

# Lee County Special Education Cooperative Procedural Handbook

Revised 7/21

## Introduction

This handbook is a guide for special education teachers and related service personnel, general education teachers, school administrators, and all persons involved in the IEP process. Its intent is to clarify the requirements and guidelines for the operation of effective special education programs in our member districts and the cooperative.

**This handbook is a guide and resource, not a regulatory document;** hence it does not provide legal advice, nor should it serve in lieu of the following laws and regulations:

### Federal Law

IDEA (Individuals with Disabilities Education Act): [20 U.S.C § 1400](#), et seq.; [34 C.F.R. §§ 300.1 et seq.](#)

### Illinois State Law

Illinois School Code: [105 ILCS 5/14-1.01 et. seq.](#)

Illinois Administrative Code: [23 Ill. Admin. Code §§ 226.1 et seq.](#)

Illinois School Student Records Act ("ISSRA"): [105 ILCS 10/1 et seq.](#)

### **NOT IN THE HANDBOOK**

Importantly, this handbook cannot answer specific questions of practice, nor can it describe how to handle individual issues. It is the IEP team's responsibility for designing and implementing an appropriate program for each individual student.

## Child Find

The Federal Child Find regulations at 34 CFR 300.111 states, "The State must have in effect policies and procedures to ensure that – (i) All children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability and who are in need of special education and related services, are identified, located and evaluated..."

The State Child Find regulations at 23 IL Administrative Code 226.100 states, "Each school district shall be responsible for actively seeking out and identifying all children from birth through age 21 within the district (and those parentally-placed private school children for whom the district is responsible under 34 CFR 300.131) who may be eligible for special education and related services. Procedures developed to fulfill the child find responsibility shall include:

- annual screening of children under the age of 5 for the purpose of identifying those who may need early intervention or special education and related services;
- annual screening of children under the age of five to identify those who may need early intervention or special education services;
- ongoing review of all children in general education classes;
- ongoing coordination with early intervention programs like Child and Family Connections, Head Start, local preschools and daycare facilities;
- coordination and consultation with nonpublic schools located within the district; and
- referrals of children who might require evaluation for special education from parents, school staff, and representatives from community agencies."

LCSEA advertises and holds one community wide screening per year. Additionally, assessments are provided to children suspected of having a disability throughout the year on an on-going basis.

## Screening

Screening is the process of reviewing all children in a given group with a set of criteria for the purpose of identifying certain individuals for evaluations who may be in need of special education.

One purpose of screening is to locate children, birth through age 21, (i.e., through the day before the student's 22nd birthday) who may benefit from special education services to maintain satisfactory educational performance.

No child can be determined eligible to receive early intervention/special education and related services based only on the results of a screening procedure. Screening is different from evaluation.

Screening generally means reviewing all children in a given group (i.e. all kindergartners, all students who are new to the school district, all 3-year-old children in the community, etc.). It is not specific to an individual child except where it is used by a school district to determine whether a child that has been referred for evaluation is in need of evaluation.

All children in the group must be screened with the same assessment process. Screening does not involve administration of assessment instruments which would be used in an evaluation. The district must inform the public of the process for conducting group screenings through school handbooks, newsletters, child find activities, letters, or similar methods. Written parent/guardian permission is not required for this type of screening. Screening results should be shared with the parents/guardians. Screenings are done to determine which students are in need of additional assistance. Screening may also occur when a particular child is referred for evaluation for special education in order for the school district to determine if evaluation is necessary.

Special education instruction and related services are available for children with special needs from birth through age 21 (the day before the student's 22nd birthday). Special needs may be in the areas of:

- Vision
- Hearing
- Health
- Behavior

Or involve skills in:

- Fine or gross motor
- Speech/Language
- Cognitive or learning
- Social and emotional
- Adaptive or self-help

It is important to locate children with disabilities at a young age so that early help and support can be provided. Studies show that students learn and grow more successfully when they receive help early in their lives. Referrals for evaluation may be made by a parent, community agency, physician, day care provider, teacher or private school employee. Screening and evaluation, as appropriate, are available at no cost to the family.

## Response to Intervention (RtI)

Response to Intervention (RtI) is a process designed to help schools focus on and provide high-quality instruction and interventions to students who may be struggling with learning and/or behavior. An intervention is a specific type of instruction that is used to help with a specific type of problem. Interventions are matched to student needs. Student progress is monitored often to check the effectiveness of the instruction and interventions. The data collected on student progress are used to shape instruction and make educational decisions.

RtI has three main components:

- 1) A three-tier model of supports
- 2) A problem-solving process for decision-making
- 3) Using data to inform instruction

### 1) Three-Tier Model of Supports

**Tier 1** – ALL students receive high-quality, scientifically based instruction (aligned to the common core standards), differentiated to meet their needs, and are screened on a periodic basis to identify struggling learners who need additional support in academics or behavior. Approximately 80% of students will be successful at tier 1.

**Tier 2** – Students not making adequate progress in the core curriculum are provided with increasingly intensive instruction matched to their needs on the basis of levels of performance and rates of progress. At tier 2, the team may determine that it is necessary to change interventions, change the group size, or increase the amount of time an intervention is provided (daily and/or weekly), *in addition* to tier 1 instruction.

Student data is used to match intervention programs to individual student needs, and progress is monitored on a consistent and frequent basis in order to determine if adequate progress is being made (approx. bi-weekly to monthly). After a period of six to eight weeks, if the team determines that the student is not making adequate progress, the team may decide to increase support to tier 3. Approximately 15% of students will need the additional supports of tier 2.

**Tier 3** – Students receive individualized or small group (no more than three students), intensive interventions that target remediation of the students' skill deficits to improve success in the core curriculum. Progress monitoring occurs frequently (i.e. once per week). Approximately 5% of students will need the additional supports of tier 3.

### 2) Problem-Solving Process

The problem-solving process refers to the four-step method that allows teams to make data based educational decisions. The process is an important core principle of RtI, which can be applied to all students, across all tiers. The four-step model is:

- Problem Identification – What is the problem?
  - Determine the gap or difference between what the student is expected to do and what the student is actually doing.
- Problem Analysis – Why is it occurring?
  - Use information collected from a variety of sources, such as school work, tests, parents' input, etc. to determine why they student may be having problems with learning or behavior.
- Plan Development – What are we going to do about it?
  - Set a goal that describes the expected improvement in the student's learning or behavior;
  - Choose the intervention(s) specific to the problem;
  - Identify how the student's progress will be monitored; and
  - Carry out the intervention with integrity and fidelity.
- Plan Evaluation – Is it working?

- Collect and use student data to determine if the intervention plan is working or if changes are needed.

### 3) Using Data to Inform Instruction

As interventions get more intensive, student progress is monitored on a more frequent basis. At tier 1, data are collected and used for screening and benchmarking all students in the areas of reading, math, writing, and behavior. This information is used to measure how *all* students are performing and how much progress they are making. This data also helps schools determine if their core instructional practices are effective for most students. At tier 2, data are collected to determine whether the additional instruction is making a difference. At tier 3, data are collected for the same reasons as tier 2, but are collected more often so that decisions and changes to the student's instruction can be made sooner.

The information collected from the progress monitoring and screening materials are used to help the team answer the following questions about the student's learning:

- Is the student making progress?
- Are the current interventions helping the student learn in the identified problem area?
- Is the student making enough progress to close the gap in the identified area?
- If the interventions are no longer provided, is the student able to continue to make progress? If not, can the current interventions be continued with general education resources?

**RTI IS NOT A GATEWAY TO SPECIAL EDUCATION, IN FACT EVERY EFFORT SHOULD BE MADE TO AVOID PLACING (Labeling) A STUDENT IN SPECIAL EDUCATION.**

Resource:

The Illinois State Board of Education

[www.isbe.net](http://www.isbe.net)

## Referral and Evaluation

A referral in the context of special education services is the school district process of evaluating a student to determine if the student qualifies for special education services. A referral can be made by a parent/guardian of a child, an employee of a State educational agency, another State agency, a local school district, or a community service agency. All referrals must be given to the building administrator upon receipt. The school district is responsible for processing the request, deciding what action should be taken, and initiating the necessary procedures.

### Initial Evaluations and Reevaluations

The district must respond in writing to a request for an evaluation within 14 school days of receipt of request (34 CFR 300.301, 300.305, 300.306, and 300.309). Request must be made in writing. The districts' response must include its decision as to whether or not it will proceed with an evaluation (ISBE Forms 34-57 A and 34-57 B). Parental rights must be given to parents at the time of their request, regardless of the decision. Parents must be provided a copy of the *Parental Safeguards*, whether or not an evaluation is deemed necessary.

To determine whether the child requires an evaluation, the district may utilize screening data and conduct preliminary procedures, such as observation of the child, assessment for instructional purposes, consultation with the teacher or other individual making the request, and a conference with the child (34 CFR 300.300).

The district must convene a team of individuals (including the parent) having the knowledge and skills necessary to administer and interpret evaluation data. The composition of the team will vary depending upon the nature of the concerns.

If an evaluation is deemed appropriate, the team must identify the assessments necessary to complete the evaluation in accordance with 34 CFR 300.305 and must prepare a written notification for the parents as required under 34 CFR 300.304(a). For each domain, the notification must either describe the needed assessments or explain why none are needed.

The district must obtain written consent in order to proceed with an evaluation. The district has a 60-school day time-line from the date of signed consent (ISBE Form 34-57 C), in which to complete an evaluation. By the end of the 60<sup>th</sup> school day, the evaluation team must meet with the parent and make a determination of eligibility. If eligible, an IEP must be developed within 30 days of eligibility, but **must** be within the 60-day time-frame (23 ILAC 226.110; 34 CFR 300.301(c)). As an example, if the evaluation meeting was held on the 55<sup>th</sup> day, the IEP would need to be developed within five days.

If consent to evaluate has been signed by parent with less than 60 school days left in the school year, the district **must** complete the evaluation and IEP prior the first day of student attendance of the next school year (105 ILCS 5/14-8.02).

During an evaluation, if any needed portion of the evaluation cannot be completed due to lack of parental involvement or inability of the student to participate in an evaluation procedure, the district shall note the missing portions in the child's evaluation report and state the reasons why those portions could not be completed.

In accordance with 34 CFR 300.304(c)(4), any student who is being evaluated or re-evaluated for special education services shall be assessed in all areas related to the suspected disability, including, if appropriate:

- academic performance
- health
- vision

- hearing
- social & emotional status
- communication
- motor abilities
- general intelligence
- functional performance
- other areas as needed

All assessments must be administered in the student's native language or mode of communication to get accurate information, and must not be discriminatory on a racial or cultural basis. The school district must use a variety of assessments, tools, and strategies to conduct the evaluation. Assessments must be valid and reliable for their designed purposes, and must be administered by personnel who are trained to do so.

Information must be collected through a variety of approaches (i.e., observations, interviews, tests, curriculum-based assessments, etc.), and from a variety of sources (i.e., parents, teachers, specialists, and the child). The evaluation should provide information on what the student knows and can do academically, developmentally and functionally. It is not enough to conduct a thorough examination of what a student cannot do when making decisions about educational programming. Please note, IDEA prohibits basing eligibility or special education programming upon the results of only one test, measure, or assessment procedure. A variety of tools must be used.

For a student to be eligible for special education services, they must have an identified disability that adversely impacts their educational performance. Students may qualify for services under one or more of the 14 categories (34 CFR 300.8). See the Disability Categories section for specific information.

A reevaluation must occur at least once every three years, unless the parent and school district agree that a reevaluation is unnecessary based on the existing information on the student. If the district believes the reevaluation is unnecessary, a parent still has the right to request that the reevaluation go forward (20 U.S.C. 1414(a)(2)) (34 CFR 300.303).

A student may not be identified as a "child with a disability" just because he or she speaks a language other than English and does not speak or understand English well. A child may not be identified as having a disability just because he or she has not had enough instruction in math or reading.

#### Reevaluation through a Records Review

What is a records review?

Evaluating a student's continued eligibility for special education services through available data, which could include:

- Current educational performance
- Special education records including previous evaluations, IEP documents, etc.
- Teacher, parent, and student reports
- Information from the student's cumulative file including standardized group testing, grades, progress reports, etc.
- Home/community functioning as report by parents and concerned others
- Quarterly assessments

Why do it?

In order to maximize the efficiency and utility of specialized student services, a records review reevaluation is often appropriate. For example, a comprehensive reevaluation through formal individualized norm referenced testing of an 8<sup>th</sup> grade student who has been identified with an Intellectual



Disability since age 5, may not provide any new useful information in developing an appropriate IEP for this student. Records review or partial records review may be most appropriate in this situation.

*\*It has been determined best practice is not to complete two consecutive records reviews. \**

#### No Additional Data is Needed

A team may determine that no additional data is necessary to continue the student's eligibility during a three-year reevaluation; however, this decision must be based upon the data currently available. The team must use the current data to complete the appropriate eligibility pages, including the disability determination pages.

#### Medical Review (Health Domain)

When a medical review has been deemed appropriate, the results shall be used by the IEP team to address any educationally relevant medical findings or other health concerns that may affect the provisions of FAPE. The medical review shall consist of the following components:

- 1) Subjective information, if relevant, which may include:
  - a. A description of the perceptions that the parents, student, as applicable, have regarding the student's health;
  - b. A health history of the student from the parents; and
  - c. A description of perceptions of the student's teachers relative to how the student's health may be affecting his/her academic performance or access to the curriculum.
- 2) Objective information, if relevant, which shall include:
  - a. A summary of information contained in the student's health record and the record of other health-related information, as defined at 23 Ill. Adm. Code 375.10 (Definitions), about his/her prior and current health conditions; and
  - b. A summary of any relevant health-related information obtained from records provided by or requested from the student's parent, health care provider, or health facility where the student has received services, which may address prenatal and birth history; early growth and development; medical issues the child has experienced; hospitalizations and significant injuries; medical diagnosis, if any, and medications or treatments the child currently receives.
- 3) Nursing services, if relevant, which shall include the identification of the school health services or school nurse services necessary to enable a student with a disability to receive FAPE (34 CFR 300.34(c)(13)).
- 4) Educationally relevant medical findings, which shall include the identification of the medical conditions and other health-related issues that are likely to adversely affect a child's educational performance.
- 5) Recommendations, which shall include an analysis of the information gathered for the purpose of:
  - a. Determining the medical, school health, and/or school nurse services that should be provided during the school day; and
  - b. Developing a proposed plan that provides for specific accommodations, modifications, or interventions to be implemented when educationally relevant medical, school health, and/or school nurse findings are made, which shall include annual goals, short-term objectives, and ongoing evaluation.

#### Independent Educational Evaluation (IEE)

When a parent believes that the team's evaluation does not provide an accurate picture of their child's abilities/areas of need, they have a right to request an Independent Educational Evaluation. Parents must request in writing that a new evaluation be completed by an outside person or agency (someone not employed by the district).

The district is free to agree to the evaluation or to deny the request; however, the district must provide its answer within five (5) calendar days of the parents' request. If the district denies the request, it is required to initiate a due process hearing in order to allow a due process hearing officer to decide whether the evaluation should occur.

## Disability Categories

IDEA lists 14 disability categories (34 CFR 300.8.) under which children may be eligible for special education services. For a child to be eligible for services, the disability must adversely affect the child's educational performance. Students may qualify for services under one or more categories. If a student is found eligible under more than one category, the team must decide which disability is the primary disability. The primary disability should be the one that most adversely affects educational performance. A secondary disability should not be the result of another disability, as this would be related.

These categories do not tell the whole story of a student. *Each student is first an individual with individual strengths and needs.* Categories alone do not identify where the student will go to school or determine what kind of services they need. Specific programming will be determined during the IEP process.

*(see the Eligibility Criteria forms in the next section for a complete explanation of criteria eligibility for each category)*

### Disability Categories

Autism

Intellectual Disability

Deaf-Blindness

Deafness

Developmental Delay

Emotional Disability

Hearing Impairment

Multiple Disabilities

Orthopedic Impairment

Other Health Impaired

Specific Learning Disability

Speech or Language Disability

Traumatic Brain Injury

Visual Impairment

### **Autism (AUT)**

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability.

Autism is a spectrum disorder. In other words, the characteristics of autism can present themselves in a wide variety of combinations, form mild to severe; they may include, but are not limited to, the following characteristics listed below.

#### **Common Characteristics**

- Varying level of intelligence
- No fear of danger
- Over or under sensitivity to pain
- May avoid eye contact
- May prefer to be alone
- Has difficulty expressing what they want – may then try to use gestures and/or behavior
- May echo words or phrases
- May spin themselves or objects
- Engage in repetitive activities
- Have narrow interests
- Diminished auditory processing
- Tend to be visual learner
- Egocentric – difficulty understanding other people's feelings
- May show extreme attachments to objects
- May insist on routines always being the same
- May display tantrums for no apparent reasons
- Unusual response to environmental stimuli-sensitive to sounds, lights, touch, smell
- May exhibit self-injurious behavior when upset i.e. biting self or head bang
- An overall difficulty interacting with others
- Reduced joint attention
- Difficulty stopping an activity before it is fully completed
- Difficulty generalizing skills from one environment to another and/or from one task to another
- Self-regulation deficits
- Exhibits self-stimulatory behaviors such as body rocking and hand flapping

#### **Possible Teaching Strategies**

- Need highly structured and predictable schedule and routines. Review changes in schedule with the student before they occur (social stories, visual, etc...)
- Provide transition markers. Student needs time to prepare for transitions – from one activity to another, from one class to another, from home to school
- Be consistent with the student
- Need to be actively engaged in the learning activity
- Use visual supports to enhance understanding and learning
- Use simple and clear presentation of materials. – No Clutter
- Practice skills in different environments and with different people

- Use hierarchy for prompts and cues. Always progress from least to most restrictive
- Reinforce expected behavior
- Vary difficulty of task
- Alternative communication system (touch, sign language, gestural, symbolic, pictorial, or an electronic augmentative system)

#### Possible Behavioral Strategies

- Reduce language
- Provide visual supports
- Stay calm
- Provide extra time for processing info
- Prepare student for any change in routine
- Reduce sensory input/Increase sensory input
- Maintain routine
- Don't give attention to the misbehavior; teach what you need them to do
- Provide social stories
- Provide calming strategies and scheduled breaks

#### Additional Information

The Team must include at least one professional who is knowledgeable and experienced in the evaluation and education of students with autism. The school psychologist must be included as a member on the team when evaluating for an autism eligibility.

The evaluation must include the following:

- A medical report or health assessment statement indicating whether there are any physical or sensory factors that may be affecting the student's educational performance (a medical diagnosis of autism is not required);
- Teacher/staff interview (optional);
- Developmental history that describes the student's historical and current characteristics associated with autism;
- At least three 20-minute observations of the child's behavior in multiple environments by an educator knowledgeable in autism. One of these observations must take place during direct interaction with the observer;
- Autism rating scale;
- Assessments to determine the impact of the suspected disability;
- Additional evaluation or assessments that are necessary to identify the child's educational needs;
- Assessment of communication addressing communication characteristics of autism (includes, but not limited to measures of language, semantics, and pragmatics).

**Deafness (DF)**

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

**Hearing Impairment (HI)**

A hearing impairment is one that is either permanent or fluctuating and that adversely affects a child's educational performance, but that is not included under the definition of deafness.

