



Special Education Policies and Procedures Handbook

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Purpose

The purpose of this manual is assist WVA school personnel in the compliance with state and federal policies related to special education. This manual is a reference guide that outlines consistent procedures related to the policies, a resource for answering questions, and a staff development tool. Staff members are asked to read through this manual and direct any questions to the Student Services Manager or Curriculum Specialist.

Understanding Special Education Policies and Procedures

In the special education federal policies three federal disability laws affect school aged children. These acts include: the Rehabilitation Act, the Americans with Disability Act (ADA), and the Individuals with Disabilities Education Act (IDEA).

The Rehabilitation act has various sections, in particular, Section 504 provides the establishment and definition of civil rights for individuals with disabilities. Under Section 504,

eligibility standards for a disability has three components: (1) any physical or mental impairment (without a restricted list) that (2) substantially limits (3) one or more major life activities (Zirkel, 2009). It also calls for a plan to provide reasonable accommodations as well as free and appropriate education (FAPE) to those who qualify. Section 504 outlines procedural safeguards, evaluation and placement procedures, and due process requirements. The key for educators is to use the term “reasonable accommodations” as a measuring stick to ensure they are providing FAPE for students who have qualified as being disabled.

The Americans with Disabilities Act has five titles that cover various responsibilities government and other agencies must follow to be considered non-discriminatory. It has been amended (ADAAA) to provide a more clear and comprehensive definition of a major life activity. Major life activities now include: caring for oneself, performing manual tasks, eating, lifting, bending, learning, reading, concentrating, thinking, communicating, walking, seeing, hearing, breathing, sleeping, standing, speaking, and working. Also included is the "operation of a major bodily function," such as functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

With ADAAA’s broadened definition more students now qualify under Section 504, and must have a plan to ensure reasonable accommodations are being made for an appropriate education. According to Zirkel (2009), every school must ask themselves four questions to determine if they are in compliance with the new regulations. These question are: “(1) Do you have a designated (and effective) 504 coordinator? (2) Do you have an appropriate grievance procedure for disability-related issues, including those concerning students, employees, and facilities? (3) Do you have readily available 504-customized procedural safeguards notice that is duly issued to the child’s parents? (4) Do you have a timely procedure for providing an impartial hearing for student 504 issues upon parental request?

The Individuals with Disabilities Education Act (IDEA), focuses on, solely, school aged children who have meet a specific set of criteria that demonstrate the need for special education. All individuals who qualify for IDEA also fall under the Section 504 umbrella. However, not all students who qualify for Section 504 will need an education plan under IDEA. This Act is federally funded and falls under the jurisdiction of the Office of Special Education. Once an individual graduates from high school, they no longer qualify for IDEA benefits, they must advocate for themselves under ADA in higher education as well as their future employment opportunities.

While all three of these pieces of legislation work together, it is critical that there is understanding on how they interact in a school setting; knowledge of just one of these acts is not enough. This manual will guide school personnel through each of the requirements under the legislation and help to clarify the requirements and responsibilities.

Special Education Process Overview

1. Identify Students

- a. A parent or any other interested person or agency may refer a student;
- b. A universal screening test may also indicate a need for evaluation; and
- c. Students who are not responding to a tier three (3) level of intervention in the RtI process will be referred for a special education evaluation

2. Pre-Referral Process

- a. Within ten school days of receipt of referral, the SAT must compile a comprehensive profile.
 - i. Conduct a review of the area(s) of concern,
 - ii. Collect and analyze available educational data,
 - iii. Review previous interventions, and
 - iv. Make a determination regarding further action.
- b. SAT can then:
 - i. Problem-solve with new interventions - Rtl system
 - ii. Request initial formal evaluation - Refer the Case to MDET
 - iii. Decline evaluation

3. Formal Evaluations are forwarded to the Multi-Disciplinary Evaluation Team (MDET). A complete evaluation must be completed within 60 days.

