<i>Short Name/Acronym:</i>	<i>ECSE</i>
<i>Program Manager:</i>	<i>Abbey Sickorez, Assistant Director</i>
<i>Program Specialist:</i>	<i>Glori Breon Erin Blanchard</i>
<i>Grade Level(s) Served:</i>	<i>EE (3 to 5 year olds)</i>

Program Description

Early Childhood Special Education refers to a service provided by the school district not the place where they are being provided. Children eligible for ECSE services may receive those services in a variety of locations, including direct settings such as PK classroom, self-contained classrooms, or drop in speech services. ECSE services are an ARD committee decision, and the student must meet eligibility for special education based on a school evaluation.

A student receiving services may have a grade level of EE, pre-K, depending on the student's age, the location where services are provided, and whether the student is eligible for pre-K.

Program Goal

The goal of ECSE is to provide early intervention to students focusing on developing cognitive, social-emotional, language, communication and physical skills to that children may be educated in the most inclusive setting possible.

There is a continuum of services for students ages 3-5 who qualify for special education services based on their Full individual evaluation. The following programs are determined by the ARD committee.

Self-contained Early Childhood Special Education, Early Childhood Special Education/PK inclusion, PreKindergarten, itinerant speech services.

Program Objectives

The objective of ECSE is to offer early intervention for students based on their Full individual Evaluation.

Program Supports

Special Education teachers, General education teachers, paraprofessionals, Campus administrators, Early Learning Coaches and Assistant director all work together to support the ECSE programming.

Program Structure

Clear Creek ISD offers a continuum of services for students ages 3-5 who require special education services. The following programs and services are listed below and are determined by the ARD committee.

Classroom Learning Environment

Physical Space, Daily Schedule/Routines, Promoting Independence, and Generalization. The physical arrangement of the ECSE classroom may include (based on student need) the following interest areas: blocks, dramatic play, art, library, music and movement areas, and computer centers. Classes include a small/large group teaching area and a circle time area. The ECSE classroom is organized free of clutter to maximize accessibility for all students.

Professional Communication (Teacher & Paraprofessional)

All teachers are provided the ARD documentation through the CCISD district portal. The ARD outlines all up-to-date IEP paperwork to be implemented across school settings. All necessary stakeholders are provided a D-10 digitally and informed about the student's needs and provided specific information from the student's ARD/IEP. The Special Education Case Manager will communicate regularly with staff members and paraprofessionals to ensure support and services for students with disabilities are implemented with fidelity.

Instruction

See Early Childhood Special Education ECSE Continuum

Drop in Speech

Provided by Speech Pathologist at the students home campus. Students needs are based solely in the area of Speech impairment. Goals are addressed during direct speech therapy.

ECSE Self Contained

Students have goals in more than 2 areas of developmental and critical areas of need. Students have a cognitive or intense language deficit and need direct instruction from a special education teacher and service providers.

PK Inclusion

4 year old students who have made progress within the self contained ECSE classroom and are working towards generalizing their skills in a larger setting. Students are working on critical needs beyond speech and need time in both General education and special education classrooms.

PK (program)

4 year old students need specially designed instruction that can be worked on solely in the general education classroom. Accommodations and Goals are needed for students to be successful.

Procedures for Considering Pre-K Placement

General education opportunities are always the first option when considering placements for preschool children with disabilities. Decisions for placement are made based on data that is gathered through initial evaluations and data collected in the classroom using the ECSE Transition Plan. Prekindergarten is available for 4-year-old children who meet the Pre-K eligibility guidelines and based on the student's individual needs.

Curriculum

All ECSE classrooms teach the PK curriculum while utilizing the scope and sequence provided from the Early Learning department. PK Guidelines are the baseline and we work on the prerequisite skills needed to make progress towards grade level guidelines. The PK guidelines and PK Learning progressions align to the ECSE report card as well as complemented with the ECSE common assessment.

IEP Implementation

The IEP is implemented by all professionals involved in the student's education. The Case Manager is responsible for developing the PLAAFP and IEP goals in collaboration with the IEP committee. The Special Education and General Education staff members on campus are expected to view the IEP and D10 implement the necessary accommodations and monitor progress on the IEP goals as outlined in the IEP document.

Lesson Planning

Use of daily social skill and/or behavior lesson plans, Instructional procedures including implementation and evaluation of instructional effectiveness, use of evidenced-based practices in instruction, provides for generalization & maintenance, smaller ratios, inclusion opportunities, etc. Documentation & Grading

Program Assessment

Special education teachers utilize many different data tools to evaluate progress within the ECSE classroom. Brigance is utilized during evaluation from the Special Education evaluation Center. It is utilized to collect data and help to develop appropriate goals and objectives that meet the students current functioning level. ECSE report card is also used within the classroom to help document and create the PLAAFP/goals.

Professional Learning Expectations

ECSE teachers are expected to attend program specific district wide staff development meetings/trainings. If an ECSE teacher is unable to attend a required meeting, they are responsible for contacting the Early Learning team prior to the meeting.

CPI is recommended for all self-contained ECSE teachers and paraprofessionals

Campus Administrator Expectations

Campus Administrators support the Early Learning Program by understanding the needs of the Special Education teachers and providing professional development opportunities for growth in their position. Support from Campus Administration is necessary for effective collaboration between Special Education and Special Education teachers to meet the needs of the shared students. Finally, Campus Administrators can support their Early Learning Teachers by being familiar with their role in an IEP committee and by utilizing the ECSE instructional Leadership Tool when evaluating their instructional performance.