**Common Characteristics**

- Language and speech delay
- Different voice characteristics
- May misunderstand information presented
- Difficulty reading social cues
- Difficulty understanding concepts that are not concrete
- Takes things literally

**Possible Teaching Strategies**

- Use as many visual cues as possible
- Speak clearly and at a normal pace
- Face the student when talking
- Get the child's attention before speaking
- Allow enough time for the student to respond
- Make sure child is seated close to speaker
- Give lots of praise

**Additional Information**

Hearing specialists must be included as a member on the team when considering deaf or hard of hearing eligibilities. As soon as there is a suspected hearing loss, LCSEA must be contacted to ensure the appropriate staff are contacted and involved. Assessments required in the evaluation include:

- If conductive loss, a medical report or health assessment statement indicating whether the hearing loss is treatable and whether the use of amplification is contra-indicated;
- Assessments to determine the impact of the suspected disability on the student's educational performance;
- An audiological assessment by a licensed audiologist using standard procedures to confirm hearing levels and determine amplification needs;
- Any additional evaluations necessary to identify the student's educational needs.

### **Deaf-Blindness (DB)**

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

#### **Common Characteristics**

- May display an inability to perform basic academic tasks
- Difficulty performing functional life skills
- Difficulty with spoken language (nonverbal in some instances)
- Limited vocabulary
- May exhibit low frustration tolerance
- Difficulty demonstrating age-appropriate behavior
- Exhibits problems in adjusting to change
- Exhibits self-stimulatory behaviors, such as body rocking, an attraction to light and hyperactivity
- Exhibits inappropriate behaviors in touching and smelling objects and/or people
- Difficulty with environmental mobility
- Difficulty with vision and/or hearing

#### **Possible Teaching Strategies**

- Utilize real objects when teaching
- Use of technology devices
- Determine the mode of communication in which the student receives communication best (touch, smell, residual vision, residual hearing/vibration, skin [hot/cold; wet/dry, texture], and/or movement
- Alternative communication system (touch, sign language, gestural, symbolic, pictorial, or an electronic augmentative system)

#### **Additional Information**

Hearing and vision specialists must be included on the evaluation team when evaluating for an eligibility in deaf-blindness. As soon as there is a suspected disability in deaf-blindness, LCSEA must be contacted to ensure the appropriate staff are included as members of the evaluation team. Assessments that must be included in the evaluation are:

- If conductive loss, a medical report or health assessment statement indicating whether the hearing loss is treatable and whether the use of amplification is contra-indicated;
- An eye report by an ophthalmologist or optometrist licensed by a Professional State Board of Examiners indicating that the student has a vision impairment;
- An audiological assessment by a licensed audiologist using standard procedures to confirm hearing levels and determine amplification needs;
- Functional vision assessment completed by a vision itinerant;
- Assessments to determine the impact of the suspected disability on the student's educational performance;
- Any additional evaluations necessary to identify the student's educational needs.

### **Developmental Delay (DD)**

A delay in physical development, cognitive development, communication development, social or emotional development, or adaptive development, may include children from three through nine years of age (23 IAC 226.75).

#### **Common Characteristics**

- Difficulty with problem-solving and reasoning skills
- Delayed cognitive development
- Delayed articulation, expressive and/or receptive language skills, and/or communication skills
- Adaptive functioning and life skills delays
- Fine and/or gross motor delays
- Delayed social-emotional development
- Difficulty with self-regulation
- Difficulty with social skills and peer relationships
- Delayed academic readiness skills

#### **Possible Teaching Strategies:**

- Use simple and clear presentation of materials
- Always break tasks into smaller steps and provide instruction for each step
- Pair pictures of concrete materials with spoken words
- Provide repeated practice in the natural environment with real objects (repetition is key)
- Allow extended time for response
- Keep activities meaningful
- Use simple-familiar language and short, concise sentences
- Vary level of demand from task to task
- Teach routines and school rules explicitly
- Provide encouragement and positive feedback throughout teaching
- Plan physical activities for times when the student has the most energy
- Provide visual models of expectations
- Demonstrate what you mean rather than giving verbal directions
- Use the student's preferences and interests to build lessons
- Break down tasks into smaller steps
- Provide visual schedules and/or picture schedules
- Teach specific skills whenever necessary

#### **Behavior Strategies:**

- Teach rules explicitly and practice/review often
- Use short, clear instructions and clear body language
- Reduce language during a behavior outburst
- Give choices and time without close supervision
- Be flexible
- Use distraction rather than confrontation
- Do not respond to attention – seeking behavior by giving attention – this will only reinforce the behavior
- Deal with behavior with minimal speech and eye contact
- Minimize distractions and the possibility for over-stimulation



### Additional Information

The following are guidelines for determining whether there is a delay present:

- Three-year old children
  1. A delay of 8 months in one of the following areas: cognitive skills, receptive/expressive language, behavior/social/emotional, fine motor or gross motor skills.
  2. A delay of 6 months or more in three of the following areas: cognitive language skills, receptive language, expressive language, behavior/social/emotional, fine or gross motor skills.
- Four-year old children
  1. A delay of 10 months or more in one of the following areas: cognitive skills, receptive language, expressive language, behavior/social/emotional, fine or gross motor skills.
  2. A delay of 6 months or more in three of the following areas: cognitive skills, receptive language, expressive language, articulation, behavior/social/emotional, fine or gross motor skills.
- Five-year old children
  1. A delay of 8 months or more in one of the following areas: cognitive language skills, receptive language, expressive language, articulation, behavior/social/emotional, fine or gross motor skills.
  2. A delay of 6 months or more in three of the following areas: cognitive skills, receptive language, expressive language, articulation, behavior/social/emotional, fine or gross motor skills.

### **Emotional Disability (ED)**

An 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:

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

#### **Common Characteristics**

- Inappropriate types of behavior or feelings under normal circumstances
- Hyperactivity (short attention span, impulsiveness)
- Aggression or self-injurious behavior
- Withdrawal
- Excessive fear or anxiety
- Immaturity (inappropriate crying, temper tantrums)
- Poor coping skills
- Learning difficulties

#### **Possible Teaching/Behavior Strategies**

- Learn, use, and follow the student's behavior intervention plan
- Check with teacher so that you know what to do when behaviors occur
- Remember, the student misbehaves because he/she has a disability; the student may not be able to voluntarily control the behavior
- Help the student to determine good or inappropriate behavior
- Use humor, when appropriate, to deal with problems
- Don't hold grudges or take issues personally-start each day with a "clean slate"
- Continue to show respect to student in spite of continued behaviors
- Allow enough time for the student to respond
- Give lots of praise
- **NEVER** use physical restraint unless you are trained and approved by a supervising teacher and administrator
- Be very consistent when dealing with behaviors
- Learn what might trigger a student's non-compliant behavior and work with the student to de-escalate any problems
- Use a short time away from the group for persistent problem behaviors and upon completion, allow a fresh start

#### **Additional Information**

The special education team must include at least one professional knowledgeable and experienced in the evaluation of students with emotional disabilities. The team must include the school psychologist and the social worker/counselor as members on this team. The evaluation must include the following:

- Developmental and social history
- Evaluation of emotional/behavioral status
- The completion of at least two behavior rating scales, by at least two adults

- A health assessment statement indicating whether there are any physical factors that may be affecting the student's educational performance, including any known medical diagnosis and medications and possible side effects that may be affecting the student's performance
- An observation in the classroom and in at least one other setting by someone other than the student's regular teacher
- Assessments to determine the impact of the suspected disability (i.e. academic, executive functioning, etc.)
- A Functional Behavioral Assessment (FBA)
- A file review and any additional assessments that are necessary to identify the student's educational needs

**What does "extended period of time" mean?** The purpose of the "extended period of time" requirement is to rule out temporary adjustment reactions to developmental changes, such as puberty, or psychosocial stressors such as divorce or change in the family circumstances. This also provides an opportunity for implementation of a multi-tiered system of supports. An extended period of time typically means for a least three to four months, during which time behavioral interventions are implemented.

**What does "to a marked degree" mean?** A "marked degree" addresses the pervasiveness and intensity of the emotional problem. One of the characteristics of a student with emotional disability is the continuity of the behaviors across settings (school, home, community), and across raters. The intensity is such that there are acute and observable markers of distress that are impacting the student in the educational environment. In determining that one or more of the five characteristics of an emotional disability is present, the characteristic must be persistent, generalized, and extended over time and situations. Data collected on the target behavior(s) must be used to make educational decisions.

**What does "adversely affecting educational performance" mean?** This component means that the student's emotional distress is interfering with the student's ability to benefit from the general education environment. Educational performance is broader than just academics and includes social, emotional, and communication domains as well.

**What does "an inability to learn that cannot be explained by intellectual, sensory, or health factors" mean?** This characteristic refers specifically to the student having significantly lower academic achievement than peers that is not explained by another disability, such as a specific learning disability, intellectual disability, communication disability, motor impairment, or sensory impairment, and that appears to be the result of the student's emotional disability. An inability to learn that is due to truancy and/or substance abuse is more likely an indicator of social maladjustment rather than an emotional disability. Likewise, a lack of instruction would not be the basis for marking this indicator "yes" (*indicated by clinically significant scores across raters on behavior rating scales in Learning Problems when considered with other academic achievement measures*).

**What does "an inability to build or maintain satisfactory interpersonal relationships with peers and teachers" mean?** This characteristic is met when the student demonstrates significant impairment in initiation and satisfactory maintenance of interpersonal relationships due to anxiety, depressed mood, avoidance, withdrawal, isolation, etc. This characteristic does not refer to a student who has conflict only with certain students or teachers. This characteristic also does not refer to a student who has impairments in social relationships with others due to autism spectrum disorder. It is a pervasive inability to develop relationships with others across settings and situations. The student's interpersonal relationships with peers and teachers must deviate significantly from expectations for this student's age, gender, and culture across different environments. Examples include (*often indicated by clinically significant scores on behavior rating scales across raters in these areas: social skills, aggression, withdrawal, adaptability*):

- Physical or verbal aggression when others approach the student;
- Lack of affect or disorganized/distorted emotions toward others;
- Demands for constant attention from others; and
- Withdrawal from social interaction.

**What does “inappropriate types of behavior or feelings under normal circumstances” mean?** This characteristic is indicated when the student demonstrates significantly inappropriate behavior or emotional response, particularly when not triggered by a specific circumstance or as an overreaction to a specific circumstance. These behaviors/emotional responses must deviate

significantly from expectations for the student’s age, gender, and culture across different environments. Examples may include (*often indicated by clinically significant scores on behavior rating scales across raters in these areas: atypicality, withdrawal, social skills*):

- Limited or excessive self-control;
- Low frustration tolerance, emotional overreactions and impulsivity;
- Rapid changes in behavior or mood;
- Limited premeditation or planning;
- Limited ability to predict consequences of behavior;
- Impaired affective modulation (overreacts to perceived transgression with rage, withdrawal, or crying spell).

**What does “a general pervasive mood of unhappiness or depression” mean?** This characteristic is indicated when the student consistently and significantly expresses sadness, depressed mood, feelings of worthlessness, irritability, morbid preoccupation, inability to establish or execute simple goals, or absence of interest in previously valued activities. This characteristic requires evidence that the student’s unhappiness or depression is occurring across settings, and is not situational. The student’s mood must deviate significantly from the expectations for the student’s age, gender, and culture across different environments (*often indicated by clinically significant scores across raters on behavior rating scales in these areas: depression*).

**What does “a tendency to develop physical symptoms or fears associated with personal or school problems” mean?** This characteristic is indicated when the student exhibits physical symptoms in response to emotional triggers, such as headaches, gastrointestinal problems, incapacitating feelings of anxiety (i.e. trembling, hyperventilating, dizziness), panic attacks with physical symptoms (*often indicated by clinically significant scores across raters on behavior rating scales in these areas: somatization*). These symptoms are only indicative of an emotional disability if they are: (a) not supported by underlying medical conditions; (b) linked to psychological factors; (c) there is no evidence of intentionality behind the symptoms, and (d) the symptoms are not a culturally appropriate or culturally sanctioned response pattern.

**What does “socially maladjusted” mean?** Social maladjustment is typically regarded as a choice to engage in rule-breaking behavior. Indicators that are often associated with social maladjustment (without emotional disability) may include (*often indicated by clinically significant scores on behavior rating scales in conduct problems and/or aggression and no other areas*):

- Signs of depression may be present but are not pervasive;
- General social conventions and behavioral standards are understood but not accepted;
- Problem behaviors are frequently exhibited and encouraged by peer group;
- Problem behaviors are intentional with an understanding of the consequences;
- Student often has co-existent substance abuse;
- Student and student’s peer group may engage in rule-breaking or law-breaking behavior; and
- Student engages in risk-taking behavior to a greater extent than typical peers.

### **Intellectual Disabilities (ID)**

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

#### **Common Characteristics**

- Functioning below chronological age
- Requires more time and repetition to learn
- Difficulties with generalization, thinking, and reasoning
- Short attention span
- Lack the understanding of verbal/non-verbal cues
- Easily frustrated

#### **Possible Teaching Strategies**

- Keep distractions and transitions to a minimum
- Use simple and clear presentation of materials to include teacher demonstration and active learning
- Break tasks into smaller steps and provide step by step instruction
- Provide lots of repeated practice in the natural environment using concrete materials
- Limit paper/pencil tasks
- Keep activities meaningful
- Teach routines and school rules explicitly. Provide lots of practice
- Allow time for response
- Vary level of demand from task to task
- Provide encouragement and positive feedback throughout teaching

#### **Possible Behavioral Strategies**

- Stay calm
- Use distraction rather than confrontation
- Do not respond to attention – seeking behavior by giving attention as this will only reinforce the behavior. Deal with it with minimal speech and eye contact
- Alternate periods of “work” and ‘break’ to give the student a break
- ‘Work’ is chosen by the adult. ‘Break’ is chosen by the child
- Reduce language during the behavior outburst
- Use a short ‘time away’ from the group for persistent problem behaviors and upon completion, allow a fresh start
- Always reinforce desired behaviors with visual, oral, or tangible rewards
- Teach desired behavior

### **Additional Information**

To be eligible for special education on the basis of an intellectual disability, the student must have a cognitive score that is two or more standard deviations below the mean, and deficits in adaptive behavior coexistent with the student's impairment in intellectual functioning.

For evaluation requirements, the Team must include at least one professional knowledgeable and experienced in the evaluation of students with cognitive disabilities.

The evaluation must include the following assessments:

- A standardized intelligence test;
- A standardized adaptive behavior scale;
- A medical report or health assessment statement indicating whether there are any sensory or physical factors that may be affecting the student's educational performance;
- A developmental history;
- Academic assessment;
- Assessments to determine the impact of the suspected disability;
- Additional evaluations that are necessary to determine the student's educational needs (i.e. communication, motor).

### **Multiple Disabilities (MD)**

Multiple disabilities is a combination of various impairments that cause 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 (Federal Regulations 300.7, Illinois Register 226.75).

#### **Common Characteristics**

- Low Intellectual ability
- Often need assistance in daily activities or tasks (eating, toileting, mobility)
- Decreased ability to communicate
- Decreased mobility and fine/gross motor skills

#### **Possible Teaching Strategies**

- Build expressive communication – begin with wants and needs
- Teach functional/practical routines. Create schedules with real objects paired to the expected activity
- Allow time for the student to respond
- Provide encouragement and positive feedback throughout teaching
- Pair concrete materials with spoken word
- Provide instruction step by step
- Reduce auditory and visual distractions
- Use repeated practice in the natural environment with real objects

#### **Additional Information**

To be considered as having a multiple disability, the student must meet the eligibility requirements for two or more specified disabilities.

### **Orthopedic Impairment (OI)**

An 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).

While two children may have the same diagnoses, they may have very different physical and intellectual capabilities. Students with neuro-motor impairments are more likely to have additional impairments if brain damage is involved. Many students with orthopedic impairments, however, do not have learning, language, perceptual, or sensory problems. Most students with orthopedic impairments will require educational modifications and accommodations, and assistive technology to function as independently as possible.

#### **Common Characteristics**

- Either too little or too much muscle tone to move with ease
- Trouble maneuvering around the classroom
- May experience poor self-concept and poor self-advocacy skills
- feeling helpless or depressed
- Limited mobility
- Difficulty writing if upper extremities are involved
- May have speech difficulties, depending on their diagnosis
- May have limited social interactions
- Limited ability to perform the functions of everyday living independently

#### **Possible Teaching Strategies**

- Remove or accommodate barriers for student access to learning and self- help materials and the school environment
- Allow students to be as independent as possible
- Allow time for student to respond
- Reduce visual and auditory distractions
- Special seating arrangements, larger tables
- Note-taking assistance
- Securing assistive technology and augmentative communication devices
- Extended time to complete assignments
- Teacher awareness of student's condition and its affect (such as tiring easily)
- Speech recognition software
- Alternative keyboards and mice
- Augmentative and alternative communication devices
- Word prediction software
- Screen reading software

#### **Additional Information**

The evaluation team must include at least one professional knowledgeable and experienced in the evaluation of students with orthopedic impairments. The evaluation should include the following:

- A standardized motor assessment, including the areas of the fine motor, gross motor and self-help, when appropriate, administered by a licensed physical therapist and knowledgeable about orthopedic or neuromotor development;
- A medical report or health assessment statement indicating a diagnosis of orthopedic or neuromotor impairment or a description of the motor impairment;
- Assessments to determine the impact of suspected disability;
- Any additional assessments that are necessary to identify the student's educational needs.



### **Other Health Impaired (OHI)**

Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that result in limited alertness with respect to the educational environment, that:

- 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
- Adversely affects a child's educational performance.

#### **Common Characteristics**

- Fatigue
- Mobility issues
- May have attentional issues
- Coordination difficulties
- Muscle weakness
- Frequent absences or tardiness
- Stamina
- Inability to concentrate for long periods of time
- May have physical restrictions
- Specific characteristics based on the diagnosis

#### **Possible Teaching Strategies**

- May require a *Health Care Plan*
- Limit environmental stimuli or triggers (i.e., poor lighting, flashing images, amount of time spent on computers)
- Keep yourself and student calm
- Include student in activities with peers as much as possible
- Avoid stressors (i.e., heat, cold, poor diet, inadequate liquids)
- Watch student for symptoms related to the diagnosis
- Allow for flexible time limits
- Permission to use the bathroom and/or drinking fountain when necessary
- Reduced workload
- Adapted curriculum
- Be knowledgeable about the student's diagnosis and specific symptoms

#### **Additional Information**

The evaluation team must include at least one professional knowledgeable and experienced in the evaluation of students with the suspected disability, a general education teacher (preferably the student's teacher), and any other professional necessary to administer specific assessments. The evaluation must include the following:

- Review of student records;
- Evaluation of emotional/behavioral status, as appropriate;
- Developmental and social history;
- At least two behavior rating scales completed by at least two adults;
- A medical statement or health assessment statement indicating a diagnosis of a health impairment or a description of the health impairment, its expected duration, needs for medical attention, and any recommendations for restriction from activity or for health management in school;
- Assessment of the health impairment's impact on the student's educational performance;
- Any assessments necessary to determine the impact of the student's disability.