- a. Parents must give written consent for a formal evaluation
- b. Parents have a right to deny an evaluation
- c. MDET conducts a full, individual initial evaluation which is to determine:
 - i. If the student has a disability or is gifted;
 - ii. Educational needs of the student
 - iii. Effects of the exceptionality on performance;
 - iv. What kinds of specially designed instruction;
 - v. The nature and extent of the disability
- d. Evaluation includes: observations, assessments, parental input, teacher input and related service providers

4. Eligibility Committee and Evaluation

- a. Utilizing data evaluation, the MDET decides whether a student qualifies as having one of the following categories of disabilities:
 - i. Autism,
 - ii. Deaf-blindness,
 - iii. Deafness,
 - iv. Emotional disturbance,
 - v. Hearing impairment,
 - vi. Intellectual Disability, formerly known as mental retardation,
 - vii. Multiple disabilities,
 - viii. Orthopedic impairment,
 - ix. Other health impairments,
 - x. Specific learning disabilities,
 - xi. Speech and language impairment,
 - xii. Traumatic brain injury,
 - xiii. Visual impairment,
 - xiv. Developmental delays (optional) - only for children ages 3-9
- b. Comprehensive Report

5. Individual Education Program/Plan (IEP)

- a. If the child does have a disability, the MDET becomes and IEP Team; parents join the team as well as student if they are capable.

- i. Because this is a team decision, one or two individuals may not unanimously agree with the majority of the team. If the parents are among these individuals who do not agree with the decision, they have the right to request a hearing and challenge the decision.
 - 1. Parents have the right to appeal and ask for an independent educational evaluation at the expense of the school. (See Safeguard Procedures and Due Process)
 - ii. An IEP meeting must be held within 30 days of determining that a student has a disability that will require special education services. The team gathers to discuss the student's needs and write the IEP.
- b. The IEP is a legal document and must contain the following:
- i. The student's present levels of academic achievement and functional performance, including: how the disability affects involvement and progress in the general education curriculum. a statement for preschool children about how the disability affects participation in appropriate activities. benchmarks and short-term objectives for students taking alternative assessments.
 - ii. A statement of measurable annual goals, including academic and functional goals designed to: meet the child's needs to enable involvement and the ability to make progress in the general education curriculum. meet the child's other educational needs due to disability.
 - iii. A statement of measurement of progress towards these goals, including: how progress will be measured. when progress will be measured.
 - iv. A statement of special education and the requisite supplementary aids and services needed: to advance toward attaining the annual goal. to be involved in the general education curriculum. to participate in extracurricular and other nonacademic activities. to be educated and participate with other children with disabilities and nondisabled children in the activities.
 - v. A statement of how and when a student will not participate with non-disabled peers.
 - vi. A list of accommodations necessary to measure academic achievement and functional performance and/or: a statement explaining why a child cannot participate in regular assessment.
 - vii. A specification of the frequency, location, and duration of services and modifications for the student, including: a statement outlining transition services that are to begin no later than the age of 16.
 - viii. A statement indicating that transition services are needed to assist the child in reaching educational goals. a statement that the child has been informed of his or her rights under IDEA. Transition services listed in an IEP must be based on age-appropriate transition assessments related to training, education, employment, and, when appropriate, independent living skills.

6. **Placement decisions** must be considered after the IEP and special education services are determined. Placement Decisions include:
 - a. LRE: Eligible student must be educated in the general education classroom to the maximum extent appropriate
 - b. Prior written notice and informed consent must be obtained from parents/guardian for initial placement
 - c. Options in the general education setting:
 - i. Full-time - 80% or more of the school day
 - ii. Part-time - 40 - 79% of the school day
7. The student will immediately begin receiving services once the IEP is signed by the team. The school must ensure that accommodations, modifications, placement, and related services identified in the IEP are carried out. Every teacher must have access to the IEP and understand their role in meeting the student's needs and how to monitor progress toward goals.
8. Progress monitoring must be provided to parents, typically every quarter at a minimum through report cards and often more frequently. The IEP will be reviewed by the team annually unless requested earlier by a parent or teacher.
9. **In an IEP review** the following purposes need to be determine:
 - a. Whether the student's annual goals have been achieved;
 - b. If revisions to the IEP need to be made - if there is any lack of expected progress toward annual goals
 - c. Whether a reevaluation is necessary or to address the results of reevaluation;
 - d. The student's anticipated needs.
10. Written notice that the new IEP changes will be implemented must be provided to the parent/ adult student and receive consent.
11. Every three years, a comprehensive evaluation will be conducted to determine if the student still qualifies for special education services.
12. For students with giftedness, a reevaluation must be conducted during the eighth grade year to determine eligibility for exceptional gifted and continuation of services.