ECSE Instructional Leadership Tool

[ECSE Instructional Leadership Tool](#)

Early Childhood Special Education ECSE Continuum			
Special Education time	General Education Time	Special Education time	
	In Class Supports		
Drop in Speech Student Characteristics • 3-5 year olds (not kindergarten age) • Requires speech services provided from SLP • Accommodations given Staff responsible • SLP or SLPA at the students home campus	Pre-K Student Characteristics Students are 4 by sept 1 st Accommodations and goals can be worked on in General Education classroom Staff responsible Dually certified PK teacher SLP if needed OT if needed	Pre-K Inclusion Student Characteristics Students are 4 by Sept 1 st Most cases, there are critical needs beyond speech and include developmental areas with IEP goals for areas of need: • Social Emotional • Intellectual/Cognitive • Academic • Adaptive • Health and Motor Accommodations/BIP AT Staff Responsible Dually Certified PK/SPED teacher for specially designed instruction SLP if needed OT if needed	Self Contained Student Characteristics Students are 3-5 years old (not kindergarten age) Requires direct and different instruction to support skill development Students have goals in 2 or more areas of development and critical need • Social Emotional • Intellectual/Cognitive • Academic • Adaptive • Health and Motor Placement decisions are made by the ARD committee based on the students IIE In all cases, goals are based on modified needs. Accommodations, BIPs and AT Staff Responsible Special Education Teacher and Paras SLP if needed OT if needed
Instructional Setting: 00 Grade Level: EE ADA: 0	Instructional Setting: 40 Grade Level: EE or PK (depends on PK qualifier) ADA: 1	Instructional Setting: 42/43 Grade Level: EE or PK ADA: 1	Instructional Setting: 45 Grade Level: EE ADA: 2 Unless Full Day

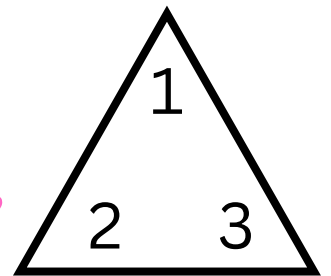
Autism Spectrum Disorders

Definition:

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.

Evaluation Components:

1. Language & Communication
2. Sensory Use & Interests
3. Social Relationships & Emotional Responses



COMMON EVALUATION TOOLS:

Parent/Teacher interviews, student interview, play based observations, thorough developmental history and records review, observations, rating scales (broad and narrow band), normed tests (ADOS-2, PEP-3, SLDT, CAPS)*, Pragmatic Checklists, Language Samples, Sensory Profile (SPM-2), Adaptive Behavior (ABAS-2, Vineland-3) *And many more...*

**One piece of the puzzle! No over-reliance on SS*

THE FORMULA:

Developmental History +
Interviews +
Observations +
Testing +
Clinical Judgment =
Autism

FEDERAL & STATE CRITERIA

1. Developmental disability significantly affecting verbal and nonverbal communication and social interaction; and
2. The developmental disability affecting verbal and nonverbal communication and social interaction must have an adverse effect on the child's educational performance.

Clinical vs. School-Based



"Research highlights the challenges that autistic adults face in our society. With the right support many of these events are preventable. We need to ensure that all autistic adults have appropriate support to reduce their vulnerability and to improve their mental health outcomes."

Impact

-Griffiths, S. (2019) The Vulnerability Experiences Quotient (VEQ):
A study of vulnerability, mental health and life satisfaction in autistic adults

Prevalence

1 in 44 ←.....→ Children

1 in 27 ←.....→ Boys

1 in 116 ←.....→ Girls

12%

of total sped population nationwide
(20-21 data: ed.gov)

The Gender Gap

Referral Bias: Girls with ASD show different and less severe communication and social challenges. Challenges are attributed to shyness or anxiety and this can lead to fewer referrals and misdiagnosis.

Girls on higher end of spectrum have fewer special interests, better superficial social skills, better language and communication skills, and less hyperactivity and aggression. Interests may be social in nature (i.e., dolls, princesses, fantasy, social media).

OUTCOMES

Lower post-secondary outcomes than any other condition

High rates of:

- Not living independently
- Unemployment
- No post secondary education
- Lack of participation in community events
- Social isolation

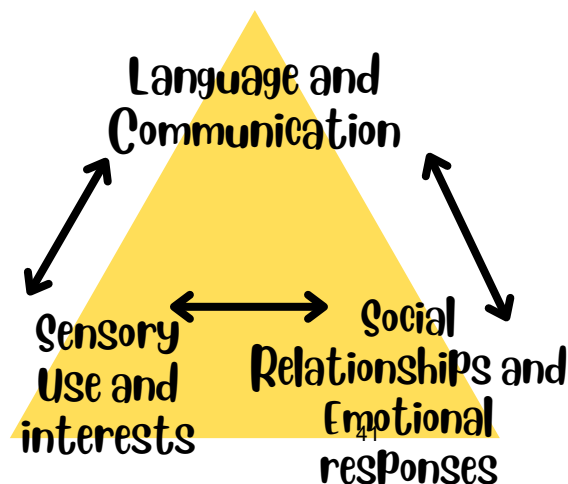
Resources:

TSLAT: www.txautism.net

Autism Circuit: www.autismcircuit.net

Autism Speaks: www.autismspeaks.org

Autism Society: www.autismsociety.org



Deaf-Blind

Definition: a student with co-occurring hearing loss and vision loss that impacts their educational performance, that cannot be served by either disability alone.