### **Specific Learning Disability (SLD)**

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

#### **Common Characteristics**

##### ***Reading***

- Difficulties learning to read by the first grade
- Inability to accurately and fluently decode single words
- Difficulties understanding structure of words
- May have difficulties in visual naming speed (the ability to quickly name items)
- Difficulties with reading comprehension (phrases, sentences, paragraphs, and stories)
- May struggle to accurately summarize or paraphrase what they just read
- May have trouble learning the alphabet or connecting letters to sounds
- May make many mistakes when reading aloud, and repeat and pause often
- May have trouble remembering the sounds that letters make
- May have trouble hearing slight differences between words
- May have trouble understanding jokes, comic strips, and sarcasm
- May mispronounce words or use a wrong word that sounds similar
- May not be able to retell a story in order
- May be slow to learn rhymes, numbers, letters, colors, and/or shapes
- Pronunciation and/or vocabulary issues
- Inability to discriminate between/among letters, numerals, or sounds
- May have dyslexia, a specific learning disability (difficulties with word recognition, poor spelling, and decoding abilities)

##### ***Written Language***

- Performs poorly across most writing tasks, especially vocabulary, grammar, punctuation, and spelling
- May use minimal planning, effort, and strategies when writing
- May use an approach when writing in which they write down whatever they remember with no planning or organization
- Reverses letters
- Produces poorly organized writing products
- May have very messy handwriting or hold a pencil awkwardly
- May have a limited vocabulary and struggle with language
- Eye-hand coordination problems
- Poor overall coordination
- Difficulties with fine motor skills
- Cannot copy accurately, eyes hurt and itch
- May have trouble organizing thoughts when speaking, or not be able to think of a word for writing or conversation
- May have dysgraphia, a writing disorder

### *Math*

- Difficulty with number concepts
- Difficulties in memorizing number facts and solving word problems
- Doesn't make connections, such as  $5+3=8$  and  $3+5=8$
- Has difficulty comparing things, or classifying and sorting items
- Difficulty with time concepts (before, after, tomorrow, last week)
- May confuse math symbols and misread numbers
- May struggle to solve multi-step problems
- May struggle to extract and manipulate important information from word problems
- May have dyscalculia (problems with arithmetic and math concepts)

### *Social Skills*

- May struggle to accurately interpret non-verbal cues (e.g. gestures, facial expressions)
- May have low social status, few positive interactions at school, difficulty making friends, and seem lonely
- May not display appropriate verbal and non-verbal cues in conversations
- Might misunderstand jokes, puns, idioms, sarcasm, etc.
- May not follow the social rules of conversation, such as taking turns
- May stand too close to a listener
- May have a non-verbal learning disability (difficulties recognizing and translating nonverbal cues into meaningful information)

### *Attention and Behavior*

- May have difficulty attending to a task
- High rates of movement (hyperactivity)
- Short attention span
- Poor memory
- Difficulty following directions
- May display behavioral problems in the classroom
- Difficulty following multi-step instructions
- Often seems slow to respond
- Comments may seem off topic
- Often requires a great deal one to one support for understanding

### *Possible Teaching Strategies*

- Break learning tasks into small steps
- Regularly check for understanding
- Provide regular quality feedback
- Present information visually and verbally
- Use diagrams, graphics and pictures to support instruction
- Provide independent practice
- Model what you want students to do
- Clearly define and post classroom expectations for work and behavior
- Explicitly teach study and organizational skills
- Teach student how to use planner or agenda to record assignments and due dates

- Provide prompts of strategies to use and when to use them
- Ask process-type questions such as *"How is that strategy working?"*
- Provide simple instructions (preferably one at a time)
- Sequence slowly, using examples
- Speak clearly and turn so students can see your face
- Allow time for students to process requests and allow them to ask questions
- Use graphic organizers to support understanding of relationships between ideas
- Use adaptive equipment if appropriate (books on tape, laptop computers, etc.)
- Ask questions in a clarifying manner, then have student describe understanding of the questions
- Post an outline of the lesson or unit of the day
- Reduce course load
- Provide clear photocopies of notes and study guides
- Keep oral instructions logical and concise and reinforce them with brief cue words
- Repeat or re-word complicated directions
- At the end of class, summarize the important segments of each presentation
- Eliminate classroom distractions (e.g. excessive noise, flickering lights, etc.)
- Give assignments both in written and oral form
- Have student underline key words or directions on activity sheets (then review the sheets with them)
- Provide and teach memory strategies, such as mnemonic strategies and elaborative rehearsal
- Write legibly, use large type, and do not clutter the board or writing space
- Clearly label equipment, tools, and materials, and use color-coding
- Consider alternate activities/exercises that can be utilized with less difficulty for the student, while maintaining the same or similar learning objectives
- Review relevant material, preview the material to be presented, present the new material, and then summarize the material just presented
- Allow the student to use a tape recorder
- Use specific language and state expectation

#### Additional Information

The evaluation team must include at least one professional qualified as a specialist knowledgeable and experienced in the evaluation of students with SLD. The evaluation must include the following:

- Progress monitoring and intervention data;
- Academic achievement testing;
- Review of cum file;
- Attendance records;
- Health history;
- Social emotional developmental report;
- Vision and hearing screening;
- Observation of the student in the learning environment; and
- Assessments to determine the impact of the suspected disability on the student's education performance; and
- Any additional evaluations necessary to identify the student's educational needs.

IDEA 2004 expanded the specific learning disability determination to require States to adopt criteria that:

- Does not require the use of a severe discrepancy between intellectual ability and achievement in determining whether a child has a specific learning disability. However, the use of the severe discrepancy model alone to determine eligibility is not allowable;
- Must permit school districts to use an educational process based on the child's response to scientific, research-based instructional interventions; and
- May permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability.

Beginning in the 2010-2011 school year, school in Illinois are required to implement the use of a process that determines how the child responds to scientific-research-based interventions as part of the evaluation procedure.

SLD may manifest itself in the imperfect ability to:

- Listen
- Think
- Speak
- Read
- Write
- Spell
- Do mathematical calculations
- SLD can include conditions such as:
  - Perceptual disabilities
  - Brain injury
  - Minimal brain dysfunction
  - Dyslexia
  - Developmental aphasia

SLD does not include learning problems that are primarily the result of:

Visual, hearing, or motor disabilities;  
Cognitive disabilities;  
Emotional disabilities;  
Environmental, cultural, or economic disadvantage

Within a scientific, research-based intervention process, such as RtI, school teams are able to use student progress data collected at each tier to document a student's response to scientific, research-based interventions as part of the special education evaluation process. Evaluation to determine special education eligibility occurs when a student, 1) does not respond to the most intensive interventions, or 2) responds to the interventions but is not able to maintain his/her performance if the intensity level is decreased or the interventions are faded.

A parent may request an evaluation for their child at any point during the intervention process. The use of the RtI process cannot delay an evaluation, if needed. The district must fully consider the parents' request and decide whether or not to conduct the evaluation. Follow the requirements for when a parent requests an evaluation.

**Is the district required to collect progress monitoring data?** Yes. The documentation of progress monitoring data is required by federal and state special education laws when determining eligibility under the category of Specific Learning Disability.

**Is progress monitoring a new practice in teaching?** No. Teachers have been systematically collecting data and analyzing students' progress as a means of determining the effectiveness of their instruction. The legal requirement of progress monitoring merely documents what teachers have been doing as an aspect of good teaching.

**Who is responsible for collecting progress monitoring data?** This data is collected by a student's general education teacher(s) in the content area(s) of concern, or by the interventionist. Best practice is for the data to be part of the teacher's instruction/assessment process. For students in nontraditional settings or circumstances, the team may need to collect progress monitoring data as part of the evaluation process. When this is the case, the Written Agreement between Parents and the District may be used to extend the evaluation timelines to allow sufficient time for the progress monitoring to be completed.

**What are examples of progress monitoring tools general education teachers may use?** Examples of progress monitoring tools include: DIBELS, DRAs, CBMs, informal reading inventories, curriculum based unit tests/measures, formal group or individual assessments, writing samples, specific measures used by interventions, etc.

**How does a team determine whether a student has had "appropriate instruction in reading and math?"** As a general rule, if a student has been receiving reading and math instruction from certified teachers using a district approved curriculum, the answer will be "yes." For students who have been home-schooled or in other nontraditional settings, an inquiry will need to be made into the curriculum and instruction provided.

#### **Dyslexia (34 CFR section 226.125)**

For the purposes of this section, dyslexia means a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge (Definition from the Board of Directors of the International Dyslexia Association).

In accordance with 34 CFR 300.8(b)(10), dyslexia is one of a number of disorders included as a specific learning disability that may adversely affect the student's educational performance and result in the child's eligibility for special education and related services.

Each child suspected of having dyslexia or identified as dyslexic shall be referred for an evaluation in accordance with the requirements of 34 CFR 300.304 through 300.311 and Subpart B of this Part.

Please read and be familiar with The Dyslexia Guide created by ISBE, pursuant to Public Act 100-0617.

<https://www.isbe.net/Documents/Dyslexia-Handbook.pdf#search=dyslexia%20guide>

### **Speech/Language Impairment (SP)**

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

#### **Common Characteristics**

##### *Language*

- Noticeably behind other students in speech and/or language skills development
- May have a learning disability (difficulties with reading or written language) with average intelligence
- Improper use of words and their meanings
- Inability to express ideas
- Inappropriate use of grammar when talking or writing
- Inability to follow directions
- Difficulties in understanding and/or using words in context, both verbally and nonverbally
- May hear or see a word but not be able to understand its meaning
- May have trouble getting others to understand what they are trying to communicate
- Has difficulty remembering and using specific words during conversation, or when answering a question
- Asks questions and/or responds to questions inappropriately
- Has difficulty discriminating likenesses and differences
- Has difficulty breaking words into sounds and syllable
- Has difficulty with concepts of time, space, quantity, size, and measurement
- Has difficulty understanding and using complex sentences
- Has problems understanding rules and patterns for word and sentence formation
- Cannot identify pronouns
- Cannot retell the events in a story in order
- Cannot make predictions, make judgments, draw conclusions
- Difficulties with figurative language (such as alliteration, similes, metaphors, personification, and idioms)
- Cannot give clear directions
- Cannot summarize essential details from hearing or reading a passage, nor distinguish relevant from irrelevant information
- Has difficulty understanding and solving math word problems (one or multi-step)
- Has difficulty reading what others communicate through facial expressions and body language
- Repeats what is said or what is read, vocally or sub-vocally (under breath)
- Uses gestures when talking or in place of talking
- Is slow to respond during verbal interaction or following verbal cues
- Cannot identify or use different language in written work (expository, descriptive or narrative)

##### *Speech*

- Noticeably behind other students in speech and/or language skills development
- Trouble forming sounds
- Difficulties with the pitch, volume, or quality of the voice
- May display stuttering (dysfluency), an interruption in the flow of speech
- Omits or substitutes sounds when pronouncing words

- May have trouble getting others to understand what they are trying to say
- May have trouble with the way their voice sounds
- Is echolalic (repeats speech)
- Does not use appropriate speaking volume (too loud or too soft)
- May have breathy, harsh, husky or monotone voice
- Continually sounds congested
- Sounds nasal and voice may have a "whining" quality
- Has abnormal rhythm or rate of speech
- Frequently prolongs or repeats sounds, words, phrases and/or sentences during speech

#### Possible Teaching Strategies

- Be near the student when giving instructions and ask the student to repeat the instructions and prompt when necessary
- Provide verbal clues often
- Provide a quiet spot for the student to work if possible
- Speak clearly and deliberately
- Provide visual cues - on the board or chart paper
- Redirect the student frequently and provide step by step directions - repeating when necessary
- Allow students to tape lectures
- Allow more time for the student to complete activities
- Modify classroom activities so they may be less difficult, but have the same learning objectives
- Allow more time for the student to complete assignments and tests
- Design tests and presentations that are appropriate for the student (written instead of oral)
- Divide academic goals into small units, utilizing the same theme
- Provide social and tangible reinforcers
- Focus on the student's strengths as much as possible
- Have the student sit in an accessible location to frequently monitor their understanding
- Allow extra time to complete work because of distractions, slow handwriting, or problems in decoding text
- Have routines that students can follow
- Use a visual reminder of the day's events to help with organization
- Establish communication goals related to student work experiences and plan strategies for the transition from school to employment and adult life

#### Additional Information

The evaluation team must include a licensed speech and language pathologist when considering eligibility under the speech category. The evaluation must include the following:

- A standardized assessment in the area of concern;
- An evaluation or screening of the child's hearing and acuity;
- For a suspected voice disorder, a voice assessment scale;
- For a suspected disorder in syntax, morphology, semantics, or pragmatics, a representative language sample and standardized test(s) assessing language comprehension and expression;
- For a suspected fluency disorder, an observation in at least two settings and a standardized measurement by a speech and language pathologist;
- An evaluation of the student's oral mechanism, if indicated;



- A medical statement or health assessment statement describing relevant medical issues, if necessary; and
- Any other assessments needed to determine the impact of the suspected disability or student's educational needs.

### **Traumatic Brain Injury (TBI)**

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance.

Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

#### **Common Characteristics**

- Difficulty with logic, problem solving, and reasoning
- Slower to respond, react and complete activities and tasks
- Difficulty remembering facts, procedures, events, etc.
- Frequently struggles with grade level work
- Difficulty storing new information, working memory deficits
- Difficulty retrieving old information
- May be disoriented with time, places, and people
- Difficulty sequencing events
- Physical and verbal perseverations (repeating a word, phrase, or action, over and over again)
- Poor judgment and reasoning skills
- Inappropriate social behaviors
- Emotional responses may be unpredictable in nature and severity
- Difficulty regulating emotions
- May struggle to accurately interpret verbal and non-verbal cues
- Emotional responses may not "fit" the situation
- Emotional instability (happy one moment, sad the next)
- May exhibit signs of poor self-concept, depression, isolation, withdrawal, and paranoia
- Difficulty focusing attention
- May have difficulty controlling impulses, thoughts, and feelings
- Injury and memory loss may impact successful use of behavior modification strategies
- Distracted by internal and external events and thoughts
- May have speech and language deficits (should be checked frequently)
- Difficulty speaking words or phrases
- Difficulty comprehending what others say
- May struggle to follow multi-step instructions
- May struggle to process visual information (visual perceptual issues)
- May experience visual deficits such as double vision and partial loss of vision
- May have visual "blind spots"
- Possible coma could produce some slowing and lethargy
- Seizures are common following a head injury, and seizure medication may cause "cognitive dulling"
- Difficulty staying awake
- Inability to recognize post-injury deficits

- Possible gross or fine motor deficits depending on what part of the brain was injured (may have some paralysis)
- Short periods of disorientation or attention lapse
- May tire frequently and quickly

#### Possible Teaching Strategies

- Repeat instructions and directions as needed and provide one direction at a time
- Have consistent routines and rules to promote procedural memory
- Provide student with an outline so they can anticipate content and transition
- Use pictures or visual cues to alert the student of the need to do something different
- Practice systematic verbal rehearsal - student may have to "practice" a verbal cue and what is expected
- Teach memory strategies and memory tricks such as elaborative rehearsal, mnemonics, limericks, etc.
- Use a scribe or note-taker and have notes photocopied at the end of class to give to student
- Check for understanding - recognition vs. recall
- Modify work amounts and shorten assignments to the minimum necessary (increase gradually if student is successful)
- Be very specific and to the point - use simple, concrete language
- Provide specific feedback on responses - state that an answer is correct or needs more input
- Be aware that students are not likely to raise hands and ask questions
- Be aware that students may ask the same question over and over because of poor short-term memory
- Be prepared to accept inconsistencies in performance
- Alert students to transition between classes (and remind them what class is next)
- Allow student to tape-record lectures
- Clearly define class requirements, test dates, and when assignments are due
- Provide handouts and visual aids
- Allow student to take notes directly onto an outline
- Use more than one way to demonstrate or explain information
- Break information into small steps when teaching a new or relearned skill
- State lesson objectives, review previous lesson, and summarize periodically
- Allow time for clarification of directions and important information
- Provide alternative means for the students to do tasks, such as dictation or oral presentation
- Write assignments on the board or pass them out in written form
- Break tasks down for large projects or papers and set deadlines for each part
- Allow extended time to complete work and tests
- Give the student written directions for multi-step tasks
- Show the student how to perform new tasks, and provide examples
- Have consistent routines and if the routine is going to change, let the student know ahead of time
- to practice the new skill, and check for generalization
- Be aware that a previously effective behavior plan may not work due to memory deficits
- Explicitly teach coping and de-escalation strategies
- Engage the student in role-play scenarios to target specific social responses
- Allow the student more time to complete tasks and reduce the workload if needed

- Avoid activities requiring the student to concentrate for long periods of time
- Keep distractions to a minimum - use study carrels or room dividers as needed
- Provide direct support in organizational strategies
- Provide the student with a written schedule and keep the schedule as consistent as possible
- Provide an area for supplies and books (away from the student's work space)
- Gain the student's attention before speaking
- Provide breaks as needed
- Provide verbal and written instructions
- Use outlines, graphs, flow charts and models
- Give short frequent quizzes, rather than all-inclusive exams
- Accompany homework with written instructions
- Always put written directions in the same place every time
- Have a written schedule placed where it can be viewed every day
- Teach student to use a system of reminders such as post it notes, white boards, daily planners, daily schedules, etc.
- Use highlighters to signal important points for easy reviewing

#### Additional Information

The evaluation team must include at least one professional knowledgeable and experienced in the evaluation and education of students with traumatic brain injury. The evaluation must include the following:

- Administer or review of a comprehensive psychological assessment using a battery of instruments intended to identify deficits associated with traumatic/acquired brain injury;
- A medical report or health assessment statement indicating that an event may have resulted in traumatic brain injury, its expected duration, needs for medical attention, and any recommendations for restriction of activity or for health management in school;
- Motor evaluation if the student exhibits motor impairments;
- Communication evaluation if the student exhibits communication deficits;
- Any additional assessments that are necessary to identify the student's educational needs;
- Other educational information related to the impact of the suspected disability, including pre-injury performance and current adaptive skills; and
- An observation in the classroom and in at least one other setting.

### **Visual Impairment (VI)**

Visual Impairment Visual impairment includes any type of sight problem which, even with glasses/contacts, adversely affects school performance. Children with visual impairments can be further described as partially sighted or blind based on the degree of visual impairment and their educational needs.

#### **Common Characteristics**

- Shows approximately the same distribution of scores on intellectual tests as sighted individuals, when tests such a auditory or motor channels of communication are used
- Relatively normal educational achievement
- Tends to achieve more poorly in math
- Can appear clumsy, especially in new situations
- Shows signs of fatigue or inattentiveness
- May exhibit poor self-concept
- Less effective use of gestures and bodily action
- May rub eyes excessively
- Lack of exploration of objects in the environment
- May be unable to imitate social behavior or understand nonverbal cues
- Limited ability to independently access everyday functional skills

#### **Possible Teaching Strategies**

- Call the student by name to gain his or her attention
- Use descriptive words such as straight, forward, left, etc. in relation to the student's body orientation
- Be specific in directions and avoid the use of vague terms with unusable information, such as "over there", "here", "this", etc.
- Describe, in detail, pertinent visual occurrences of the learning activities
- Describe and tactually familiarize the student to the classroom, bathrooms, equipment, supplies, materials, playground, etc.
- Give verbal notice of changes
- Offer to read written information for a person with a visual impairment, when appropriate
- Identify yourself by name; don't assume that the student who is visually impaired will recognize you by your voice even though you have met before
- If you are asked to guide a student with a visual impairment, identify yourself, offer your services and, if accepted, offer your arm to the student's hand
- Tell the student if they have to step up or step down, let them know if the door is to their left or right, and warn them of possible hazards
- Orally, let the student know if you need to move or need to end a conversation
- Routinely check the instructional environment to be sure it is adequate and ready for use.
- A wide selection of magnifying devices are available that can be used by visually impaired students to assist persons in reading or working with objects that need to be observed
- Describe, in detail, visual occurrences, visual media, and directions including all pertinent aspects that involve sight
- Describe, in detail, all pertinent writing
- Modify instructions in an electronic format so they can be reviewed auditor ally or in large print format
- Provide detailed oral descriptions, supplemented with written text as much as possible
- Allow student to use a tape recorder for recording class presentations.