Identifying Students with Special Education Needs

Universal School Screenings

Universal screening is a form of assessment completed with all children in a school or in a particular grade level. The purpose of universal screening is to identify, as soon as possible, potential conditions that may exist and to identify those students who may need intervention. Research has proven over and over again that students who receive intervention early and quickly have better outcomes than students who do not.

Parental permission or notification is not required for a screening activity, unless some sort of standardized test is used. If screening reveals an area of concern, the parent is notified, usually by a school nurse. A preschool screening test, for example, may be used to determine whether

a young child is physically, emotionally, socially, and intellectually ready to begin preschool, while other screening tests may be used to evaluate health, potential learning disabilities, and other student attributes. Examples of screening activities are testing hearing or vision, testing kindergarten and pre-kindergarten children for articulation or sound production, and checking sixth graders for scoliosis. Pre-referral is a team-based process used to address concerns teachers have regarding a student's academic or behavioral challenges. It is preventative in nature, and the goal is to implement interventions that override any negative impact the student is experiencing due to a particular concern or set of concerns (Vaughn et al, 2012). When a student enters school, he is exposed to the general education classroom and receives general education instruction and curriculum. When a teacher observes the student is demonstrating behavioral and/or academic challenges, the child is placed on a watch list. Being on the watch list is positive for the student. It means the teacher is paying specific attention in order to make adjustments to the student's instruction and/or curriculum to help offset the challenges the student is experiencing.

Identification

As a local education agency, we understand that it is our responsibility to actively search for "individuals with disabilities ages birth through twenty-one, gifted individuals from first through eighth grades, and exceptional gifted in grades nine through twelve, including students with disabilities who are homeless or are wards of the state and students with disabilities attending private schools, regardless of the severity of their disability, who are in need of special education and related services" (WVDE, 2017).

Upon enrollment to West Virginia Academy, the parents/guardian of every student will answer the following question regarding their child:

1. Did the student receive special education services at his/her previous school?
2. Did the student have an Individualized Education Program (IEP) at his/her previous school?
3. Did the student have a Section 504 Plan at his/her previous school?
4. Does the student have difficulties that interfere with his/her ability to go to school or learn?
5. Has this student been identified for Gifted and Talented services (TAG)?

If any of the above questions are answered "Yes" then the student is referred to the Student Services Manager. The Student Services Manager will be responsible for the following:

- Review the IEP and provide the student the programs and services specified;
- Schedule and Hold an IEP review meeting within thirty days of the start of school.
- Implement a student's existing 504 plan, if available, or hold a meeting to develop a 504 plan.
- Take the specified actions when the parents have indicated that the student has difficulties that interfere with his/her ability to go to school or learn.
- Enter all appropriate information into WVEIS for students who have an existing IEP.

If the services indicated on the IEP or 504 plan are not available on the WVA campus, the Student Services Manager will work with the parents to provide transportation to and from these services elsewhere.

If the IEP is out of date or no longer appropriate, the Student Services Manager will hold an IEP meeting as soon as possible (within thirty days) to review and determine if a re-evaluation is needed and/or if the IEP is still necessary.

Scheduled Screenings

Universal School Screenings will be conducted and overseen by the school nurse. All results will be reported to the West Virginia Educational Information System (WVEIS). The purpose of universal screenings is to identify, as soon as possible, potential conditions that may exist and to identify those students who may need intervention. Parental permission or notification is not required for a screening activity, unless some sort of standardized test is used.