Evaluation Components

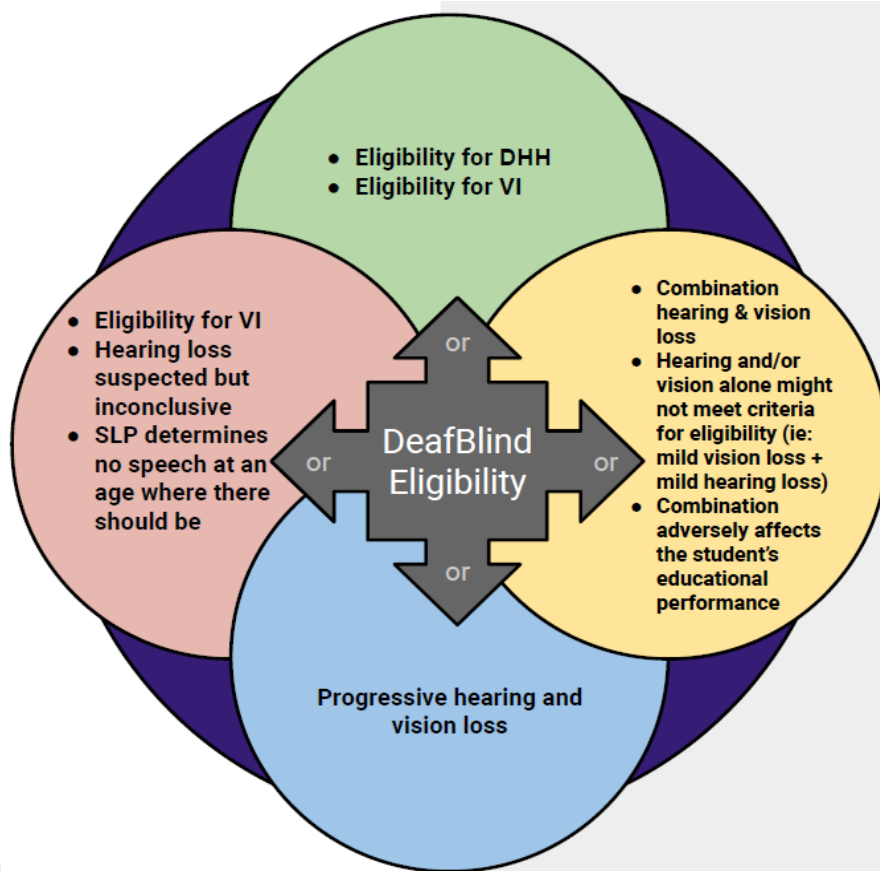
- DHH components (audiological, otological, and communication evaluation)
- VI components
- IQ and achievement if possible
- Comprehensive narrative of the student's communication and interaction with the educational environment, curriculum, and staff.

Prevalence Rates: about 10,000 children nationwide. We are asked to use the DB eligibility.

Additional CCISD Guidance:

case history is generally significant including: syndromes, other co-occurring disabilities, age of onset, and etiology (if known)

4 Ways to Qualify as Deafblind



Impact:
Varies from student to student.

Students have a range of needs and outcomes.

Clinical/Medical vs.
School Based:
Clinical focus on correction
And
School focus on access to the curriculum or functional use of hearing and vision

Potential Needs: varies from case to case but can include unique visual/tactile materials, visual/hearing assistive technology, and specialized staff like an intervener.

Need More Info?

<https://txdeafblindproject.org/>
<https://www.nationaldb.org/info-center/deaf-blindness-overview/>

Multiple Disabilities (MD)

34 CFR § 300.8(c) (7)

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 does not include deaf-blindness.

In meeting the criteria stated in 34 CFR, §300.8(c)(7), a student with multiple disabilities is one who has a combination of disabilities defined in this section and who meets all of the following conditions:

1. the student's disability is expected to continue indefinitely; and
2. the disabilities severely impair performance in two or more of the following areas:
 - a. psychomotor skills;
 - b. self-care skills;
 - c. communication;
 - d. social and emotional development; or
 - e. cognition.

Texas Definition of MD

STATE DIFFERENCES:

- Differences exist primarily around the combination of disabilities allowed and the level of severity.
- Some specify which conditions the student must meet (ID+)

Impact and Need

- The different disability conditions require ongoing and intensive supports, independent from each other.
- The child's special education program will address needs that arise from all of the child's disabilities, not just one.
- As such, most students who will meet criteria for MD will have needs in most of the following areas: intellectual functioning, adaptive skills, motor skills, sensory function (vision & hearing), and communication.

Noncategorical Early Childhood (NCEC)

Children aged three through nine experiencing developmental delays. Child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in §300.111(b), include a child=

(1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

(2) Who, by reason thereof, needs special education and related services.

34 CFR § 300.8(B)

STATE CRITERIA:

Noncategorical. A student between the ages of 3-5 who is evaluated as having an intellectual disability, an emotional disturbance, a specific learning disability, or autism may be described as noncategorical early childhood.

89.1040(c)(13)

Nationwide Differences

- 33 out of 50 states use the category of Developmental Delay (although specific criteria may vary)
- Most other states have a designated category that varies slightly in title and definition. Some examples include: early childhood developmental delay, preschool child with a disability, and preschool severe delay.