### Additional Information

The evaluation team must include the vision itinerant or specialist. The evaluation must include the following:

- Functional vision assessment;
- An eye report by an ophthalmologist or optometrist indicating that the student has a vision impairment;
- Assessments to determine the impact of the suspected disability on the student's educational performance; and
- Any additional evaluations necessary to identify the student's educational needs.

## Individualized Education Programs (IEPs)

An IEP must be completed for each student who is eligible to receive special education and related services under the Individuals with Disabilities Education Act (IDEA). The IEP is a management tool that is developed by the parent(s) and school personnel to ensure that each student with a disability is provided special education and related services that are appropriate to his/her special needs. The development, review, and revision of each child's IEP shall conform to the requirements of 34 CFR 300.324 and 300.328.

While it is not required, it is recommended that the IEP be developed immediately following the eligibility determination, since some of the persons required to develop the IEP are also the participants to determine eligibility. Parents are required to receive a copy of the IEP upon completion of the meeting.

At any time, either a child's educational provider or a child's parent may request an IEP meeting. Within ten (10) calendar days after receipt of a request, the district shall contact the parent to schedule an IEP meeting in accordance with 34 CFR 300.503. A parent may request an IEP meeting from any of the child's teachers, including the general education teacher, the special education teacher, administrator, or other related service personnel. It is the responsibility of the school/district to take action on the request.

### Parent participation in IEP meetings

School districts are required to ensure parent participation in IEP meetings to determine eligibility and plan the student's IEP. Parents must be contacted by the district in a timely manner (at least 10 days in advance of the meeting date) to set a meeting date and time that is mutually agreeable. Parents may waive their right to a 10-day notice; however, the 10-day waiver form must be completed at the meeting. If you are unable to reach a parent after due diligence has been given, you may choose a date at least 10-days out, and send the notice. The following procedures must be followed (document each contact below):

- Step One: Contact parent/guardian to schedule meeting.
- Step Two: Send meeting notice to parent/guardian at least 10 days prior to the meeting date.
- Step Three: Provide a second reminder to parent/guardian no less than one day prior to the meeting date. This can be done by phone, email, or sending a second notice.
- Step Four:
  - If parent does not show, make an attempt to reach by phone just prior to starting the meeting. If no answer or unable to contact parent, hold the meeting. Send the IEP to the parent with a cover letter regarding the meeting and ask them to contact you regarding questions about the meeting and/or paperwork.
  - Mark on the IEP Procedural Safeguards that the IEP was mailed. Attach cover letter to the IEP before forwarding it to LCSEA.
  - If able to contact parent, ask if they would like to be involved via phone, or would they allow the meeting to be held without their presence. Also attempt to get their educational concerns.
  - If parent wants to participate in the meeting and does not give permission to hold without their presence, then reschedule the meeting.

### Required IEP Participants

- Parents;
- Student (must be invited at age 14 ½, but may be invited at a younger age if the parent and teachers decide he/she should be present);
- General education teacher;

- Special education teacher;
- LEA (administrator or their designee);
- Evaluation personnel (following initial or reevaluation, at least one member of the evaluation team must be present to explain the evaluation results, if necessary);
- Any related service personnel who will be providing services; and
- Others with knowledge or special expertise about the student

#### Case management

Case managers and providers must ensure that students are receiving the services listed in their IEPs. Discrepancies must be dealt with diligently.

Student progress/grades/attendance in all classes should be checked on a consistent basis. Any issues or concerns should be attended to immediately. If a student is receiving a failing grade in a class, please check that all accommodations/modifications are being implemented on a consistent basis. Additionally, you may need to call an IEP meeting to address the failing grade to see if adjustments or services need to be added or changed to the current IEP.

Student IEPs must be accessible to each regular education teacher, special education teacher, related service provider, and any other service provider who is responsible for its implementation. Each teacher and provider must be informed of his or her responsibilities related to implementing student IEPs, including the specific accommodations, modifications, and supports that must be provided, in accordance with the IEPs (Sec. 300.610; 226.740). Please assist with this by notifying teachers of students who are on your caseload and either providing them with a copy of the IEP or directing them to where they may find one. Please ensure that all personally identifiable information pertaining to specific students is marked "confidential" and kept in a locked location.

Parents are to be provided the *Notice of Procedural Safeguards* document at least once per year (34 CFR 300.504). Parents must be offered an opportunity to review this document with you or administration. If parents decline a copy of the *Notice of Procedural Safeguards*, document this in the IEP.

The initiation date for services is typically the next school day from the date it was developed, unless the parent requests the 10-day waiting period as prescribed by law. If this is the case, the initiation date would be delayed by 10 days; however, the duration of the IEP would remain one year from the date of the meeting, and not one year from the initiation date.

An IEP is to be implemented no later than 10 days from the date it was developed. If a child's IEP services are not administered within 10 school days after the date or frequency set forth in the IEP, the school district or special education cooperative must provide the parent/guardian with written notification that those services have not yet been administered to the child. The written notice must:

- Be sent to the parent/guardian within 3 school days after the district's or cooperative's non-compliance with the IEP; and
- Include information on the parent/guardian's ability to request compensatory services.



### IEP Invitations

All individuals listed on IEP invitations must be present at the meetings. If they are not, you must have parents sign an excusal form. This includes times when a general education teacher switches with another general education teacher, you must have parents sign an excusal form and then add the other teacher on to the invite. Parents should initial the invite in acceptance of this change. Team members can be excused when the parent and the school agree (20 USC Sec. 1414(d)(1)(C) and 34 CFR 300.321(e). Annual reviews must be scheduled within one calendar year of the last annual review meeting date. All IEP notices must be sent to the LCSEA Office upon scheduling meetings, as we keep track of all meetings and time-lines. Either a hard copy or a notice through email may be sent to the Executive Secretary, Renee Enright.

Whenever the school is inviting an outside agency (example: DRS or Kreider), parents must give consent for an outside agency to be invited prior to the outside agency being invited. (form: Parent Consent for Agency Invitation to Transition/IEP Meeting).

### Annual Review Meetings

The educational status and continued special education placement of each student shall be reviewed at least annually in a conference; however, an IEP meeting can be convened at any time to discuss changes or revisions.

### DRAFT IEPs

Public Act 101-0515 requires that all Illinois school districts and special education cooperatives, with respect to eligibility and IEP meetings:

- No later than 3 school days before an eligibility and/or IEP meeting (or as soon as possible if an IEP meeting is scheduled within 3 school days with the written consent of the parent), provide parents with “copies of all written material that will be considered by the individualized education program team at the meeting so that the parent may participate in the meeting as a fully-informed team member.”
- The written material “must include, but is not limited to, all evaluation and collected data that will be considered at the meeting.”
- For a child who already has an IEP, the written material must also include a copy of all IEP components that will be discussed by the team, *except* those related to the educational and related services minutes and placement proposed for the child.

### Additional Information for DRAFT IEPs

- Draft IEPs may be *sent home with the student* (please be sure to send home in a sealed envelope addressed to the parent) or through *email* or *postal mail* (as long as parents receive it three days in advance). Other arrangements may be made between the parent and case manager, such as a copy being left in the office, on an individual basis.
- Please be reminded that all information must be entered into the Embrace system, allowing enough time to be sent home three (3) school days prior to the meeting.

- Case managers will be responsible for printing out a DRAFT copy of the IEP and sending this home three (3) school days prior to a meeting. Please be sure that *each page* of the IEP is clearly marked as a "DRAFT."
- Related Service Personnel must have their information entered into the Embrace system allowing enough time for the Case Manager to print off the Draft to send home. Case managers and related service personnel should communicate to ensure the information is received in a timely manner. If Related Service Personnel's information is not entered into the system within the appropriate time-line, then the Related Service Personnel will be responsible for sending Draft copies home of their individual reports/information.
- Please do not pre-mark any boxes that are for parents to answer. This should be left for parents to mark at the IEP meeting.
- Leave blank the Educational Services and Placement pages. These areas should be discussed as a team at the meeting.
- Include progress monitoring data and grade reports.
- Include IEP goal progress reports (from the current goals).
- Include any other data or documentation that is referenced in, is related to, or otherwise supports the evaluation reports, IEP progress reports, and/or draft IEP components, *such as* teacher and related service provider reports/updates, disciplinary reports, behavior logs/charts, and student work samples. Psychological test protocols should not be included in the information provided to parents.
- If there is any area of the IEP you feel the school and parent may disagree on, leave that area blank to be discussed at the IEP meeting. For example, one area commonly left blank might be Extended School Year.
- A cover page for the draft materials is included in this information. Please make sure this gets sent along with the information.

**Reevaluations:**

- Draft Evaluation Reports/data should be sent home three school days in advance. **Do not** send home Draft eligibility paperwork, other than the reports/data.
- The social worker/counselor should be responsible to gather all draft reports/data and send home to parents. Anyone who has completed a report or given data, should give that to the social worker/counselor in enough time to send to parents.
- A Draft copy of the IEP should be sent home if it is a routine reevaluation, and there aren't any changes expected in eligibility.

**Initial Evaluation:**

- If it is very obvious that the student will become eligible, and we agree with the parents, then we should send a DRAFT IEP, in the event the student would become eligible.
- If it is a more complex situation, then we should not send home a DRAFT IEP. If the student is found eligible, we can either ask the parent for permission to proceed without receiving drafts, or we can schedule a second meeting to develop the initial IEP. The social worker/counselor should be responsible to gather all drafts and send home to parents. Anyone who has completed a report, should give that to the social worker/counselor in enough time to send to parents.
- Again, do not send home Draft eligibility paperwork, other than reports/data.
- For evaluations/reevaluations, the social worker/counselor should be responsible to gather all draft reports/data and send home to parents. Anyone who has completed a report or has given data, should give that to the social worker/counselor in enough time to send to parents.
- Please be reminded that this information is not intended to predetermine eligibility or services, rather, it is intended to assist in providing information to parents and team members ahead of time so that they may participate fully in IEP meetings. Additionally, this should assist in meetings being held to reasonable time-frames, and discussions can be more focused on the needs of the students.

**Assistive Technology**

Amendments to the Illinois School Code went into effect on August 20, 2018, regarding the identification, evaluation, and placement of children for special education services. The legislature amended the code by adding that in addition to the already-existing IEP requirements a child's IEP team is now *required* to notify parents or guardians of any assistive technology that the student may be eligible to receive. Specifically, the IEP team must provide written notification to parents and/or guardians informing them that the team will assess if the student requires any assistive technology, and they must also provide a toll-free telephone number and internet address where parents can locate information on the assistive technology program. We have added this information to the Notification of Conference form; however, AT must still be discussed at the meeting.

Although district's have been required to consider AT for all students, we are now required to notify parents. As a reminder, any assistive technology that a student requires to ensure FAPE, must be documented in the IEP in the appropriate area (Assistive technology devices, accommodations, and/or additional notes). For more information on Assistive Technology, please visit <https://www.isbe.net/Pages/Special-Education-Assistive-Technology.aspx> on the ISBE website.

**IEP Paperwork**

Original paperwork must be submitted to the LCSEA office within five (5) calendar days of the meeting date. Please see Order of IEP paperwork in the additional resources section.

### Sample Annual Review Meeting Agenda

1. Introductions
2. Purpose of the meeting
3. Student Strengths
4. Parent Concerns/Input
5. Present Levels of Academic and Functional Performance
6. Review Progress on Previous IEP Goals
7. Develop Goals and Objectives
8. Discuss Placement Continuum (services/program options)
9. Determine appropriate placement and services (related services, supplementary aids, assistive technology needs, accommodations and modifications, participation in state and local assessments, ESY, BIP, special transportation, transition plan, transfer of rights, notice of graduation, ect.)
10. Parent Rights/Procedural Safeguards (**always give parents the opportunity to review these together after the meeting**)

### Changes to the IEP Without a Meeting

After the annual IEP meeting for a school year, parents and the school district can agree to make changes to the student's IEP without holding a meeting. An amendment may be completed for minor changes to the IEP; however, you must ensure parents understand and agree to any proposed changes. Make sure that the IEP team knows about the changes and you must provide parents an updated copy. 34 CRF 300.324(a)(4)(ii).

IEP amendments must be sent to the LCSEA office upon completion, along with a "Change" form.

### Move-in students

If the district does not adopt the former IEP for a move in student and seeks to develop a new IEP for the student, within ten (10) calendar days after the date of the student's enrollment, the district must provide written notice to the parent including the proposed date of the IEP meeting. While the new IEP is under development, the district shall implement services comparable to those described in the IEP from the former district (23 ILAC 226.530; IDEA 20 USC 1414(d)(2)(c)).

If a student moves into the district after parent has signed consent for an evaluation in the former district, the district is responsible to ensure a prompt completion of the evaluation; however, the district and parent may agree to a specific time-frame, other than the original 60 days, of when the evaluation will be completed (Authority: 20 U.S.C. 1414(a); Sec. 300.301(d)(2) and (e)).

The Case Manager or building designee is responsible to send LCSEA office an "ADD" form on the date of enrollment with a release of information form if available. A copy of the existing IEP must be forwarded to the LCSEA office within five (5) calendar days of the student's enrollment date.

### Related Service Personnel

All related service personnel who are listed in a child's IEP must be invited to attend any IEP meetings scheduled for that child. It is important that related service personnel are included in the scheduling of IEP meeting dates and times, just as you include all other team members when organizing meetings. This can be done via email correspondence or by using the meeting request.

Additionally, related service personnel should be invited to participate in any team meetings that are scheduled for students for whom they provide service. They may choose not to attend team meetings, based upon the reason for the meetings, but they should be notified and given the opportunity.

Related services should begin during the second week of school, unless there are extenuating circumstances, which should be discussed with administration.

Related service providers must keep a log of services provided to students, which must include dates and the type and number of minutes of the related service.

#### Related Service Personnel Logs

The law requires that related service personnel logs be made available to parents at IEP meetings. Related service logs do not need to be sent home in advance of the IEP meeting. Logs must be available for parents at the annual review meetings; and at any time upon parent request.

Within 20 school days from the beginning of the school year or upon establishment of an IEP, parents must be informed of their ability to request copies of the related service logs. **Please include the following statement in additional notes section of the IEP** (this will cover notification for new students as well): *"The school district/cooperative will maintain related service logs that record the type and number of minutes of the related service(s) administered to your child. Copies of any related service logs were made available to you at your child's annual review meeting. You may also request a copy of the related service logs at any time. To receive copies of your child's related service logs, please send your written request to the related service personnel who is providing that service."*

We are not required to give parents a copy of case notes; however, case notes are required for Medicaid billing ("Description of Services"). If you are a provider that bills for Medicaid, your billing information can be found in Embrace under the "Embrace DS" tab.

#### Amount of Service

The amount of special education service(s) listed in a student's IEP must be directly related to the needs of the student, and the overall goals for the student. The amount of services listed in an IEP are required to be provided to the student in the manner written in the IEP.

#### Least Restrictive Environment (LRE)

IDEA provides that States must have in place procedures assuring that, "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (20 USC 1412(5)(B); 34 CFR 300.550-300.556). The educational status and continued special education placement of each student must be reviewed at least annually.

IDEA does recognize that general education class placement may not be appropriate for every disabled student, which is reflected in the requirement that school districts make available a range of placement options, known as a continuum of alternative placements, to meet the unique educational needs of students with disabilities. This requirement for the continuum reinforces the importance of the individualized inquiry, not a "one size fits all" approach, in determining what placement is the LRE for each student with a disability. The options on this continuum must include "the alternative placements listed in the definition of special education under Section 300.17 (instruction in regular classes, special

classes, special schools, home instruction, and instruction in hospitals and institutions)” (34 CFR 300.551(b)(1)).

When considering placement options, the overriding rule is that each student's placement must be individually-determined based on the individual student's abilities and needs. It is the program of specialized instruction and related service contained in the student's IEP that forms the basis for the placement decision. In determining if a placement is appropriate under IDEA, the following factors are relevant:

- the educational benefits available to the student with disabilities in a traditional classroom, supplemented with appropriate aids and services, in comparison to the educational benefits to the disabled student from a special education classroom;
- the non-academic benefits to the disabled student from interacting with nondisabled students; and
- the degree of disruption of the education of other students, resulting in the inability to meet the unique needs of the disabled student.

However, school districts may not make placements based solely on factors such as the following:

- category of disability;
- severity of disability;
- configuration of delivery system;
- availability of educational or related services;
- availability of space; or
- administrative convenience.

IDEA allows for school districts to consider the impact of a regular classroom placement on those students in the classroom who do not have a disability, under the following guidelines:

- IDEA regulations provide that in selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that the student needs.
- If a student with a disability has behavioral problems that are so disruptive in a regular classroom that the education of other students is significantly impaired, the needs of the disabled student cannot be met in that environment.
- However, before making such a determination, school districts must ensure that consideration has been given to the full range of supplementary aids and services that could be provided to the student in the regular educational environment to accommodate the unique needs of the disabled student. If the placement team determines that even with the provision of supplementary aids and services, that student's IEP could not be implemented satisfactorily in the regular educational environment, that placement would not be the LRE placement for that student at the particular time, because her or his unique educational needs could not be met in that setting.

Prior to moving a student to a more restrictive behavior-based placement, there *must be data* to show that positive behavior interventions and supports have been implemented with fidelity and on a consistent basis. Additionally, if not previously completed in the areas of concern, then a reevaluation must be completed to collect additional data in the areas of Social/Emotional, Functional (FBA), and any other areas relevant to that student.

### Harmful effects

When discussing placement options, possible harmful effects must be addressed, and reflective of the individual student. Please refrain from using "too restrictive, not restrictive enough, does not meet needs, meets needs." Some possible alternatives: *Needs direct support/daily contact to maintain current levels of performance and/or behaviors; Requires direct interventions to address deficits in math; Off task behaviors require frequent monitoring through direct contacts; Significant deficits in reading create need for more individualized and/or direct instruction. Student has behaviors under control and is able to apply self-management techniques without direct services; Student has demonstrated adequate and/or successful performance with current and/or minimal interventions.*

### Transition

For students who will reach the age of 14 ½ during the school year, the IEP must document a statement of transition service needs that focus on the student's course of study and goals to address those needs. Transition requirements must include information pertaining to education, training, employment, and independent living. Transition services may include academic instruction, related services, postsecondary education, vocational training, supported employment, community experiences, daily living skills, and work evaluations. The student must be invited to attend the IEP meeting.

### Teaching assistants

Teams considering the need for a teaching assistant for a student must complete the "Determination of Need for TA Support" rubric, and the "Student Documentation of Support" rubric prior to an IEP meeting. Student needs that may require the need for additional district resources must be discussed with the building administrator. The building administrator will submit this documentation to the central office administration/Superintendent and the Director of Special Education. The rubrics completed by the team prior to the IEP meeting are not to be part of the IEP.

Teaching assistants must be listed in the Educational Services and Placement page, under Related Services (drop down). Minutes do not have to be included for a teaching assistant on this page; however, if a teaching assistant is included in a student's IEP, a description of when the teaching assistant is needed (i.e. which classes, times of day, etc.), as well as the needs to be addressed, must be included in additional notes.