Examples of the universal screenings at WVA are as follows:

- Head Start Screening: Within 45 days of the beginning of the program: visual/motor, language and cognition, gross motor/body movement, sensory (vision and hearing), behavioral screening
- Developmental Screening is conducted annually for all students entering the West Virginia public or private schools for the first time, these include: Vision, Hearing, Speech, and Language. Health and dental documentation needs to be provided.
- Dyslexia screening will occur for each student entering the Nursery School or Kindergarten for the first time. It will also be conducted upon request from a parent or teacher.
- WVA will conduct developmental screening upon the request of a parent or guardian of a child attending the school within 30 days of request.
- Preventive Health Screenings: Grades 2, 7, and 12 must show proof of HealthCheck Screening and Oral health examination.
- Visual Acuity must be conducted between the ages of 11-13.

Those students at WVA that fail a universal screening will be placed on our "Watch List" where they will be monitored by the Student Services Manager and School Nurse. The Student Services Manager will also consult with the teachers that instruct these students to a be place in the pre-referral process.

Pre-Referral Process

The purpose of the pre-referral process is to provide at risk students an opportunity to continue their education with their peers. Kizer and Sahin (2020) found that if a teacher is effective in the pre-referral process, then there is "an increase students' learning, decrease their behavioural problems, encourage in-class participation, and prevent many students from being labelled."

They also found that “incorrect diagnosis may lead to such consequences as discrimination and being labelled.”

Pre-referrals can be brought to the attention of the administration in a number of ways: (1) during universal screenings, (2) a general education teacher or other faculty member at WVA shows initial concern for a student, (3) a referral from a doctor or other health provider, or (4) parents express concern for their child. All concerns will be taken into consideration.

Steps in the Pre-Referral Process

Please note: the identification of an issue should trigger the teacher to reach out to a student's parents and speak with colleagues about the concerns.

At West Virginia Academy we will follow the IRIS Center for Training Enhancement's six stages of the pre-referral process. They are:

1. **Initial concern regarding a student's progress:** The first stage of the pre-referral process begins with identifying a concern. This may be voiced by a parent, a grandparent, a school counselor, a teacher, the principal, or another school staff member. No matter how the concern is raised, the school team should take it seriously and address it in a consistent manner. Informal concerns may be presented as part of a conversation, such as a parent raising a concern with a teacher, counselor, or other school member. A formal concern is specifically voiced by an individual requesting attention by school personnel.
2. **Information gathering:** Once a concern is identified, the pre-referral team (also called Student Assistance Team or SAT) begins to gather additional data. In the initial concern phase, permission is not usually required to proceed, and, typically, no specific timelines are in place. Information gathering usually starts with a general screening, such as a vision and hearing test. This is a very important step. If the child has an issue in one of these areas, then he must see a doctor to resolve the issue. If glasses or hearing aids are prescribed, then once the child has them, a period of time, usually six weeks, must be allowed to determine if the intervention results in improved classroom performance.

In this stage, more information is collected to provide an enhanced picture of what is occurring with the student. The student's educational history must be reviewed. Current and past grades need to be collected. Ask the following questions: Is the child functioning on level in most subjects but having exceptional difficulty in one area? Is reading a problem? Is mathematics a problem?

The information can be collected by a variety of individuals such as teachers, counselors, parents, and others. The types of information needed include instructional methods, materials and strategies teachers have used with the student, the student's academic level, the school and home behavioral expectations for the student, and techniques the teachers have used in classroom behavioral management.

The purpose of gathering information is to gain insight into the type of issue the student is displaying, its scope, and the level of seriousness. Family members, classroom teachers, student work samples, classroom observations, school records, attendance records, formal and informal assessments, and discipline records can all contribute valuable insight during this stage of the process.

At this stage, it is appropriate for the teacher to share concerns with the student's parents and specifically ask for any information or insights they have regarding the situation. The teacher may also ask questions regarding such things as developmental milestones, the makeup of the family, and other contributing factors, such as frequent moves or family genetic history.

3. **Information sharing and team discussion:** The third stage is the information sharing and team discussion stage. In this stage, the team meets to discuss what has been discovered in gathering information. The purpose of the information sharing stage is to gain a good picture of the situation as well as the student.