ALL STUDENTS WHO MEET
NCEC CRITERIA MUST BE
RE-EVALUATED BY THEIR
6TH BIRTHDAY

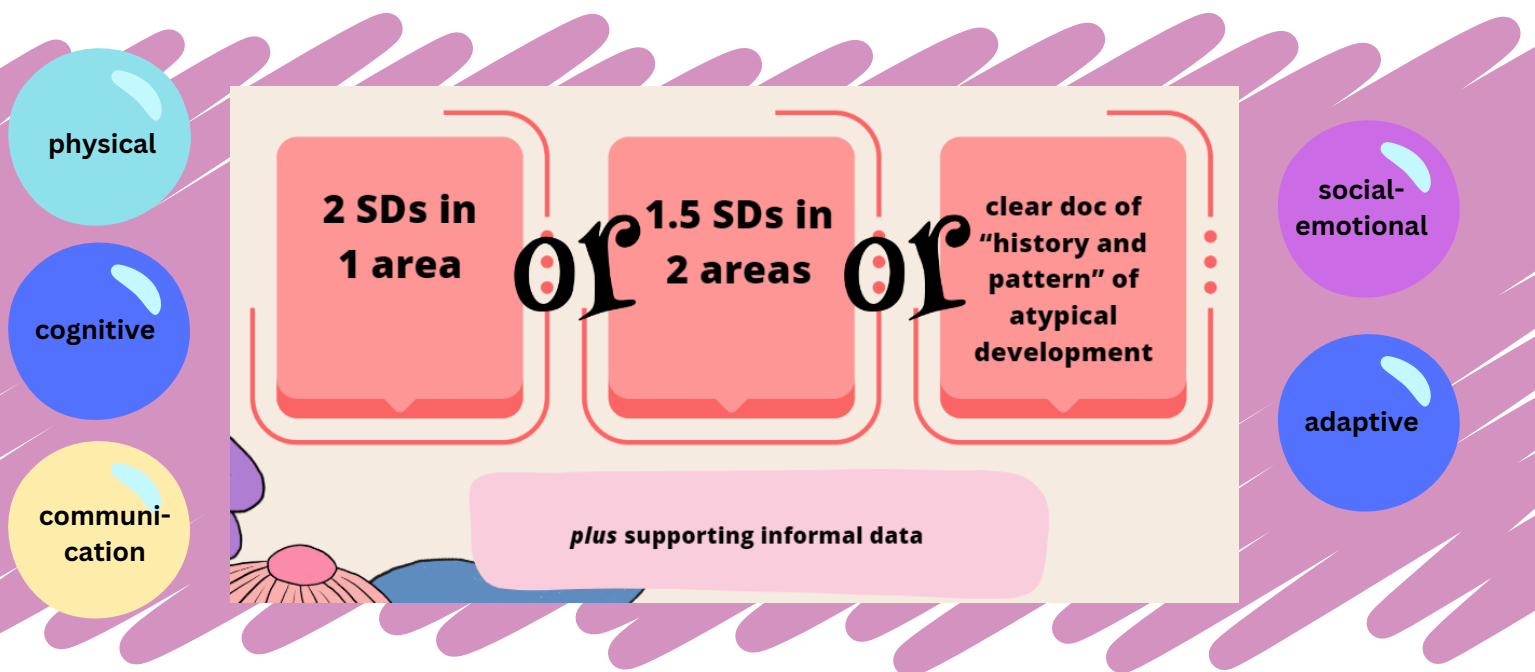
While the data supports one of the four conditions (AU, ID, ED, SLD), there may be attenuating factors that are clouding diagnostic impressions. Examples of common scenarios:

- The child may have had limited exposure to activities outside of the home and/or with same-age peers.
- The child has limited or no language which can impact how they present during an evaluation.
- The child exhibits behaviors that often overlap between conditions (AU/ADHD/ED).
- Parents are not endorsing a high level of concerns because they lack a good understanding of typical (or atypical) behavior in that age group.
- The child exhibits a milder presentation or an emerging skillset.

Why NCEC?

Developmental Delay (DD)

(19 TAC § 89.1040(c)(13)) A student with developmental delay is one who is between the ages of 3-9 who is evaluated by a multidisciplinary team for at least one disability category listed in paragraphs (1)-(12) of this subsection and whose evaluation data indicates a need for special education and related services and shows evidence of, but does not clearly confirm, the presence of the suspected disability or disabilities due to the child's young age. In these cases, an ARD committee may determine that data supports identification of developmental delay in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development. To use this eligibility category, multiple sources of data must converge to indicate the student has a developmental delay as described by one of the following:



All students who meet DD criteria must be re-evaluated before their 10th birthday

CC/SD Guidance

- We can combine DD with other eligibilities (e.g., DD for social-emotional and SI), but NOT when the deficits are in the same area (e.g., we do NOT call both DD for cognitive/adaptive AND ID, or DD for communication AND Speech Impairment)
- We do not use DD as a "catch-all" or as a substitute for getting required evaluation components (e.g., doctor confirmation for OHI)
- Students should NOT be referred for suspicion of DD. We refer and evaluate for another IDEA eligibility, rule out the other eligibility(ies), and *then* consider DD

Deaf and Hard of Hearing

Definition: Hearing loss (partial, total, single-sided, fluctuating, or conductive) that impacts language access/acquisition and learning.

Evaluation Components

- Not a stand-alone evaluation. Data should be integrated in the FIE.
- **Audiological** information with implications of the hearing loss from an Audiologist.
- **Otological** information from an ENT or Otolaryngologist
- **Communication Assessment (CA)** including language testing and communication mode.
- **FIE** to include full speech and language, cognitive (verbal and non-verbal), and academic achievement.

What is a FLE?

Functional Listening Evaluation

The FLE is part of an assessment to help the audiologist determine the appropriate HAT for a student. It helps determine how listening abilities are affected by noise, distance, and visual access in an individual's natural listening environment.

*Additional CCISD
Guidance:*

Contact GBCDHH

Educational Questions and Referrals:

281-284-0350

Or the itinerant teacher assigned to the student.