Goal(s) must be written to address the area of deficit requiring a teaching assistant, other than for physical (although there can, and should be when appropriate, goals for independence).

### Special Transportation

When transportation is considered as a related service, there are a number of questions which must be addressed:

1. Can the student utilize regular transportation?
2. If not, can regular transportation be safely utilized if supplementary staff, equipment, and/or services are provided?
3. If not, what type of special transportation is required?
4. Is an attendant or other qualified personnel available?
5. Is a responsible adult available for pick-up and delivery of students?

*Primary Consideration: Student Needs* for transportation - The specific needs of the student must be the primary consideration when an IEP team is determining any transportation needs. These may include, but are not limited to:

- Medical diagnosis and health needs consideration of whether long bus rides could affect a certain pupil's health (duration, temperature control, need for

services, health emergencies); general ability and/or strength to ambulate/wheel; approximate distance from school or the distance needed to walk or wheel oneself to the school; consideration of pupil needs in inclement or very hot weather, other.

- Physical accessibility of curbs, sidewalks, streets, and public transportation systems.
- Consideration of a pupil's capacity to arrive at school on time, to avoid getting lost, to avoid dangerous traffic situations, and to avoid other potentially dangerous or exploitative situations on the way to and from school.
- Behavioral Intervention Plans [*Education Code* sections 56520-56525] specified by the pupil's IEP and consideration of how to implement such plans while a pupil is being transported.
- Extended school year services, pursuant to *EC* Section 56345(b)(3), should be another consideration of a pupil's need if considered necessary to provide a free appropriate public education as specified in a pupil's IEP.

#### Extended School Year Services (ESY)

ESY services must be provided if a student's IEP team determines, on an individual basis, that the services are necessary for the provision of a free and appropriate public education (FAPE) to the student.

Regression/recoupment data must be kept on all students for determining the need for ESY services (i.e. progress monitoring data, grades, logs, etc). Please be reminded that ESY is NOT considered summer school, but rather services necessary to provide FAPE. Notify your building administrator of any student who you have data to support ESY. Please also notify Corena or Shari, so we can review the data prior to an IEP meeting. If you have any questions about whether a student should qualify for these services or not, please contact the LCSEA office.

ESY must be considered at every Annual Review meeting. *Teams must document, using data on regression/recoupment, the reasons a student qualifies or not for ESY services.* If a student does not qualify for ESY, something can be written, such as, "Regression and recoupment is not supported by the data." But, you MUST have the data to support that decision. Likewise, if a student qualifies for ESY, supportive documentation and data must be provided in the IEP.

#### Out of district placements

When the needs of a student require an out-of-district placement, the specific facility name should be documented in the additional notes section of the IEP, as well as on the Conference Summary Report.

#### Review of Outside Reports

The district shall send a notice to convene an IEP meeting within 10 days after receiving an outside report submitted by parents or another agency. The IEP team must *review and consider* the outside report in the educational programming for the student.

Prior to the IEP meeting to review the outside report, all team members must receive a copy of the outside report in preparation for the meeting in order to fully participate.

#### Parochial School, Private School, and Home-Schooled Students

Districts are obligated to conduct Child Find in the same manner for families of private school and home-schooled students as it would do with families of public-school students, at no cost to the families.



Service Plans must be written for students attending parochial schools or home-schools who qualify for special education services. Public schools are required to “offer services,” which means that we must write and present an IEP, detailing what services would be provided in the public school. Parents must decline public school services (documented in the additional notes), and then a Service Plan may be presented. Both may be presented at the same meeting. This must be done for all Initials and Annual Reviews, which are required on the same timelines as IEP initial and annual review meetings.

Add/Drop/Changes

A drop/Add/Change form must be completed when students enter the district, leave the district, become eligible for services, have services discontinued, and when personal information changes. This form must be sent to the LCSEA office ASAP.

## IEP Goals and Objectives

IEP goals must be written in measurable terms and reflect the Illinois State Learning Standards. They must be directly related to the student's disability and based off the present levels of performance. Also, specific data must be included in the present levels – Just saying Johnny struggles in reading is not enough.

Annual goals must be developed for each area of need identified by the IEP team. The needs identified should be those that result from the student's disability. Annual goals should reflect the results of the most recent evaluation and should identify areas that enable the student to be involved in and progress in the general education curriculum, or for preschool students, age-appropriate activities. There is a one-to-one correspondence between identified need, present level of performance, and annual goal.

Annual goals represent the IEP team's estimate of what the student can reasonably be expected to accomplish with specialized instruction or support and is based on present levels of performance, potential for learning, and rate of development. Annual goals should be recognized by both parents and teachers as high priority items and educationally meaningful. Goals, benchmarks, and short-term objectives are written before educational services and placement is determined. Some goals may be established for their functional value in increasing the student's independence.

What is a goal?

A goal is an expected level of performance at the end of a specified period of time. It takes into account a student's baseline performance, the performance standard, and the amount of time needed to reach the goal. A goal is established prior to an intervention. A student's progress toward the goal is monitored regularly and reported quarterly. Goals are broken down into a series of measurable benchmarks or short-term objectives.

Why write a goal?

- To determine if the student's performance is improving
- To determine the relative effectiveness of an intervention or instructional program
- To determine a student's progress toward a specific standard

What should be addressed in a goal?

- Direction of the behavior (i.e. increase, maintain, decrease)
- Area of need (i.e. reading, social skills, communication)
- Level of attainment or success (i.e. to grade level, with 100% accuracy, etc.)

What are the components of a goal?

- The conditions in which the behavior occurs (i.e., specific situations, type of materials, difficulty levels, settings)
- The student / learner
- The behavior or task to be performed described in observable terms
- The criterion sets the standard for evaluation or the acceptable level of behavior (i.e., peer comparison, district standard) to some level, criteria, standard, or expectation
- The time frame in which the behavior will occur in a set number of trials

How many annual goals and benchmarks/short-term objectives must be included in the IEP?

IDEA does not establish a specific number of annual goals, which is consistent with the overall emphasis on individualization. As a general rule, there should be at least one annual goal to

address each area of need identified in the IEP. These areas of need are typically specified under "Present Levels of Educational Performance" as part of the rationale for why the student qualifies for special education and related services. Each of a student's recognized needs must be addressed by the IEP team. Each annual goal must have at least two short-term objectives/benchmarks.

Must the IEP team develop goals and objectives relating to all aspects of the education of a student with a disability?

No. IEP goals and objectives are concerned primarily with meeting the needs of a student with a disability for special education and related services, and are not required to cover other areas of the student's education.

The federal regulations 300.320(a)(3) require the IEP to include: (a) a description of how the child's progress toward meeting the annual goals will be measured; and (b) when periodic reports on the progress the child is making toward meeting the annual goals will be provided. Additionally, reports on progress toward IEP goals must be provided to parents at least as often as general education students receive reports on progress.

#### Progress Reported to Parents

Parents must be informed of their child's progress on IEP goals at least as often as parents of nondisabled children. Please be reminded that **quarterly** reports of progress on IEP goals and objectives are required to be provided to parents, unless progress is not reported to parents in this same time-frame (i.e. high school semesters). This documentation must be entered in to the File maker system and provided to parents.

A copy of the "old" goals, with the quarterly progressed marked, must be included in the annual review paperwork.

#### Components of a Goal – State Standards

Conditions	Student	Behavior	Criterion	Time-Frame
The conditions in which the behavior occurs (e.g. specific situations, type of materials, difficulty levels, settings, or measurement opportunity)	The learner	<u>The behavior or task to be performed</u>  Describe in observable terms	The criterion sets the standard for evaluation acceptable level of behavior (e.g. peer comparison,	The time frame in which the behavior will occur or within a set number of trials
In specific situations, such as: •Physical setting (classroom type, transitions) •Classroom structure (group size, type of activity) •Classroom presentation (teacher-led, student-led) •Instructional variables (type of	Bobby will	Do an observable behavior, such as:  •Write •Orally name •Orally read •Point to •Complete •Respond verbally •Arrange objects or materials	To some level, criteria, standard or expectation, such as:  •correct grammar •accuracy of the behavior •frequency of the behavior	Within some time expectation, such as:  •by a particular date •in one minute •in 3/3 trails

material, level of material) •Level of independence (with physical assistance, with prompts, with modifications, with special equipment, with or without concrete reinforcers •Subject •Type of task (listening, oral reading) •Complexity of task (abstract, multi-concept)		•Retell •Follow oral directions •Demonstrate	•duration of the behavior •number of steps on an organizational checklist •correctly sequenced (in proper order) •qualify the behavior or product	
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### EXAMPLES OF SPECIFIC WAYS TO MEASURE GOALS

#### READING – DECODING / FLUENCY

- Number of reread words, skips, hesitations
- Number of errors in orally read passages
- Number of correctly read words per minute on passages
- For early readers – number of correct sounds in isolation, in words, in nonsense words

#### READING COMPREHENSION (Answer questions, retell, paraphrase, predict)

- Can regard text and preview key ideas/concepts
- Can silently read text and orally state key concepts
- Can silently read text and orally retell key concepts, story line, or pertinent details
- Can orally answer (literal, inferential, etc.) questions presented in oral/written form
- Can write single word answers to comprehension questions
- Can read passage and predict logical sequence to follow
- Can write any of the tasks above
- Can use read information to solve problems
- Can paraphrase read paragraphs with key concepts, details
- Can define (orally) in own words, key vocabulary
- Can locate (highlight, point to) information in text which answers identified questions

#### SPELLING

- Number of correct letter sequences
- Number of phonemic/non-phonemic spelled words

#### HANDWRITING

- Number of correctly formed letters, words per minute

#### MECHANICS OF WRITING

- Number of or percent of correct capitals, punctuation, commas, end marks, etc. per sample
- Number of corrections made in writing sample to improve end product (proofreading)

#### EXPRESSIVE WRITING

- Can plan appropriate writing topic (ideas, details, sequence)
- Fluency – number of words written, number of words written correctly
- Writes sentences, phrases, with increasing complexity (pronouns, adjectives, compound, etc.)
- Writes with organization (story ideas: plot, character, vocabulary, cohesion, main idea, details)

#### MATH – COMPUTATIONS & PROBLEM SOLVING

- Number or percent of correct problems, digits
- Performs steps to complete multi-stage computation
- Correctly organizes symbols to complete computation
- Correctly writing answers to multi-step word problems

#### MATH – VOCABULARY

- Percentage of a checklist of terms (larger, above, same as, etc.)

#### MATH – APPLICATIONS (Time, measurement, money, temperature, volume)

- Number correct given specific response dimensions, i.e. orally stating time when given a clock face, drawing hands on clock face when given oral prompt

#### EXPRESSIVE LANGUAGE – SYNTAX (System that governs word order, noun/verb agreement, plurals, word endings, questions, pronouns, negatives, etc.)

- In oral sample, number of correct/incorrect words by imitation, with prompts, spontaneously
- In response to questions, number of correct, incorrect words
- Complexity of sentences – number of words

#### EXPRESSIVE LANGUAGE – SEMANTICS (The meaning, underlying concepts, and the relationship of words and sentences to contexts and ideas)

- In oral sample, number of correct vocabulary matched to concept
- Checklist of basic concepts, vocabulary (i.e. body parts, action words, colors) –number of concepts demonstrated or orally expressed
- Expression of advanced concepts, vocabulary (i.e. content area vocabulary/concepts, words with multiple meanings)

#### EXPRESSIVE LANGUAGE – PRAGMATICS (Using communication to transmit and receive message from others – to cue or prompt to action, to coordinate information, to question, to problem-solve)

- Verbal (turn taking, responding, voice control, situational changes, listener changes, inflection)
- Non-verbal (physical proximity, posture, gestures, eye contact)

#### BEHAVIOR

- Frequency of behavior
- Duration of behavior

#### FUNCTIONAL / LIFE SKILLS

- Number of skills mastered
- Degree of achievement of skills

#### SOCIAL SKILLS

- Frequency of behavior during teacher directed activities
- Frequency of behavior observed in natural settings

### **Benchmarks**

What is a Benchmark?

- Statement of points/dates along the path of achieving a goal.
- Is sequential in nature identifies the smaller, essential steps that proceed from the simple to more complex skills or concepts.

•Can vary on:

- ✓ Condition
- ✓ Behavior/task
- ✓ Criteria
- ✓ Time

•Divides the goal into measurable units.

### **Goal Statement**

Conditions	Student	Behavior/Task	Criteria	Time
Given a third grade reading passage	The student will	Write answers to literal comprehension questions	90% accuracy 5/5 trials	By June, 2018

### **Benchmark Examples**

The three following benchmarks vary the condition:

Conditions	Student	Behavior/Task	Criteria	Time
<b>Given a 1.5 passage</b>	The student will	Write answers to literal comprehension questions	90% accuracy on 5/5 trials	By November, 2018
<b>Given a 2.0 passage</b>	The student will	Write answers to literal comprehension questions	90% accuracy on 5/5 trials	By January, 2018
<b>Given a 2.5 passage</b>	The student will	Write answers to literal comprehension questions	90% accuracy on 5/5 trials	By March, 2018

The three following benchmarks vary the behavior/task:

Conditions	Student	Behavior/Task	Criteria	Time
Given a 3.0 reading passage	The student will	<b>Write answers to three literal comprehension questions</b>	90% accuracy on 5/5 trials	By November 2017
Given a 3.0 reading passage	The student will	<b>Write answers to five literal comprehension questions</b>	90% accuracy on 5/5 trials	By March, 2018

Given a 3.0 reading passage	The student will	<b>Write answers to 10 literal comprehension questions</b>	90% accuracy on 5/5 trials	By June, 2018
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The three following benchmarks vary the *criteria*:

Conditions	Student	Behavior/Task	Criteria	Time
Given a 3.0 reading passage	The student will	Write answers to literal comprehension questions	<b>90% accuracy on 1/5 trials</b>	By November, 2017
Given a 3.0 reading passage	The student will	Write answers to literal comprehension questions	<b>90% accuracy on 3/5 trials</b>	By March, 2018
Given a 3.0 reading passage	The student will	Write answers to literal comprehension questions	<b>90% accuracy on 5/5 trials</b>	By June, 2018

### **Short Term Objectives**

What is a short-term objective?

- Pieces/task analysis/steps necessary to reach the goal
- Must be measurable
- Is Parallel in nature
  - Identifies the discrete (stand-alone) components of the task or behaviors to be taught
  - Builds a repertoire of skills related to the annual goals
  - Most appropriate for goals that cannot be divided into smaller, sequential steps

### **Short Term Objective Example:**

#### **Goal Statement**

Conditions	Student	Behavior/Task	Criteria	Time
Upon entering the classroom in the morning	The student will	Independently follow the morning routine	90% of the time	By June, 2018

The three following objectives:

Conditions	Student	Behavior/Task	Criteria	Time
Given his coat hook in the classroom	The student will	Independently hang his coat on the hook	5 consecutive days, 4/5 weeks	By November, 2018
Given his backpack with his daily materials	The student will	Independently take the materials out of the backpack and place in his desk	5 consecutive days, 4/5 weeks	By January, 2018

Give daily assignments written on the board	The student will	Independently copy the assignments in his assignment notebook	5 consecutive days, 4/5 weeks	By March, 2018
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## Manifestation Determination Meetings

A Manifestation Determination needs to be completed when determining whether a student's behavior that resulted in disciplinary action was a manifestation of his/her disability. The manifestation determination review is to be a careful and thorough consideration of any rare or extraordinary circumstances. It is required within ten (10) school days of any decision to change the placement of an eligible child because of a violation of a code of student conduct.

### Illinois Administrative Code, Section 226.400 Disciplinary Actions

*With respect to disciplinary action concerning children with disabilities, school districts shall conform to the requirements of 34 CFR 300.530 through 300.536, as well as Section 10-22.6 of the School Code. In addition, upon the occurrence of any act that may subject the student either to expulsion from school or suspension resulting in more than ten (10) cumulative days of suspension during any one school year, the district shall be required to convene a meeting of the IEP Team to review the student's behavioral intervention plan or, if a behavioral intervention plan has not yet been developed, to develop one.*

**\*Contact the school psychologist if a student is approaching 10 days of suspension.** If the child receives more than 10 days of suspension, and the team has determined that the behavior is related to the disability, the school district is responsible to provide FAPE. Interim services to be provided to the student must be discussed by the team. If the team determines that Homebound services are appropriate, then the district will need to arrange and pay for Homebound Instruction for this student.

An IEP meeting to conduct the Manifestation Determination must be held within 10 school days of the 11<sup>th</sup> day of suspension. Parents must be notified and need to be provided with their procedural safeguards no later than the date on which a decision is made to go past 10 days of suspension (11<sup>th</sup> day of suspension or removal).

The student must receive services on day 11 and beyond if suspended or removed past 10 days in a school year prior to the manifestation determination meeting. One hour of Homebound Instruction per day of suspension could be considered "services" for a short time.

### **Please be prepared to discuss the following at the meeting:**

- The incident(s) that resulted in disciplinary action
- The student's current placement and IEP
- Observations of the student

*This should include an analysis of the child's behavior across settings and times throughout the school day.*

### **Determination of Manifestation shall be based upon two inquiries:**

- 1) was the conduct caused by, or did it have a direct and substantial relationship to the child's disability?

OR

- 2) was the conduct the direct result of the LEA's failure to implement the child's IEP?

If the team determines that the behavior WAS NOT a manifestation of the student's disability, relevant disciplinary procedures may be applied in the same manner in which they are applied to students without disabilities. However, the student still retains the right to a free, appropriate public education.

If the team determines that the behavior WAS a manifestation of the student's disability, it must take immediate steps to ensure that all services in the child's IEP are provided. Additionally, the school district will be responsible for providing the student Homebound Instruction during any additional days out for an OSS.

**\* Whether or not the behavior was found to be a manifestation of the student's disability, the following actions must be implemented:**

- The IEP team must conduct a functional behavioral assessment, unless the LEA has already completed one, and implemented a behavioral intervention plan.
- If a behavior intervention plan was already developed, review it and modify it, as necessary to address the behavior.
- Return the child to the placement from which the child was removed, unless the LEA and parent agree to a change in placement.

**Information to bring to the meeting:**

- Number of referrals  
*Include type of behavior and location, example: 1 verbal aggression toward a peer in classroom, 3 disrespectful comments toward staff in lunchroom, etc.*
- All Out of School Suspensions from the current school year
  - *Bring at least two copies of all OSS paperwork for the current school year.*
  - *The administrator who issued the Out of School Suspensions should be present at the meeting*
  - *Be prepared to present a detailed description of the behaviors resulting in the suspensions.*
- Data in an organized format  
*Example: A data chart that displays trends in time of day, weeks, or months.*  
*A data chart that shows baseline data of the student's behavior*  
*and data after an intervention has been put in place.*
- A list of interventions and strategies and the duration and outcome of each
- Behavior charts/ management programs/ student point sheets (with data graphed) used with this student
- Previous year's behavior/ academic data/ attendance patterns
- Any other information you believe would contribute to making a determination of manifestation.