Audiological Questions: 281-284-0355

Impact:

- Access to educational content: amplification, auditory training, and sign language
- Language acquisition: vocabulary, structure, pragmatics
- Content remediation: literacy, figurative language, beyond the text, incidental learning
- Behavioral: social skills, predictable routines
- Social-emotional: depression, anxiety, identity, friends and feeling of inclusion
- Problem-solving and executive functioning: might be limited or require structure/scaffolding

Need More Info?

<https://www.hhs.texas.gov/services/disability/deaf-hard-hearing/dhhs-resources>
<https://tea.texas.gov/academics/special-student-populations/special-education/programs-and-services/sensory-impairments#Hearing>
<https://txhv.org/>
<https://successforkidswithhearingloss.com/>

Clinical/Medical: diagnose the hearing loss and recommend amplification or medical intervention

vs.

School Based: remediating the hearing loss does not remediate the language and educational gaps

Services: 504, DHH (ARD Support or Consult), DHH (Itinerant), DHH Site
Some students DNQ DHH but have a hearing loss and are in SPED for another disability

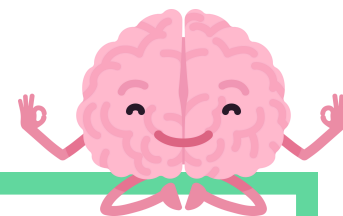
What is H.A.T.?

Hearing Assistive Technology

This broad term will be used to refer to any equipment determined by the GBCDHH audiologist in order to provide the best auditory access to learning.



Emotional Disability



34 CFR § 300.8(c) (4)

Emotional disability 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:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers,
3. Inappropriate types of behavior or feelings under normal circumstances.
4. A general pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

The term emotional disability is synonymous with the term emotional disturbance and serious emotional disturbance, as these terms are used in federal or state law pertaining to students eligible for special education and related services.

EVALUATION COMPONENTS

- **Functional Behavior Assessment (FBA)**
- **Counseling as a Related Service**
- **In-home/Community Based and/or Parent Training Needs**
- **Social Skills Functioning**
- **Executive Skills Functioning**

Informal Evaluation Measures:

- Interviews: parent, student, teachers, counselors, outside providers.
- Multiple observations across settings: classroom, recess, lunch, structured & unstructured settings

RIOT MODEL:

**REVIEW, INTERVIEW,
OBSERVATION, AND TEST**

Formal Evaluation Measures:

- (BASC-3) Behavior Assessment for Children
- (EDDT) Emotional Disturbance Decision Making Tree
- (MASC-2) Multidimensional Anxiety Scale
- (CDI-2) Children's Depression Inventory
- (SSIS SEL) Social Skills Improvement System
- (SRS-2) Social Responsiveness Scale
- (CEFI) Comprehensive Executive Function Inventory
- (BRIEF-2) Behavior Rating Inventory of Executive Function
- (RAD5-2) Reynolds Adolescent Depression Scale
- (RCMAS-2) Revised Children's Manifest Anxiety Scale

Not an exhaustive list

most rating scales require a period of 4-6 weeks of knowing the student

THE DIAGNOSIS OF A MENTAL HEALTH CONDITION ALONE DOES NOT, IN ITSELF, DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION SERVICES AS A STUDENT WITH AN EMOTIONAL DISABILITY.

DSM: Oppositional Defiant Disorder, Conduct Disorder, Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, Anxiety Disorder, Bipolar Disorder, Depression...

IDEA: the definition requires that the characteristics must have an adverse effect on educational performance, be exhibited for a long period of time and to a marked degree (i.e., frequent and/or intense).

**MEDICAL VS.
SCHOOL MODEL**

The term emotional disturbance (disability) does not apply to children who are socially maladjusted, unless it is determined that they have both conditions.

Prevalence

ED constitutes only 5% of children in SPED when nearly 22% of children have some mental health condition.

SOCIAL MALADJUSTMENT:

- Not specifically defined in IDEA
- No agreed upon definition
- Operationalized as a pattern of engagement in purposeful antisocial, destructive, and delinquent behavior
- These students consciously choose to break rules and violate norms, viewing these choices as normal and acceptable.

RESOURCES:

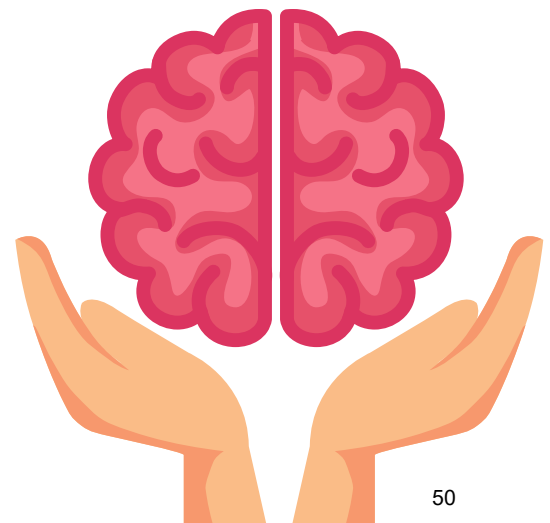
NAMI (National Alliance on Mental Illness.

<https://nami.org/Home>

Gulf Coast Center

<https://gulfcoastcenter.org/mental health>

National Suicide Hotline: 800.SUICIDE



Intellectual Disability

American Association of Intellectual and Developmental Disabilities

AAIDD Definition:

Intellectual Disability is a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22.

FEDERAL CRITERIA

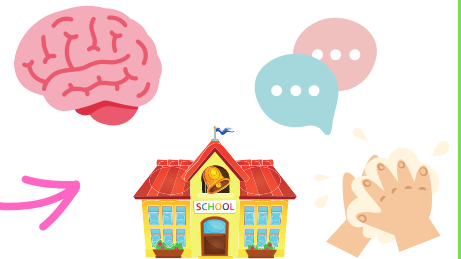
Significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

STATE CRITERIA

- Significantly sub-average intellectual functioning as measured by a standardized, individually administered test of cognitive ability in which the overall test score is at least two standard deviations below the mean, when taking into consideration the standard error of measurement of the test; and
- Exhibits deficits in at least two of the following areas of adaptive behavior: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety

Evaluation Components:

1. Intellectual Functioning (IQ)
2. Adaptive Behavior



FORMAL MEASURES:

- | | |
|----------------------------|---------------------|
| • Intellectual Functioning | • Adaptive Behavior |
| ◦ WISC-V | ◦ ABAS-3 |
| ◦ KABC-II NU | ◦ Vineland-3 |
| ◦ DAS-II | |
| ◦ SB5 | |

not an exhaustive list

**One piece of the puzzle! No over-reliance on SS*

INFORMAL MEASURES:

- Parent/Teacher Information/Interviews
- Observations
- Developmental history
- Records review

And many more...

Adaptive behavior is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

- Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.
- Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

What is Adaptive Behavior?

Prevalence

1-3%

of the Western population
(2022 data: nih.gov)

6%

of total sped population nationwide
(20-21 data: ed.gov)

1.5x

more prevalent in males than females
(2022 data: nih.gov)

Impact

"The cognitive deficit of intellectual disability is permanent damage; thus, the prognosis of intellectual disability depends on the severity of cognitive impairment and the supportive environment provided."

—Lee, K., Cascella, M., & Marwaha, R. (2022, September 21). Intellectual Disability.
<https://www.ncbi.nlm.nih.gov/books/NBK547654/>

RANGE OF SERVICES

Students with ID can be served in a variety of settings depending on the severity of the cognitive/adaptive behavior impairment (including: AA, Resource, and Inclusion)

Resources:

- American Association on Intellectual and Developmental Disabilities: www.aaid.org
- The Arc: www.thearc.org
- Division of Developmental Disabilities: www.daddcec.com
- Texas Parent to Parent: www.txp2p.org



Other Health Impairment

34 CFR § 300.8(c) (9)

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,

(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.

STATE CRITERIA ALSO INCLUDES:

The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on other health impairment must include a licensed physician, a physician assistant, or an advanced practice registered nurse with authority delegated under Texas Occupations Code, Chapter 157.

Not an exhaustive list

Limited Strength

The student has poor muscle strength that affects his/her ability to perform educational tasks.

Limited Alertness

The term limited alertness includes a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment.

Limited Vitality

The student has a condition that affects his/her ability to sustain effort or endure through an activity.

EVALUATION COMPONENTS **May include*

- Comprehensive health history, including physician input
- Cognitive & Achievement testing
- Interviews & observations (how do they function within the classroom)
- Rating scales-adaptive behavior and/or behavior rating scales

The evaluation must include information about how that diagnosis impacts educational performance.

Diagnosis  *Eligibility*

ADHD

Most commonly identified OHI condition among students in special education.

- Impaired attention & concentration
- Difficulties with social skills
- Impaired self-regulation and impulse control
- Academic struggles (high comorbidity with SLD)



Learn more about the impact of ADHD by scanning this QR code!

Impact of OHI

OHI conditions can have a wide variety of educational implications depending on the type of impairment. The evaluation should provide student specific information about how the impairment affects their educational performance.

General Characteristics:

- Fatigue
- Mobility
- Issues involving attention
- Coordination difficulties
- Muscle weakness
- Absences or tardies
- stamina

OHI comprises

15% of total sped population nationwide
(20-21 data: ed.gov)

Resources:

www.parentcenterhub.org/ohi/
www.naset.org/index.php?id=2278



Examples of Common OHI Conditions

LIMITED STRENGTH

Sickle Cell

Student has difficulty with work output, mobility, and fatigue during flare ups.

LIMITED VITALITY

Leukemia

Student has frequent absences due to treatment and ongoing medical needs. When present, the student has limited cognitive capability and reduced stamina to attend to school work.

LIMITED ALERTNESS

ADHD

Student is highly distracted, thereby limiting their alertness to lessons or tasks.

Orthopedic Impairment

34 CFR § 300.8(c) (8)

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).

STATE CRITERIA ALSO INCLUDES:

Not an exhaustive list

The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on an orthopedic impairment must include a licensed physician.

Orthopedic Impairment in simple terms:

- Bone-, joint-, or muscle- related disability that is so severe that it negatively affects a child's educational performance.
- A child can be born with an orthopedic impairment or acquire it at some point in life.
- Potential causes can include amputation, birth trauma, burns, cerebral palsy, disease, fractures, injury, or a genetic abnormality (for example clubfoot).

Diagnosis  **Eligibility**

The evaluation must include information about how that diagnosis impacts educational performance.

Orthopedic Impairment comprises

>0.5%

of total sped population
nationwide
(20-21 data: ed.gov)

Impact of Orthopedic Impairment

- May have related neurological or motor issues that can affect sensory processing, perception, and learning.
- Typically do not have cognitive or learning problems, but some impairments may have accompanying brain involvement.
- Affects participation for most kids, but can also affect performance.