**Case Manager Responsibilities:**

- Inform your school psychologist when approaching the 10 days of OSS
- Keep building administrators informed
- Organize the Manifestation Determination Meeting (including sending the parent invitation)
- Complete the "Observations of the Student" section on the Manifestation Determination paperwork (3<sup>rd</sup> box)
- Have data prepared in an organized format
- Have a copy of the current IEP to review at the meeting
- Have draft goals prepared that address the target behaviors
- Have a sign-in sheet prepared for the meeting
- Notification of Conference Recommendation form

### **Manifestation Determination Meeting Agenda**

1. Introductions (Case Manager)
2. Purpose of the meeting (Case Manager/Administrator)
3. Review of the incidents that resulted in disciplinary action (Administrator, Staff)
4. Review of the student's IEP and placement (Psychologist)
5. Observations of the student (Staff)
6. Information provided by the parents (Parents)
7. Review of the FBA (Case Manager)
8. BIP review (Case Manager)
9. Review of the IEP (Case Manager)
10. Determination of Manifestation (Team)
11. Revise IEP, if appropriate, including the development of a BIP, if not already completed (Team)

### **Functional Behavioral Assessments (FBA)**

If a student's behavior keeps interrupting his or her learning, or the learning of other students, the school district and parents should work together to understand the reason for the behavior, and plan ways to help the student learn more appropriate ways of behaving. One way of doing this is for the IEP team to develop a Behavioral Intervention Plan (BIP). A BIP is a tool that can help to:

- Understand the meaning, or function, of behavior;
- Understand what may be causing the behavior to happen;
- Understand ways to change the environment to support the student's needs; and
- Plan how to teach the student appropriate behavior.

#### **What is a Functional Behavioral Assessment (FBA)?**

The first step in developing a good behavior plan is to conduct a Functional Behavioral Assessment, or FBA. The FBA is a process to improve understanding of problem behavior in order to identify what skills need to be taught, and to develop a better behavior plan. The process includes observation, interviews and data collection to identify when, where and why the behavior is occurring (23 IAC 226.230(b)).

The FBA is used to answer the question "what function does this behavior have for this student?" The answer to that question is either to get something (such as attention, rewards, sensory stimulation) or to avoid or escape something (such as a difficult task, anxiety, boredom).

Identifying the function guides the development of a plan which can help the school teach missing skills and make changes so that the need for the behavior no longer exists. A good FBA should include a hypothesis about the function of the behavior, based on the following information:

- An objective description of the behavior;
- The places or situations where the behavior happens;
- The places or situations where the behavior does not happen;

- Events that happen just before the behavior;
- Events that happen just after the behavior; and
- Additional information, including the student's health, medication, and strengths.

## Behavioral Intervention Plans (BIP)

The IEP team uses the information from the FBA to develop a plan to:

- teach replacement behaviors which have the same function as the problem behavior;
- make changes to the situations that contribute to the behavior; and
- teach other missing skills which increase the likelihood of the appropriate behavior happening.

It's important to remember that the purpose of a Behavior Intervention Plan (BIP) is not to outline punishments, but rather to define what the adults will do differently to better support the needs of the student.

A BIP should include the following information:

- A summary of the FBA, identifying the function of the behavior;
- The strengths of the student;
- What replacement behavior will be taught, including:
  - how the new behavior will be taught
  - who will be responsible for teaching the replacement behavior
  - how long it will take to teach, and
  - how staff will reinforce the appropriate behavior;
- Additional supports that will be provided, including any schedule changes, additional services, tutoring for missing skills, etc.;
- What data will be used to decide if the plan is succeeding; and
- How the school will communicate with the student's family.

## Discipline

Schools are responsible for keeping students and staff safe. If any student behaves in a way that is dangerous for themselves or others, the school's first priority must be to deal with that danger and keep everyone safe. Special education laws cannot hinder school safety.

A student with a disability can receive the same punishments as other students, with one exception – a suspension beyond 10 days. A student with a disability cannot be disciplined more severely than other students for breaking the same rule. If a student without a disability can be suspended for up to three days for breaking a specific rule, a student with a disability cannot be suspended for more than three days for breaking the same rule.

### Interim Alternative Educational Setting (IAES)

In certain situations, the school district may be entitled to remove the student from the current setting, regardless of whether the student's conduct was caused by the disability. In such situations, the student may be removed for up to 45 school days to an "Interim Alternative Educational Setting (IAES). This may be any educational setting other than the current one that is capable of implementing the student's IEP.

#### **There are three primary situations in which a school district may remove a student:**

1. Where the student's conduct involves a weapon (such as a gun or a knife);
2. Where the conduct involves the sale, use or possession of an illegal drug or a controlled substance at school, on school premises or at school function sponsored by the school district; or
3. Where the student inflicts serious bodily injury on another person at school, on school premises, or at a school function sponsored by the school district or a state education agency.

In such cases, the school district may remove the student immediately to an IAES, regardless of whether an MDR has occurred. In addition, the school district may also remove a student to an IAES for up to 45 school days for conduct that puts the student or others at serious risk of harm (even if no physical injury occurs). However, before the removal can occur, the school district must obtain the order of a special education due process hearing officer.

## Isolated Time Out, Time Out, and Physical Restraint

### *Requirements for the Use of Isolated Time Out, Time Out, and Physical Restraint*

Isolated time out, time out, and physical restraint, as defined in this Section, shall be used only when the student's behavior presents an imminent danger of serious physical harm to the student or others and other less restrictive and intrusive measures have been tried and proven ineffective in stopping the imminent danger of serious physical harm. Isolated time out, time out, or physical restraint shall not be used as discipline or punishment, convenience for staff, retaliation, a substitute for appropriate educational or behavioral support, a routine safety matter, or to prevent property damage in the absence of imminent danger of serious physical harm to the student or others.

a) Isolated Time Out or Time Out

- 1) "Isolated time out" means the involuntary confinement of a student alone in a time out room or other enclosure outside the classroom without a supervising adult in the time out room or enclosure. Isolated time out is allowed only under limited circumstances. If all other requirements under this Section are met, isolated time out may be used only when the adult in the time out room or enclosure is in imminent danger of serious physical harm because the student is unable to cease actively engaging in extreme physical aggression.
- 2) "Time out" means a behavior management technique for the purpose of calming or de-escalation that involves the involuntary monitored separation of a student from classmates with an adult trained under subsection (i) for part of the school day, only for a brief time, in a non-locked setting.
- 3) "Isolated time out" or "time out" does not include a student-initiated or student-requested break, a student-initiated or teacher-initiated sensory break, including a sensory room containing sensory tools to assist a student to calm and de-escalate, an in-school suspension or detention, or any other appropriate disciplinary measure, including a student's brief removal to the hallway or similar environment.
- 4) Any enclosure used for isolated time out or time out shall:
  - A) meet all of the health/life safety requirements of 23 Ill. Adm. Code 180;
  - B) have the same ceiling height as the surrounding room or rooms and be large enough to accommodate not only the student being placed in isolated time out or time out but also, if applicable, any other individual who is required to accompany that student under this Section;
  - C) be constructed of materials that cannot be used by students to harm themselves or others, be free of electrical outlets, exposed wiring, and other objects that could be used by students to harm themselves or others, and be designed so that students cannot climb up the walls;
  - D) be designed to permit continuous visual monitoring of and communication with the student; and
  - E) if fitted with a door, be fitted with either a steel door or a wooden door of solid-core construction. If the door includes a viewing panel, the panel shall be unbreakable. The door shall not be fitted with a locking mechanism or be physically blocked by furniture or any other inanimate object at any time during the isolated time out or time out.
- 5) For an isolated time out, an adult who is responsible for supervising the student must remain within two feet of the enclosure. The supervising staff member must always be able to see, hear, and communicate with the student. The door shall not be locked or held to block egress. A student in isolated time out shall

not be supervised using cameras, audio recording, or any other electronic monitoring device.

- 6) For time out, an adult trained under subsection (i) who is responsible for supervising the student must remain in the same room as the student at all times during the time out.
  - 7) A student placed in isolated time out or time out must have reasonable access to food, water, medication, and toileting facilities. Except in circumstances in which there is a risk of self-injury or injury to staff or others, a student in isolated time out or time out shall not have his or her clothing removed, including, but not limited to, shoes, shoelaces, boots, or belts.
- b) "Physical restraint" means holding a student or otherwise restricting a student's movements. "Physical restraint" as permitted pursuant to this Section includes only the use of specific, planned techniques.
- c) The requirements set forth in subsections (d) through (i) of this Section shall not apply to the actions described in this subsection (c) because, pursuant to Section 10-20.33 of the School Code [105 ILCS 5], *"restraint" does not include momentary periods of physical restriction by direct person-to-person contact, without the aid of material or mechanical devices, accomplished with limited force and designed to:*
- 1) *prevent a student from completing an act that would result in potential physical harm to himself, herself, or another or damage to property; or*
  - 2) *remove a disruptive student who is unwilling to leave the area voluntarily.*
- d) The use of physical restraint shall be subject to the following requirements and limitations.
- 1) Pursuant to Section 10-20.33 of the School Code, physical restraint may only be employed when:
    - A) *the student poses a physical risk to himself, herself, or others,*
    - B) *there is no medical contraindication to its use, and*
    - C) *the staff applying the restraint have been trained in its safe application as specified in subsection (i) of this Section.*
  - 2) Physical restraint must end *immediately* when:
    - A) *the threat of imminent danger of serious physical harm ends; or*
    - B) *the student indicates that he or she cannot breathe or staff supervising the student recognizes that the student may be in respiratory distress.*

- 3) The staff involved in physically restraining a student must periodically halt the restraint to evaluate if the imminent danger of serious physical harm continues to exist. If the imminent danger of serious physical harm continues to exist, staff may continue to use the physical restraint and the continued use may not be considered a separate instance of physical restraint.
- 4) A physical restraint shall not impair a student's ability to breathe or communicate normally, obstruct a student's airway, or interfere with a student's ability to speak. If physical restraint is imposed upon a student whose primary mode of communication is sign language or an augmentative mode, the student shall be permitted to have his or her hands free of restraint for brief periods, unless the supervising adult determines that this freedom appears likely to result in harm to the student or others.
- 5) "Prone physical restraint" means a physical restraint in which a student is held face down on the floor or other surface and physical pressure is applied to the student's body to keep the student in the prone position. "Supine physical restraint" means a physical restraint in which a student is held face up on the floor or other surface and physical pressure is applied to the student's body to keep the student in the supine position. Until July 1, 2021, prone and supine physical restraint is prohibited, unless all of the following criteria are met:
  - A) Before using a prone or supine physical restraint, the school district or other entity serving the student shall review and determine if there are any known medical or psychological limitations that contraindicate the use of a prone or supine physical restraint.
  - B) The school district or other entity serving the student deems the situation an emergency, defined as a situation in which immediate intervention is needed to protect a student or other individual from imminent danger of serious physical harm to himself, herself, or others and less restrictive and intrusive interventions have been tried and proven ineffective in stopping the imminent danger.
  - C) Prone or supine physical restraint is used in a manner that does not restrict or impair a student's ability to breathe or communicate normally, obstruct a student's airway, or interfere with a student's primary mode of communication.
  - D) Prone or supine physical restraint is used only by personnel who have completed required training under subsection (i).
  - E) Prone or supine physical restraint is used only if those interventions are the least restrictive and intrusive interventions to address the emergency and stop the imminent danger of serious physical harm to the student or others. During each incident, one school staff person trained in identifying the signs of distress must be assigned to observe and monitor the student during the entire incident. That staff person may not be involved in the physical holding of the student. The number of staff involved in physically restraining the student may not exceed the number



necessary to safely hold the student. Staff involved in the restraint must use the least amount of force and the fewest points of contact necessary and must afford the student maximum freedom of movement while maintaining safety.

- F) The prone or supine physical restraint ends immediately when the threat of imminent danger of serious physical harm ends, but in no event shall prone or supine physical restraint last longer than 30 minutes. If after 30 minutes the emergency has not resolved, or if an additional emergency arises the same school day that meets the standards of this subsection (d), a school administrator, in consultation with a psychologist, social worker, nurse, or behavior specialist, may authorize the continuation of the restraint or an additional prone or supine physical restraint. No restraint may be continued, nor may additional restraints be applied, unless continuation is authorized by a school administrator.
- G) If the student is restrained in a prone or supine physical restraint in at least 2 separate instances within a 30-school day period, the school personnel who initiated, monitored, and supervised the incidents shall initiate a Restraint Review, which is a review of the effectiveness of the procedures used. If the personnel involved in the restraints do not include a psychologist, social worker, nurse, or behavior specialist, at least one of those staff members shall be included in the Restraint Review. The Restraint Review must include, but is not limited to:
  - i) conducting or reviewing a functional behavioral analysis, reviewing data, considering the development of additional or revised positive behavioral interventions and supports, considering actions to reduce the use of restrictive procedures, or, if applicable, modifying the student's individualized educational program, federal Section 504 plan, behavior intervention plan, or other plan of care, as appropriate; and
  - ii) reviewing any known medical or psychological limitations that contraindicate the use of a restrictive procedure, considering whether to prohibit that restrictive procedure, and, if applicable, documenting any prohibitions in the student's individualized education program, federal Section 504 plan, behavior intervention plan, or other plan of care.
- 6) Students shall not be subjected to physical restraint for using profanity or other verbal displays of disrespect for themselves or others. A verbal threat shall not be considered as constituting a physical danger unless a student also demonstrates a means of or intent to immediately carry out the threat.
- 7) Except as permitted by the administrative rules of another State agency operating or licensing a facility in which elementary or secondary educational services are provided (e.g., the Illinois Department of Corrections, the Illinois Department of Juvenile Justice, or the Illinois Department of Human Services), mechanical

restraint or chemical restraint, as defined in subsection (d)(12), shall not be employed.

- 8) Medically prescribed restraint procedures employed for the treatment of a physical disorder or for the immobilization of a person in connection with a medical or surgical procedure shall not be used as means of physical restraint for purposes of maintaining discipline.
- 9) Any application of physical restraint shall take into consideration the safety and security of the student. Physical restraint shall not rely upon pain as an intentional method of control.
- 10) In determining whether a student who is being physically restrained should be removed from the area where the restraint was initiated, the supervising adult shall consider the potential for injury to the student, the student's need for privacy, and the educational and emotional well-being of other students in the vicinity.
- 11) "Chemical restraint" means the use of medication to control a student's behavior or restrict a student's freedom of movement. Chemical restraint is prohibited. "Chemical restraint" does not include medication that is legally prescribed and administered as part of a student's regular medical regimen to manage behavioral symptoms and treat medical symptoms.
- 12) "Mechanical restraint" means the use of any device or equipment to limit a student's movement or hold a student immobile. Mechanical restraint is prohibited. "Mechanical restraint" does not include any restraint used to:
  - A) treat a student's medical needs;
  - B) protect a student known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness;
  - C) position a student with physical disabilities in a manner specified in the student's individualized education program, federal Section 504 plan, or other plan of care;
  - D) provide a supplementary aid or service or an accommodation, including, but not limited to, assistive technology that provides proprioceptive input or aids in self-regulation; or
  - E) promote student safety in vehicles used to transport students.

e) Time Limits

- 1) A student shall be released from isolated time out or time out immediately upon determination by the staff member that the student is no longer an imminent danger of serious physical harm to the student or others. No less than once every 15 minutes, an adult trained under subsection (i) must assess whether the student has ceased presenting the specific behavior for which the time out was imposed.
- 2) A student shall be released from physical restraint immediately upon a determination by the staff member administering the restraint that the student is no longer in imminent danger of causing serious physical harm to the student or others.

**Documentation and Evaluation**

- 1) In a form and manner prescribed by the State Superintendent, a written record of each episode of isolated time out, time out, or physical restraint shall be maintained in the student's temporary record. The official designated under this Section shall also maintain a copy of each of these records. Each record shall include, but is not limited to, all of the following:
  - A) the student's name;
  - B) the date of the incident;
  - C) the beginning and ending times of the incident;
  - D) a description of any relevant events leading up to the incident;
  - E) a description of any interventions used prior to the implementation of isolated time out, time out, or physical restraint;
  - F) a description of the incident or student behavior that resulted in isolated time out, time out, or physical restraint, including the specific imminent danger of serious physical harm to the student or others;
  - G) for isolated time out, a description of the rationale of why the needs of the student cannot be met by a lesser restrictive intervention and why an adult could not be present in the time out room;
  - H) a log of the student's behavior in isolated time out, time out, or during physical restraint, including a description of the restraint techniques used and any other interaction between the student and staff;
  - I) a description of any injuries (whether to students, staff, or others) or property damage;

- J) a description of any planned approach to dealing with the student's behavior in the future, including any de-escalation methods or procedures that may be used to avoid the use of isolated time out, time out, or physical restraint;
  - K) a list of the school personnel who participated in the implementation, monitoring, and supervision of isolated time out, time out, or physical restraint; and
  - L) the date on which parental or guardian notification took place, as required by subsection (g).
- 2) The school official designated under subsection (j)(3) shall be notified of the incident as soon as possible, but no later than the end of the school day on which it occurred.
  - 3) The requirements of this subsection (f)(3) shall apply whenever an episode of isolated time out or time out exceeds 30 minutes, an episode of physical restraint exceeds 15 minutes, or repeated episodes have occurred during any three-hour period.
    - A) A licensed educator or licensed clinical practitioner knowledgeable about the use of isolated time out or time out or trained in the use of physical restraint, as applicable, shall evaluate the situation.
    - B) The evaluation shall consider the appropriateness of continuing the procedure in use, including the student's potential need for medication, nourishment, or use of a restroom, and the need for alternate strategies (e.g., assessment by a mental health crisis team, assistance from police, or transportation by ambulance).
    - C) The results of the evaluation shall be committed to writing and copies of this documentation shall be placed into the student's temporary student record and provided to the official designated under subsection (j)(3).
  - 4) When a student experiences instances of isolated time out, time out, or physical restraint on 3 days within a 30-day period, the school personnel who initiated, monitored, and supervised the incidents shall initiate a review of the effectiveness of the procedures used and prepare an individual behavior plan for the student that provides either for continued use of these interventions or for the use of other, specified interventions. The plan shall be placed into the student's temporary student record. The review shall also consider the student's potential need for an alternative program, for special education eligibility, or, for a student already eligible for special education, for a change in program.
    - A) The district or other entity serving the student shall invite the student's parents or guardians to participate in this review and shall provide ten days' notice of its date, time, and location.

- B) The notification shall inform the parents or guardians that the student's potential need for special education, an alternative program, or, for students already eligible for special education, the student's potential need for a change in program, will be considered and that the results of the review will be entered into the temporary student record.

g) Notification to Parents or Guardians

- 1) A district whose policies allow for the use of isolated time out, time out, or physical restraint shall notify parents or guardians to this effect as part of the information distributed annually or upon enrollment pursuant to Sections 10-20.14 and 14-8.05(c) of the School Code.
- 2) If a student is subject to isolated time out, time out, or physical restraint, the school must make a reasonable attempt to notify the student's parent or guardian on the same day the isolated time out, time out, or physical restraint is imposed.
- 3) Within one (1) business day after any use of isolated time out, time out, or physical restraint, the school district or other entity serving the student shall send the form required under subsection (f)(1) to the student's parents or guardians.

h) Report to the State Superintendent

- 1) No later than 2 school days after any use of isolated time out, time out, or physical restraint, the school district or other entity serving the student shall, in a form and manner prescribed by the State Superintendent, submit the information required under subsection (f)(1) to the State Superintendent.
- 2) The State Superintendent reserves the authority to require districts to submit the information required under subsection (f)(1) for previous school years.

i) Requirements for Training

- 1) Any adult who is supervising a student in isolated time out or time out, or who is involved in a physical restraint, shall receive at least 8 hours of developmentally appropriate training annually. Except for training on physical restraint, online training may be utilized for all training areas under this subsection (i)(1). Training is required in the following areas:
  - A) crisis de-escalation;
  - B) restorative practices;
  - C) identifying signs of distress during physical restraint and time out;
  - D) trauma-informed practices; and
  - E) behavior management practices.