EVALUATION COMPONENTS **May include*

- Comprehensive health history, including physician input
- Cognitive & Achievement testing
- Interviews & observations (how do they function within the classroom)
- Occupational therapy and/or Physical Therapy evaluations

Resources:



www.projectidealonline.org/v/orthopedic-impairments
Orthopedic Impairments And Individuals With I/DD -
Independent Living Association (ilaonline.org)

Common areas of Educational Need

MOBILITY

May need assistance with transportation to and from school. May need adaptive equipment (wheelchair, adapted desks, etc.).

PARTICIPATION

May need alternate activities in PE, special seating arrangements, and/or elevator access.

TECHNOLOGY

May need specialized equipment, such as specialized desks, canes, communication devices, or software to support academic participation.

BEHAVIORAL

May fatigue quicker than same age peers or get frustrated with everyday tasks and how they are presented.

Speech Impairment Disability

Definition:

a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

and

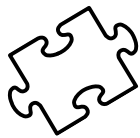
LANGUAGE!

Evaluation Components:

Informal and formal evaluations in the areas of articulation, receptive language, expressive language, pragmatic language, voice, and fluency.

FORMAL MEASURES:

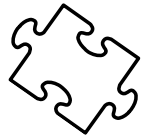
- Language: CELF-5; CASL-2; PLS-5; CELF-P:3
- Articulation: GFTA-3; Arizona-4
- Pragmatics: CAPs; SLDT: NU
- Fluency: SSI-4



*One piece of the puzzle! No over-reliance on SS

INFORMAL MEASURES:

- Parent/Teacher information
- Student interview
- Pragmatics: SLDT; Pragmatic Checklists
- Language Sample: i.e., SLAM cards
- FCP-R; Communication Matrix
- Miccio Stimulability



FEDERAL & STATE CRITERIA

1. Stage 1: Is there a communication disorder?
2. Stage 2: Is there an adverse effect on educational performance (academic or functional) resulting from the communication disorder?
3. Stage 3: Are specially designed instruction and/or supports needed from the SLP to help the student make progress in the curriculum?

Clinical vs. School-Based

Speech Impairment Disability

and LANGUAGE!

"Children with severe speech and language disorders have an increased risk of a variety of adverse outcomes, including mental health and behavior disorders, learning disabilities, poor academic achievement, and limited employment and social participation."

Impact

-Childhood Speech and Language Disorders in the General U.S. Population
2016 by the National Academy of Sciences

Prevalence: 7.6%

Of children in U.S. aged 3-17 presents with a speech or language impairment

50-70%

of speech impaired students develop reading difficulties and/or require some form of special education through 12th grade

Narrative & Literate Language

Narrative language skills impact social relationships and academic success. Stories are the biggest part of our daily discourse and are used to socialize and to conceptualize the world.

Children who fail to develop higher level language during the early school years are less prepared for the language demands of literate environments and may be at risk for reading difficulties and school failure (pubs.asha.org; Benson, 2009).

Resources:

What more do I need?

www.Asha.org

www.txsha.org

www.smartspeechtherapy.com

www.childfindtx.tea

www.leadersproject.org (SLAM cards and research)

https://doe.virginia.gov/special_ed/disabilities/speech_language_impairment/index.shtml

<https://www.child-encyclopedia.com/language-development-and-literacy>

CDC Milestone Tracker App or <https://leapempowers.org/beginning-with-babble/>



Specific Learning Disability

Simplified Definition: Lack of adequate achievement in one or more of the following areas: basic reading, reading fluency, reading comprehension, written expression, math calculation, math problem solving, oral expression, and listening comprehension (includes Dyslexia and Dysgraphia)

Evaluation Components:

Cognitive Assessment (FSIQ and any other pertinent areas)

Evaluation of reading, writing, and/or math (using multiple sources of data: informal, curriculum-based, criterion-referenced, and/or norm-referenced)

Classroom observation in area(s) of academic weakness

The USDOE has clarified that states should adopt criteria for SLD. In Texas, we have two options:

1. Response to scientific, research-based interventions (RtI)
2. Pattern of strengths / and weaknesses (PSW)

MUST RULE-OUT:

- lack of appropriate instruction
- vision, hearing, and/or health problems
- Intellectual Disability
- linguistic and/or cultural factors
- Emotional/Behavioral Disorders. AKA Emotional Disability (ED)

CCISD Guidance

WE USE A PATTERN OF STRENGTHS AND WEAKNESSES (PSW) MODEL:

Academic weakness



Strengths in skills and abilities in areas of performance and/or achievement, including academics, intellectual functioning, behavior/social/emotional, and language/communication.

"If you think of dyslexia as a discrete identifiable condition then you will seek to apply clear criteria to determine who should receive remedial services, and you will expect unambiguous classification from your criteria. You will think your criteria are incomplete or incorrect when they fail to meet this standard. However, if you admit that dyslexia is continuous with the general population then gray areas and ambiguities are inherently expected...Your assessment and...goals will be accepted for what they are...multi-factorial choices, where some things may not be very clear or may be treated differently in different contexts. This requires the exercise of more judgment on behalf of the [professional]; ...this is why we need expert, well-trained [professionals]..."

Food for Thought

Dr. Athanassios Protopapas, *Frontiers in Psychology*, December 2019-

Prevalence

According to the National Center for Education Statistics, **32% of students receiving special education** or related services in 2023 have SLD(s).

MOST COMMON DISABILITY CONDITION

Dyslexia and Dysgraphia

Dyslexia is considered an SLD in Basic Reading Skills (BRS) and/or Reading Fluency (RF).

Dysgraphia is considered an SLD in Written Expression (WE).