- 2) All adults trained under this subsection (i) must be provided a copy of the district's policies on isolated time out, time out, and physical restraint.
- 3) Isolated time out, time out, or physical restraint, as defined in this Section, shall be applied only by individuals who have received annual systematic training on less restrictive and intrusive strategies and techniques to reduce the use of isolated time out, time out, and physical restraint based on best practices and how to safely use time out and physical restraint when those alternative strategies and techniques have been tried and proven ineffective. This training must include all the elements described in this subsection (i) and must result in the receipt of a certificate of completion or other written evidence of participation. No individual may use isolated time out, time out, or physical restraint before receiving the required training and certificate. An individual who applies isolated time out, time out, or physical restraint shall use only techniques in which he or she has received prior annual training, as indicated by written evidence of participation.
- 4) The training required under this subsection (i) with respect to isolated time out, time out, or physical restraint may be provided either by the employer or by an external entity.
  - A) All persons or entities who provide training must be trained and certified in the:
    - i) effective use of less restrictive and intrusive alternatives to prevent imminent danger of serious physical harm to the student or others; and
    - ii) safe application of isolated time out, time out, and physical restraint when less restrictive and intrusive alternatives have been tried and proven ineffective.
  - B) The training shall include, but need not be limited to:
    - i) the dangers associated with the use of isolated time out, time out, and physical restraint and the need to use interventions that are less restrictive and intrusive to reduce the risk of harm to students;
    - ii) appropriate procedures for preventing the need for isolated time out, time out, or physical restraint, including the de-escalation of problematic behavior, relationship-building, and the use of alternatives to restraint;
    - iii) recognizing and responding appropriately to the antecedent of a student's behavior;

- iv) recognizing contraindications and other conditions and events that increase risk of death;
  - v) a description and identification of dangerous behaviors on the part of students that may indicate the need for isolated time out, time out, or physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted;
  - vi) the simulated experience of administering and receiving a variety of isolated time out, time out, and physical restraint techniques, ranging from minimal physical involvement to very controlling interventions;
  - vii) instruction regarding the effects of isolated time out, time out, and physical restraint on the person in restraint, isolated time out, or time out, including instruction on monitoring physical signs of distress and obtaining medical assistance;
  - viii) instruction regarding documentation and reporting requirements and investigation of injuries and complaints; and
  - ix) demonstration by participants of proficiency in administering isolated time out, time out, and physical restraint.
- 5) An individual may provide training to others in a particular method of time out and physical restraint only if he or she has received written evidence of completing training in those techniques that meet the requirements of this subsection (i) within the preceding one-year period.
- j) Any use of isolated time out, time out, or physical restraint permitted by a board's policy shall be implemented in accordance with written procedures that include:
- 1) the circumstances under which isolated time out, time out, or physical restraint will be applied;
  - 2) a written procedure to be followed by staff in cases of isolated time out, time out, or physical restraint;
  - 3) designation of a school official who will be informed of incidents and maintain the documentation required under this Section when isolated time out, time out, or physical restraint is used;
  - 4) the process the district or other entity serving public school students will use to evaluate any incident that results in an injury to the affected student; and

- 5) a description of the district's or other entity's annual review of the use of isolated time out, time out, or physical restraint, which, at a minimum, shall include:
  - A) the number of incidents involving the use of these interventions;
  - B) the location and duration of each incident;
  - C) identification of the staff members who were involved;
  - D) any injuries or property damage that occurred; and
  - E) the timeliness of parental or guardian notification, timelines of agency notification, and administrative review.

### **Complaint Procedures**

- 1) Any parent or guardian, individual, organization, or advocate may file a signed, written complaint with the State Superintendent alleging that a local school district or other entity serving the student has violated this Section. The complaint shall include all of the following:
  - A) the facts on which the complaint is based;
  - B) the signature and contact information for the complainant;
  - C) if known, the names and addresses of the students involved and the name of the school of attendance;
  - D) a description of the nature of the problem, including any facts relating to the problem; and
  - E) a proposed resolution of the problem to the extent known.
- 2) The State Superintendent shall only consider a complaint if it alleges a violation occurring not more than one year prior to the date in which the complaint is received.
- 3) After receiving a complaint that meets the requirements of this subsection (k), the State Superintendent shall:
  - A) carry out an independent on-site investigation, if deemed necessary by the State Superintendent;
  - B) give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint; and



- C) require that the public entity that is the subject of the complaint submit a written response to the complaint. The public entity shall submit its response and all other documentation to the State Superintendent and the parent, individual, or organization filing the complaint no later than the date indicated in the written correspondence received under this subsection (k).
- 4) The State Superintendent must issue a written decision to the complainant that addresses each allegation in the complaint and that contains all of the following:
  - A) findings of fact and conclusion;
  - B) the reasons for the State Board of Education's final decision; and
  - C) orders for any action, including technical assistance.
- 5) The complaint procedure under this subsection (k) does not limit, diminish, or otherwise deny the federal and State rights and procedural safeguards afforded to students.

(Source: Amended at 44 Ill. Reg. 6377, effective April 9, 2020)

## IEP Timelines

### Evaluations and Reevaluations

Activity	Timeline
Respond to a request for evaluation	Within 14 school days of receipt of request
Complete evaluation and convene IEP meeting to determine eligibility	Within 60 school days of receipt of parent consent
Complete (re)evaluation when parent signed consent with less than 60 school days left in the school year	Must be completed prior to the first day of student attendance of the next school year
Provide parents a copy of eligibility conference summary report	Immediately after meeting
Provide notice of IEP meeting to consider outside evaluation	Within 10 calendar days after receipt of report
Conduct reevaluation	Every 3 years, but not more than 1x per year unless agreed
Respond to a parent request for an IEE	Within 5 calendar days of the request

### IEPs

Activity	Timeline
Complete initial IEP	Within 30 calendar days of initial determination of eligibility meeting and no later than 60 school days of receipt of consent
Respond to request for an IEP meeting	Within 10 calendar days from date of request
Provide notice of IEP meeting	Within 10 calendar days prior to date of IEP meeting
Provide parents with copy of IEP	Immediately after IEP meeting
Implement IEP	10 calendar days after IEP meeting, unless parent waives 10 day waiting period
Provide notice of IEP team determination	Immediately after IEP meeting
Notice to parent of IEP meeting for student moving into district from another Illinois district if NOT adopting former IEP	Within 10 calendar days of student's enrollment in district
Provision of comparable services to student moving into district when copy of IEP is provided, but district does NOT adopt	Immediately
Implement services believed to best meet student's needs for move in student without verbal or written confirmation of content or copy of IEP	Immediately
Convene IEP meeting to develop new IEP if no IEP has been received for move in student	Within 20 calendar days of enrollment

### Revocation of Consent

Activity	Timeline
Confirm revocation to parent if consent revoked orally	Immediately
Provide "prior written notice" to parent of revocation and impact upon services (prior written notice)	Within 10 calendar days of revocation
Cease services	10 calendar days after notice of revocation and impact is provided to parent
Provide notice to staff of revocation and cessation of services	Immediately

### Student Records

Activity	Timeline
Request records from former school district (if no IEP is received)	Within 1 business day after student's enrollment
Respond to records request from parent	Within 15 school days of receipt of request
Forward transferring student's records to new school district	Within 10 calendar days of receipt of notice to transfer

### Special Education Student Discipline

Activity	Timeline
Provide notice of suspension for 10 calendar days or less	Promptly upon imposition of discipline
Convene IEP meeting to hold MDR and develop/revise FBA/BIP if student is suspended for more than 10 school days in 1 year	Within 10 school days of the suspension
Convene IEP meeting to hold MDR, develop/review FBA/BIP and determine placement if change in placement is implemented or sought	Within 10 school days of the decision to impose a change in placement (suspensions over 10 days)
Duration of interim alternative educational placement	45 school days (please refer to the Discipline section for appropriate criteria)

### Report on IEP Goals/Progress

Activity	Timeline
Inform parents of their child's progress on IEP goals	At least as often as parents of nondisabled children are notified

## Section 504

(Parent and Educator Resource Guide to Section 504 in Public Schools; U.S. Department of Education Office for Civil Rights, December 2016; 34 C.F.R.; 42 U.S.C.; Amendments Act; Department of Justice: ADA)

Section 504 of the Rehabilitation Act of 1973 is a federal civil rights law that prohibits discrimination on the basis of disability in programs and activities that receive Federal financial assistance from the U.S. Department of Education. Section 504 establishes a student's right to full access and participation to education and all school-related activities and require schools provide appropriate services to meet the individual needs of qualified students.

Under Section 504, an individual with a disability is defined as a person who: 1) has a physical or mental impairment that substantially limits a major life activity; 2) has a record of such an impairment; or 3) is regarded as having such an impairment. The determination of whether a student has a physical or mental impairment that substantially limits a major life activity must be made on a case by case basis.

The Section 504 definition of physical or mental impairment also includes any mental or psychological disorder. The definition does not include all specific diseases and conditions that may be physical or mental impairments because of the difficulty of ensuring the completeness of such a list.

The list of major life activities under Section 504 includes, but is not limited to , the activities listed below:

- caring for one's self
- walking
- standing
- lifting
- bending
- seeing
- hearing
- eating
- sleeping
- speaking
- breathing
- working
- performing manual tasks
- learning
- reading
- concentrating
- thinking
- communicating

Major bodily functions are also major life activities under the law, and these major bodily functions include functions of the bowel, bladder, and brain; normal cell growth; and the immune, endocrine (i.e. thyroid, pituitary, and pancreas), respiratory, reproductive, circulatory, digestive, and neurological systems.

These lists, however, do not provide every possible major life activity or bodily function; therefore, if an activity or bodily function is not listed, it might still be considered a major life activity under Section 504. It should be noted that a student may have a disability and be eligible for Section 504 services even if his or her disability does not limit the major life activity of learning. Therefore, rather than considering only

how an impairment affects a student's ability to learn, consideration must also be given to how an impairment affects *any* major life activity of the student and, if necessary, assess what is needed to ensure that students have an equal opportunity to participate in the school's programs.

Examples:

- 1) A student with a visual impairment who cannot read regular print with glasses is substantially limited in the major life activity of seeing;
- 2) A student with an orthopedic impairment who cannot walk is substantially limited in the major life activity of walking;
- 3) A student with diabetes who requires insulin injections is substantially limited in the operation of a major bodily function, the endocrine system;

Staff should note that a student may have a disability and be eligible for Section 504 services, including modifications, even if the student earns good grades. This is because the student's impairment may substantially limit a major life activity regardless of whether the student performs well academically, and the student may need special education or related aids and services because of this disability.

For example, a student who has dyslexia and is substantially limited in reading finds it challenging to read the required class material in a timely manner. Alternatively, a student who has been diagnosed with depression may be substantially limited in her ability to concentrate while completing school assignments. In both cases, the student spends far more time preparing for class than other students and earns good grades because of the student's intelligence and extreme efforts. The student would still be substantially limited in the major life activity of reading despite earning good grades and may require a multi-sensory approach to learning, and additional time to complete in-class tests or quizzes, even if that student earns mostly A's.

#### Mitigating Measures

When determining if a person has a disability, a school cannot consider the ameliorative (beneficial) effects of mitigating measures when determining how the impairment impacts the major life activities under consideration. For example, a student with low vision (unable to read typical size print with ordinary eyeglasses or contacts) who is able to read using a computer program that enlarges the font size of documents is still a person with a disability, even though the computer program permits the student to diminish the impact of his or her low vision and read lessons and other materials for school. Note that the use of ordinary eyeglasses or contacts is the one exception to the mitigating measure rule. In other words, if a person's vision is corrected with ordinary eyeglasses or contacts, the school may consider how the eyeglasses or contacts help the student see when making a determination about whether the student has a disability based on seeing.

#### Substantial limitation

The determination of substantial limitation must be made on a case-by-case basis with respect to each individual student. Section 504 requires that, for elementary and secondary school students, a group of knowledgeable persons draw upon information from a variety of sources in making this determination. The Amendments Act also requires that in making that determination under Section 504, the beneficial effects of mitigating measures (other than ordinary eyeglasses and contacts) must not be considered. For example, school districts must determine if a student with asthma has a disability without considering how an inhaler affects the student's major life activities such as breathing and talking.

#### Episodic Impairments

If an impairment only occurs periodically (that is, it is episodic) or is in remission, it is a disability if, when in an active phase, it would substantially limit a major life activity. For example, a student with epilepsy is a student with a disability if, during a seizure, the student is substantially limited in a major

life activity such as thinking, breathing, or neurological function. Or, a student with bipolar disorder is a person with a disability if, during manic or depressive episodes, the student is substantially limited in a major life activity such as concentrating or brain function.

#### Record of a Disability

To meet the Section 504 definition of an individual with a disability, a student could also *have a record of a disability*. Having a record of a disability means that a person either has a history of a disability or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activities. For example, a person who had heart disease, cancer, or a mental illness, may have a record of a disability, but no longer have the impairment. An example of a misclassification is a school district that incorrectly identified a student as having a learning disability, when further testing revealed the student's issues were caused by the need for ordinary eyeglasses and the student does not have a learning disability.

A student who has a record of a disability may or may not need special education and related aids and services. Section 504 does not obligate a school district to provide aids or services that a student does not need. But, even if a student with a disability does not need services, the student is protected from disability-based discrimination under Section 504's general non-discrimination requirements.

#### Regarded as having a Disability

A student could also meet the definition of an individual with a disability by begin *regarded as* a person with a disability. This could mean, for example, that the student does not have any impairment, but is treated by others as having a disability. For example, a person who does not have a physical or mental impairment that substantially limits a major life activity, but who is not allowed on the soccer team because of the false belief that the student has the human immunodeficiency virus (HIV) would be regarded as having a disability. Note, as stated previously, although the student with HIV in this instance is not entitled to receive aids and services, the student is nevertheless protected from disability-based discrimination under Section 504's general non-discrimination requirements.

An individual does not fall within the definition as someone regarded as having a disability if the physical or mental impairment is transitory (that is, having an actual or expected duration of six months or less) and minor. For example, if a person has a broken leg but is expected to fully recover within six weeks, and the injury is considered minor, that person is *not* regarded as a person with a disability even if others treat the person as if he or she has a disability. While Section 504 does not require a school to take specific action if a student has a physical or mental impairment that is transitory and minor, Section 504 also does not prohibit the school from going beyond what the law requires to assist a student. The school district could, for example, allow the student to take a bus to school, when the student with the broken leg typically walks to school, or provide a pass to allow the student to use the elevator, which is typically off limits to students, while the student is on crutches.

#### Qualified Individual with a Disability

In addition to satisfying the definition of an individual with a disability, a student with a disability must also be qualified for the protections of Section 504 in order to be covered under the law. For students with disabilities at the elementary or secondary level, being qualified under Section 504 is based primarily on whether the person is a certain age. Specifically, a student with a disability is a qualified individual with a disability if the student is of an age at which: 1) students without disabilities are provided elementary and secondary educational services; or 2) it is mandatory under State law to provide elementary and secondary educational services to students with disabilities.

A student with a disability is also a qualified individual with a disability if he or she is a student whom a State is required to provide a free appropriate public education (FAPE) under the IDEA, another Federal education law that addresses the rights of students with disabilities. Under Section 504, FAPE must be provided free of charge to students with disabilities. Schools may impose fees on a student with a disability only if the fees are equally imposed on students without disabilities. For example, to cover the cost of a field trip that apply to all students are fees a school can charge to a student with a disability.

Key features of FAPE under Section 504 include:

- Evaluation and placement procedures that guard against misclassification or inappropriate placement of students;
- Periodic reevaluation of students who have been provided special education or related services and prior to a significant change in placement;
- Provision of regular or special education and related aids and services that are designed so that the individual educational needs of students with disabilities are met as adequately as the needs of non-disabled students are met;
- Education of students with disabilities with non-disabled students – to the maximum extent that this arrangement is appropriate for the needs of students with disabilities; and
- A system of procedural safeguards that include notice, an opportunity for parents to review their child's records, an impartial due process hearing, and a review procedure.

## Confidentiality and Educational Records

Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy interests of students. It affords parents the right to access and amend their children's education records and gives them some control over the disclosure of the information in these records. FERPA generally prevents an education agency or institution from sharing student records, or personally identifiable information in these records, without the written consent of a parent.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

Keep in mind that student records are not just simply the student's file. Student records can also include notes, hand written or typed, that you have shared with even one person; audio tapes from IEP meetings or other meetings that discuss or name a student; and emails that include a student's name. Anything can be interpreted as a student record, so please be reminded to keep all communication professional.

- Section 226.740 Records; Confidentiality
- 34 CFR 300.610 through 300.627 (specifically 34 CFR 300.623)
- School Student Records Act [105 ILCS 10]
- State Board of Education (23 Ill. Adm. Code 375)



# ADDITIONAL INFORMATION AND RESOURCES

## Glossary of Terms

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

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

**Adaptive behavior:** a collection of skills learned in order to function in everyday life.

**Americans with Disabilities Act (ADA):** Enacted in 1990, it gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities to public accommodations, employment, transportation, state and local government services, and telecommunications.

**adverse educational impact:** in order to qualify for special education services, a student must have a disability that interferes with some aspect of learning.

**Annual review (AR):** Students with disabilities are required by law to have an educational program that is reviewed each year. A review involves an updating of the student's progress and planning his/her educational program, and development of a new IEP for the upcoming year.

**Antecedent:** something that comes before, precedes, or causes a behavior.

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

**Applied Behavior Analysis (ABA):** A technique for correcting behavior and social skill deficits in children with special needs. It is based on the understanding that children are more likely to repeat desired behaviors when these behaviors are met with positive reinforcement, and that they are less likely to repeat undesirable behaviors that are not rewarded. One significant part of ABA is discrete trial training (DTT), in which a skill is broken down into its most basic components so that these components may be taught one at a time.

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

**Assistive Technology (AT):** Assistive technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. Assistive technology can include mobility devices such as walkers and wheelchairs, as well as hardware, software and peripherals that assist people with disabilities in accessing computers or other information technologies.

**Attention Deficit Disorder (ADD):** An out-of-date term that was previously used to describe children who have difficulty paying attention, but are not significantly impulsive or hyperactive. Today the term ADD is usually used to describe the inattentive subtype of AD/HD or as a synonym for AD/HD.

**Attention Deficit/Hyperactivity Disorder (AD/HD):** A condition that can make it hard for a person to sit still, control behavior and pay attention. Children with AD/HD are sometimes eligible for special education services under IDEA's "other health impairment" disability category.

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

**Audiologist:** Specialist who is concerned with studying the nature of hearing, administering hearing tests to detect possible hearing loss, and giving information about hearing aids, training programs, and medical treatment. Related service includes identification, determination of hearing loss, and referral for habilitation of hearing.

**Autism (AUT):** Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability. In addition, autism shall include, but not be limited to, any Autism Spectrum Disorder that adversely affects a child's educational performance.

**Behavioral Intervention:** A method or technique used to influence a student's actions.

**Behavior Intervention Plan (BIP):** A plan that targets one to three of a student's undesirable behaviors with interventions that are linked to the functions of the behavior; each intervention specifically addresses a measurable, clearly-stated targeted behavior. A BIP can include prevention strategies, which stop the behavior before it begins, as well as replacement behaviors, which achieve the same function as the disruptive behavior without causing disruption.

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

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

**Benchmark:** Refers to a major milestone that will enable parents, students, and educators to monitor progress toward a goal during the year.

**Bilingual:** The ability to use two languages with equal or nearly equal fluency.

**Child find:** the responsibility of the school district to locate, identify, and evaluate children with disabilities in their jurisdiction.

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

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

**Compensatory education:** services determined to be necessary by the IEP Team as a result of failure of the school district to adequately implement the child's IEP.

**Complaint:** The written action taken to notify ISBE that special education regulations are not being followed.

**Confidential:** Information held by the school district that can only be shared with non-school parties with written parent permission, unless stated otherwise in the law.

**Confidential file:** File maintained by the school that contains evaluations conducted to determine whether child has a disability, other information related to special education placement; parents have a right to inspect the file and have copies of any information contained in it.

**Confidentiality:** Precautions an individual other than the student's parent must take in not revealing information, without consent, about a specific student, to someone who is not directly involved with that student.

**Consent:** Requirement that the parent be fully informed of all information that relates to any action that the school wants to take about the child, that parents understand that consent is voluntary and may be revoked at any time. A voluntary agreement by the parents to let the school take an action which affects their child's education. Consent is shown by the parent signing a form or letter which describes the action the school wants to take. (1) Fully informing the parent of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication, (2) The parent understands and agrees in

writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom, and (3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

**Continuum of services:** The range of services which must be available to the students of a school district so that they may be served in the least restrictive environment.

**criterion referenced tests:** assessment that compares a person's performance to some specific established level (the criterion) or a specific degree of mastery; his or her performance is not compared with that of other people.

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

**Cut Point, Cut Scores:** Scores on screening tools, usually selected by a school district, that are used to determine whether or not a student needs additional testing or intervention.

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

**Date of Referral:** The date on which written parental consent to complete an evaluation is obtained or provided.

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

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

**Developmental Delay (DD):** A delay in physical development, cognitive development, communication development, social or emotional development, or adaptive development (may include children from three through nine years of age).

**Developmental Milestones:** A set of functional skills or age-specific tasks that most children can do at a certain age range.

**Developmental and Social History:** A narrative assessment formulated by a child's classroom teacher, parents, pediatrician and school specialists, focusing on issues such as the child's health history, developmental milestones, genetic factors, friendships, family relationships, hobbies,

behavioral issues and academic performance. A developmental and social history is a common element of an assessment plan.

**Differentiation:** a way of thinking about and planning in order to meet the diverse needs of students based on their characteristics; teachers differentiate content, process, and product according to students' readiness, interest, and learning profiles through a range of instructional and management strategies.

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

**Disability:** a documented condition that results in restricted capability to perform a function of daily life; a disability is not a handicapping condition unless the individual with a disability must function in a particular activity that is impeded by his or her limitation.

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

**Dispute process:** procedure to resolve disputes between parents and schools.

**Domain:** An aspect of a child's functioning or performance that must be considered in the course of designing an evaluation. The domains are health, vision, hearing, social and emotional status, general intelligence, academic performance, communication status, and motor abilities.

**Due process hearing:** A formal legal proceeding presided over by an impartial public official who listens to both sides of the dispute and renders a decision based upon the law.

**Duration:** The length of time a student will need a special program or service during the school year or extended school year, as documented on the IEP.

**Early Childhood:** Programs and services provided to children with disabilities from age 3 through 5.

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

**Eligible:** A decision that determines a student meets the requirements for and is in need of special education and related services. The decision is based on the results of the evaluation and the conclusions reached at the eligibility conference.

**Eligibility Conference:** A conference held to determine, review, terminate, or consider changes in a student's eligibility for special education.

**Eligibility Conference Summary Report:** A written report containing a summary of the results of the evaluation and the determination of eligibility for special education.

**Emotional Disability (ED):** Disability category under IDEA. 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. An inability to learn that cannot be explained by intellectual, sensory, or health factors.

- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.
- Emotional disability includes schizophrenia.

**English Language Learner (ELL):** Someone who speaks a language other than English and is learning to speak and understand the English language.

**Evaluation:** Collecting information about a student and any problems that may affect his/her educational development for the purpose of determining eligibility for special education and related services. The evaluation may include giving individualized tests, observing the student, looking at records, and talking with the student and his/her parents (see also assessment).

**Expert:** person with a high degree of skill in or knowledge of a certain subject; having, involving, or demonstrating great skills, dexterity, or knowledge as the result of experience or training.

**Extended School Year (ESY):** A provision for a special education student to receive instruction during ordinary school vacation periods.

**Goals and Objectives:** A written component of an IEP: skills the student is expected to reasonably achieve in one year maximum (reviewed and re-evaluated by the IEP team at least annually).

**Family Education Rights and Privacy Act (FERPA):** A federal law that regulates the management of student records and disclosure of information from those records. The Act has its own administrative enforcement mechanism.

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

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

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

**General Education:** a standard curriculum adopted by the state or local school district for all children from preschool to high school; the setting where this instruction routinely takes place.

**Group Intelligence Tests:** Tests, often administered in the general education classroom, that measure academic ability as well as a child's cognitive level. It is through these types of tests that a teacher might first suspect that a student has a learning disability.

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

**IEP Team:** The team of qualified professionals made up of the parent, special education teacher, interpreter of test data, district representative, and general education teacher at a minimum. This group makes all decisions related to the instructional program of a child with special needs, including placement and services provided.

**Inclusion:** the idea or philosophy related to students with disabilities participating and being educated in the general education classroom/program to the extent possible.

**Inclusion, Inclusive Classroom:** The term inclusion communicates an all-embracing societal ideology. Regarding individuals with disabilities and special education, inclusion secures opportunities for students with disabilities to learn inside general education classrooms, alongside general education peers.

**Independent Educational Evaluation (IEE):** Federal law defines an IEE broadly as "an evaluation conducted by a qualified examiner who is not employed by the public agency responsible for the education of the child in question " (IDEA, 2006, section 300.503); it is provided either at parent expense or at public expense as a result of a parent's request or a due process hearing decision.

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

**Individual Intelligence Tests:** Intelligence tests that are administered to a student one on one. These tests are often part of the assessment process. Two common individual intelligence tests are the Wechsler Intelligence Scale for Children (WISC) and the Stanford Binet Intelligence Scale.



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

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

**Individualized Education Plan (IEP):** a legal document designed by a team of educators, specialists, and the child's parent(s)/guardian(s) for students eligible as described in IDEA 2004; has many required sections, specifying many aspects of a disabled child's education.

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

**Initiation Date:** The date, month, and year in which a program or service will begin as documented on the IEP.

**In-School Suspension (ISS):** An alternative placement program that allows students to come to school, but they are not allowed to attend regular class. They are placed in an isolated, supervised, small-group setting where they can still complete their school work.

**Intervention:** action taken to correct, remediate, or prevent identified or potential educational, medical, or developmental problems.

**Interim Alternative Educational Setting (IAES):** a setting, other than the student's current placement, that may be considered by the MDT as a result of disciplinary infractions, in which the child will continue to be educated and progress toward IEP goals.

**Intellectual Disability (ID):** Significantly sub-average general intellectual functioning, existing simultaneously with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

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

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

**Least Restrictive Environment (LRE):** The environment in which students with disabilities must be educated, as mandated by The Individuals with Disabilities Act (IDEA). Students with

disabilities must be educated in a classroom setting that is as close to the general education setting as possible.

**Manifestation Determination:** a process as a result of disciplinary actions that constitutes a change of placement whereby the MDT considers the relationship between the student's disability and the conduct in question and may adjust the disciplinary action, as well as the student's IEP, accordingly.

**Mastery Criteria/Mastery Level:** the cutoff score on a criterion-referenced test; the condition for mastery of an IEP goal.

**Meaningful Progress:** improvement in student performance individually determined to be sufficient to indicate that FAPE is being provided.

**Medicaid:** A federal-state public medical assistance program administered by the Illinois Department of Public Aid that enables eligible recipients to obtain medical benefits outlined within the state Medicaid guidelines.

**Modifications:** Substantial changes in what the student is expected to demonstrate; includes changes in instructional level, content, and performance criteria, may include changes in test form or format; includes alternate assessments.

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

**Multidisciplinary Team (MDT):** a group including parents and professionals with different areas of expertise who come together for the purpose of looking at an individual child's educational program.

**Multiple disabilities:** Multiple disabilities means a combination of various impairments that cause 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.

**Multiple Intelligences:** educational theory put forth by psychologist, Howard Gardner, which suggests that an array of different kinds of "intelligence" exists in human beings including: Verbal-Linguistic, Logical-Mathematical, Visual-Spatial, Musical, Bodily-Kinesthetic, Interpersonal, Intrapersonal, and Naturalistic.

**Multidisciplinary Evaluation Team (MET or MDT):** The name used for the group of trained professionals that conduct eligibility and review assessments. These members are often the same as the IEP Team, but the law does not define a MET or MDT, simply calls them a group of qualified professionals.

**Native Language:** The first language of an individual. A school district is required to evaluate a student in his or her native language, or document proficiency in English, before they can identify that student as having a disability and provide special education services. In addition, parents must be offered evaluation plans and individualized education plans (IEPs) in their native language before giving informed consent.

**Natural Environment:** An educational setting that is comparable to the setting provided to children without disabilities.

**Observational Records:** Information about a child's academic performance provided by anyone who works with a child. Observational records are a common element of an assessment plan.

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

**Office of Civil Rights (OCR):** The federal agency that serves student populations facing discrimination and the advocates and institutions promoting solutions to civil rights problems. An important responsibility is resolving complaints of discrimination, as well as developing creative approaches to preventing and addressing discrimination.

**Office of Special Education and Rehabilitative Services (OSERS):** An agency of the federal government's executive branch within the Department of Education.

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

**Other Health Impairment (OHI):** A disability category under IDEA that lists examples of health-related conditions that may qualify a child for special education: attention-deficit/hyperactivity disorder, diabetes, epilepsy, heart conditions, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia and Tourette syndrome.

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

**Parent:** Natural or adoptive parent; a guardian, but not the State if the child is a ward of the State; a person acting in the place of a parent (e.g., a grandparent or step-parent with whom the child lives, or a person legally responsible for the child's welfare); or an educational surrogate parent.

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

**Performance Deficit:** A social or academic skills deficit in which a student understands a particular skill, but fails to implement it consistently.

**Placement:** The unique combination of facilities, personnel, location or equipment necessary to provide instructional services to meet the goals as specified in the student's IEP. **Placement is a set of services, not a location.**

**Prior Written Notice:** Required written notice to parents when the school proposes to initiate or change, or refuses to initiate or change, the identifications, evaluation, or educational placement of the child.

**Procedural safeguards:** Rights regarding the special education of students who are either identified with a disability or suspected of having a disability; a booklet containing certain aspects of these rights required to be provided to parents once each year, as well as upon referral for special education, filing of a complaint, or upon parent request.

**Psychologist:** Person with an advanced degree who specializes in administering and evaluating psychological tests including intelligence, aptitude, and interest tests. A psychologist could also provide counseling and apply principles of human behavior.

**Reevaluation:** An assessment that occurs every three years, or more if needed, to determine continued eligibility for special education.

**Referral:** The process of requesting that a student be evaluated for special education and related services. Any concerned person may refer a student, including teachers, principals, parents, other agency personnel, or the student.

**Regression/recoupment:** The amount of loss of skills a child experiences over an instructional break (primarily summer vacation) and the amount of time it takes him/her to recover the lost skills. Standards for when regression and recoupment concerns require ESY are noted in case law and in state and federal policy letters.

**Related Services:** IDEA requires that school districts provide whatever related services (other than medical care which is not for diagnostic purposes) a child needs in order to benefit from his or her special education program. Related services are support services needed by a student in order to benefit from special education services. These may include, but are not limited to, speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, early identification and assessment, counseling, rehabilitation counseling, orientation and mobility services, school health services, and social work services.

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

**Picture Exchange Communication System (PECS):** A type of augmentative alternative communication (AAC) originally developed for children with autism. The primary purpose of PECS is to teach individuals with autism to initiate communication. Individuals are taught to

initiate by handing a picture to a communication partner in exchange for a desired item.  
Source: Autism Spectrum Institute at Illinois State University

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

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

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

**Scatter Plot:** A form used in direct assessment to record disruptive behavior and show the behavior's frequency and the time of day at which it occurs.

**scientifically based:** refers to the requirements in NCLB and IDEA 2004 that intervention to the greatest extent possible employs systematic methods of data analysis that are accepted by peer-reviewed journals or approved by a panel of independent experts.

**screening:** the process of administering global methods to determine if the child has a suspected disability and whether the child should have evaluations to determine if he qualifies for special education services and/or related services.

**Section 504:** Provision of the Rehabilitation Act of 1973 which prohibits recipients of federal funds from discrimination against persons with disabilities.

**Short-Term Instructional Objectives/Benchmarks:** Statements in an IEP that describe the steps that allow the student to reach the annual goals.

**Special Education:** Specially designed instruction, at no cost to parents, to meet the unique needs of an eligible individual, including the specially designed instruction conducted in schools, in the home, in hospitals and institutions, and in other settings. Special education provides a continuum of services in order to provide for the education needs of each eligible individual regardless of the nature or severity of the educational needs.

**Specific Learning Disability (SLD):** A disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. Specific learning disabilities include conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of

intellectual disabilities, of emotional disabilities or of environmental, cultural or economic disadvantage.

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

**Speech Language Pathologist (SLP):** Sometimes referred to as speech therapists or speech teachers, these professionals assess, diagnose, treat students who need help with speech, language, cognitive, communication, voice, swallowing, fluency and other related disorders.

**Standardized Tests:** tests where the administration, scoring, and interpretations are set or prescribed and must be strictly followed; scores resulting from these tests are based on a normed population and compare students to their same-age peers.

**“Stay Put” Law:** A law which states that a parent can request that a child remain in his or her current educational placement while an IEP or offer of FAPE is in dispute.

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

**Student Support Team/Problem-Solving Team:** A team of school professionals and parents who meet to discuss problems a child is having in general education classes. The goal of is to discuss ways in which to assist a child so that his/her learning or behavior problems minimize the effect they have on his or her education.

**Supplementary Aides and Services:** supports that are provided in the classroom, extracurricular, and nonacademic settings to allow a student with a disability to be educated with his nondisabled peers to the maximum extent appropriate; when possible these supports should be scientifically based.

**Surrogate Parent:** An individual trained and appointed by ISBE to exercise special education rights on behalf of children with disabilities who are wards of the Illinois Department of Children and Family Services (DCFS) or are otherwise without access to parents.

**Suspension:** Removal from all school programs by administrative action for gross disobedience or misconduct.

**Temporary record:** A file that includes, but is not limited to, family background information, intelligence test scores, aptitude test scores, special education evaluations, achievement level test results, participation in extracurricular activities, disciplinary information, eligibility conference summary reports, IEPs, reports or information from non-educational persons or agencies, and other information of relevance to the education of the student. Access is governed by the Illinois Student Records Act.

**Transition planning:** At a minimum, this is planning for adolescents' post-school lives and must begin by age 14-1/2. Helping a student transition from school to adult life. This requires effective planning, school experiences, services, and supports so that he/she can achieve his desired outcome.

**Transition services:** Transition services means a coordinated set of activities for a child with a disability that—

- is focused on improving the academic and functional achievement of the child with a disability to assist in the child's movement from school to post-school activities, and
- is based on the individual child's needs, taking into account the child's strengths, preferences, and interests.

**Traumatic Brain Injury (TBI):** Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

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

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

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

**Visual Impairment (VI):** Visual impairment includes any type of sight problem which, even with glasses/contacts, adversely affects school performance. Children with visual impairments can be further described as partially sighted or blind based on the degree of visual impairment and their educational needs.

**Weapon:** Means a "dangerous weapon" as defined in the United States Code [Weapon, device, instrument, material, or substance, animate or inanimate that is used for or is readily capable of, causing death or serious bodily injury, except that such term does not include a pocket knife with a blade of less than 2½ inches in length (18 USC 930(g)(2)).

**Wechsler Intelligence Scale for Children (WISC):** An individual intelligence test, usually administered by the school psychologist, which measures a student's intelligence in a variety of

areas, including linguistic and spatial intelligence. This is a norm-referenced test, meaning that it has statistical validity and reliability for what it states it measures.

**Widening Gap:** The gap between what a child with a disability knows and what his or her peers know, which widens as he or she advances to higher grades.

**Woodcock Johnson, Third Edition (WJIII):** A performance-based test commonly used to help to determine a student's eligibility for special education services.



**IEP Paperwork  
Order of Forms  
(Annual Review/IEP Meeting)**

ORIGINAL paperwork must be submitted to the LCSEA office within five (5) calendar days of the meeting date.

- Student Change Form, if applicable (parents do not receive)
- FACTS Tracking Form (parents do not receive)
- Conference Summary Report
- Indicator 13 form, if applicable (14 ½ years or older, parents do not receive)
- Notice of Conference Recommendations
- Parental Consent to Bill Medicaid (only needs to be signed one time in the child's education)
- Parental Consent for Initial Placement, if applicable (only signed one time in child's education)
- Conference Summary Report
- Consideration for Children with Autism (complete at every IEP meeting for all children w/ eligibility of autism)
- Present Levels of Achievement
- Goals and Objectives
- Secondary Transition, if applicable (14 ½ years or older)
- Transition Services, if applicable (14 ½ years or older)
- Educational Accommodations and Supports
- Assessment
- Educational Services and Placement
- BIP, if applicable
- MDR, if applicable
- Additional Notes (include ONLY the notes from the present meeting.
- Parent/Guardian Notification of Conference
- Excusal of IEP Team Member, if applicable
- Notification of Transfer of Rights Due to Age of Majority (one year prior to the student's 18<sup>th</sup> birthday/ LCSEA will mail to parents and student).
- Delegation of Rights to Make Educational Decision (age 18/ case managers are responsible)
- Consent for Agency Invitation, as applicable
- Parent/Guardian Waiver of 10-Day Notice Period of IEP Conference, if applicable
- Recommendation for Graduation, if applicable
- Summary of Performance (students who will be graduating/exiting)
- Post-School Data Collection Survey, if applicable
- Parent Notification of IEP Program Amendment, if applicable

**Additional Forms:**

- Report of Progress on Annual Goals/ Attach old goals with up-to-date progress marked
- Transition Assessment  
    Student and Parent Interviews

**IEP Paperwork**  
**Order of Forms**  
*(Domain/Eval/Re-eval)*

ORIGINAL paperwork must be submitted to the LCSEA office within five (5) calendar days of the meeting date.

**Domain Paperwork**

- Parent/Guardian Notification of a Decision Regarding Request for Evaluation
- Parent/Guardian Consent for Re/Evaluation (including Domain pages)
- Notice of Conference

**Re/Evaluation Paperwork**

- Student Change Form, if applicable (parents do not receive)
- FACTS Tracking Form (parents do not receive)
- Conference Summary Report (only need one if meeting is held in conjunction with IEP)
- Documentation of Evaluation Results
- Documentation of Intervention Results (Optional SLD only)
- Eligibility Determination
  - Disability form to go along with disability determination page
- Functional Behavioral Assessment (FBA), if applicable
- Any reports (nurse, psychologist, speech pathologist, OT, PT, etc.)
- Parent/Guardian Notification of Conference
- Excusal of Team member