Students may be eligible under SLD but not have dyslexia/dysgraphia, but if a student has dyslexia/dysgraphia, they have an SLD.

BARRIERS TO SUCCESS

REPEATING A GRADE

Children with learning and attention issues often don't receive early or effective interventions. A third of students with SLD or OHI have been held back a year, which increases the risk of dropping out.

SCHOOL DISCIPLINE

Students with disabilities are more than twice as likely to be suspended as those without disabilities, and the loss of instructional time increases the risk of course failure and school aversion.

DROPPING OUT

Students with SLD drop out of high school at nearly three times the rate of all students. The top reason students with SLD drop out? 57% cited disliking school or having poor relationships with teachers or peers.

JUSTICE INVOLVEMENT

Unaddressed learning and attention issues lead to conditions that push students into the school-to-prison pipeline. A large study found that half of young adults with SLD or OHI had been involved at some point with the justice system.

NOT FINISHING COLLEGE

Young adults with learning disabilities enroll in four-year colleges at half the rate of the general population. Their completion rate for any type of college is 41%, compared to 52% of all young adults.

UNEMPLOYMENT

Only 46% of working-age adults with learning disabilities are employed. Compared with adults who do not have learning disabilities, adults with these issues are twice as likely to be jobless.

Source: https://ldaamerica.org/lda_today/the-state-of-learning-disabilities-today/

Resources:

TEA SLD Guidance Document

Texas Dyslexia/Dysgraphia Handbook

(2024)

Traumatic Brain Injury (TBI)

34 CFR § 300.8(c) (12)

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, and 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.

STATE CRITERIA ALSO INCLUDES:

The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a traumatic brain injury must include a licensed physician, in addition to the licensed or certified practitioners specified in subsection (b)(1) of this section.

CDC Definition of TBI

A disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head or a penetrating head injury.

A disruption in the normal functioning occurs when any one of the following symptoms occurs:

- Any period of loss of or decreased consciousness;
- Any loss of memory for events immediately before or after the injury;
- Neurologic deficits such as muscle weakness, loss of balance or coordination, disruption of vision, change in speech and language, or sensory loss;
- Any alteration in mental state at the time of injury such as confusion, disorientation, slowed thinking, or difficulty with concentration.

TBI effects over time

- *As the child grows and they are expected to use their brains in different ways, they may develop more noticeable problems.*
- *It's important to know when a student experienced the brain injury, so that adults working with the child can better understand the developmental abilities that were most likely to have been disrupted.*

Evaluation Team Members **May include*

- Diagnostician and/or LSSP
- Speech Therapist
- Physician information & medical records
- Occupational therapist and/or Physical Therapist
- APE Teacher
- Vision and/or DHH Teacher
- School nurse
- Homebound teacher

Prevalence Rate

- Medical organizations report a high incidence of traumatic brain injuries in children.
- Young children have one of the highest rates of TBI related ER visits than any other category.

Despite high incident rates, the identification of TBI is relatively low in educational systems (less than 1 %)

Often, students with TBI are misidentified as having a learning disability, emotional disturbance, or an intellectual disability.



Resources:



<http://www.cde.state.co.us/cdesped/sd-tbi>

<http://www.projectidealonline.org/v/traumatic-brain-injury/>

<https://www.parentcenterhub.org/tbi/>

Scan this code
for a GREAT
resource on
brain injuries!



Educational Impact & Need

PHYSICAL DIFFICULTIES

May have problems speaking, seeing, hearing and using their senses, including balance. May have headaches, feel tired, experience muscle spasticity or paralysis, or experience seizure activity. The injury can also affect motor skills and speech production.

COGNITIVE DIFFICULTIES

May have impaired short-term or long-term memory, or trouble concentrating. They may think slowly or experience difficulties with talking or listening to others. They often have difficulty with reading, writing, planning, sequencing, and judgment.

SOCIAL, BEHAVIORAL, OR EMOTIONAL PROBLEMS

Many students with TBI experience sudden changes in mood, increased anxiety, and depression. Their emotions may be exaggerated or seem out of context. They may have difficulty relating to their peers. Because an injury can happen suddenly and traumatically, they may have significant emotional and social changes.

IT IS ESSENTIAL TO HAVE A COMPREHENSIVE EVALUATION OF THE CHILD'S PATTERN OF COGNITIVE STRENGTHS AND WEAKNESSES AFTER A BRAIN INJURY. IN ADDITION, THEY MAY NEED MORE FREQUENT EVALUATIONS DUE TO THE FACT THAT THEIR CONDITION OFTEN CHANGES OVER TIME.

Visually Impaired

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 sighted and blindness.

Evaluation Components

- Eye Medical Report
- Functional Vision Evaluation
- Learning Media Assessment
- Orientation and Mobility Evaluation

It is best practice for a TVI to do their evaluations first and then consult with the evaluation team.

Additional CCISD Guidance:

It is best practice for the evaluations to be conducted after the eye medical exam because of medical corrections.

Expanded Core Curriculum

- Compensatory Skills, such as braille and concept development, and other skills needed to access the rest of the curriculum
- Orientation and mobility
- Social interaction skills
- Career planning
- Assistive technology, including optical devices
- Independent living skills
- Recreation and leisure enjoyment
- Self-determination
- Sensory efficiency

It is not unusual for a student's functional vision to differ from the eye medical information.

A Clinical Low Vision evaluation may be needed to determine any appropriate prescriptions, such as optical (magnification) and electronic devices are recommended.

Need More Info?

**Texas State School for the Blind
and Visually Impaired
(tsbvi.edu)**