At this point, the team reviews why the student was referred. In addition to discussing concerns, the team also discusses the student's strengths, talents, and interests. The reason for this is that if a student has a particular strength, a focused effort should be made to capitalize on the student's strength as part of looking for ways to negate the areas of weakness they are experiencing. The student's skill levels are compared with their peers in this stage.

At this time, the team should also discuss any additional concerns, previous strategies, and additional behaviors of concern. During the process, the team should also take into consideration mitigating circumstances that may be impacting the student. This includes issues such as a possible lack of appropriate previous instruction, multiple disruptions from moving place to place, excessive absences from school, or any other difficulties that can be overcome with appropriate intervention, instruction and practice. Students placed in an inappropriate educational environment may also be experiencing difficulties that can be lessened by providing the correct curriculum and support services.

A student may experience difficulties when their background and experiences differ significantly from classmates. When the behavioral expectations at home differ significantly from those at school, the student will experience difficulty, and this must be considered. The team should also evaluate whether or not the classroom management techniques being utilized are ineffective due to the teacher's lack of knowledge or effective implementation.

4. **Brainstorming Stage:** Where the team will discuss possible strategies. In this stage, the team considers the individual issues and determines possible interventions. If there is more than one issue, the team may need to establish a list of priorities and

concentrate intervention efforts on the issues of greatest concern. That is not to say that multiple concerns cannot be addressed at the same time. The team will make that decision, along with determining the intensity and frequency of the intervention and how often the team will meet to review progress. **Response to Intervention** enters the conversation at this point.

5. **Implementation and monitoring of strategies:** During Stage 5, the plan devised by the team is implemented with fidelity. Data are obtained and evaluated by the team to determine the effectiveness of the intervention. For academic intervention, Curriculum-Based Measurement or CBM is often utilized. CBM is a type of progress monitoring conducted on a regular basis to assess student performance throughout an entire year's curriculum. Teachers can use CBM to evaluate student progress and the effectiveness of their instructional methods. The Behavior Recording Sheet is utilized to record data observed, especially the frequency, duration, and latency related to the issue or concern.
6. **Evaluation and decision making.** During Stage 6, evaluation and decision making, the team reviews the data to determine the effectiveness of the intervention. If the intervention was successful, the team must decide whether to continue the intervention or if it can be discontinued. If the intervention has not been successful, the team needs to consider whether implementing additional strategies is warranted or if they should initiate a referral to special education.

Response to Intervention (RtI)

Response to Intervention is a school-wide, multi-tiered approach to instruction which involves universal screening and scientifically research-based instructional methods incorporating differentiated instruction. At each tier, students receive increasingly intensive instruction and intervention strategies involving progress monitoring used to collect and interpret data for educational decision making.

One eligibility requirement for special education services is evidence that a student's disability is significant to the degree in which general education alone does not meet the needs of the student. RtI is one way to collect data and provide evidence that even with intensive instructional supports, the student is not able to progress at the same rate as peers. Such data are often used as part of the eligibility determination after a child is formally referred for a comprehensive evaluation for special education services. However, these data alone are typically not enough to determine eligibility.

Levels of Services (LoS) Approach

The Response to Intervention (RtI) has been found to meet the needs of more students, beginning with targeting all students based on strengths and interest and with opportunities for advanced learners based on interest and skill.

Key elements include:

- High quality instruction,
- Scientifically, research-based, tiered interventions,
- Alignment with individual needs,
- Frequent monitoring of progress,
- The use of data to make results-based decisions regarding placement,
- Interventions,
- Curriculum,
- Instructional goals, and
- Methodologies.

Level I: Services Provided to All Students

Within our programs, curriculum, and methodology we provide students with foundational skills and tools that will help all students discover and build their personal strengths and talents. We provide character development, creative opportunities, fine arts enrichment, flexible grouping and cross-grade level grouping, project and problem-based learning and mid-term/after school enrichment opportunities. All of these services will help and support the scholars at West Virginia Academy equally.

Level II: Services Needed by Many Students

Level two services are opportunities for a more targeted group of students to engage in activities through which they can investigate their interests and verify areas in which they may demonstrate additional strength. These services include academic competitions, athletic and intramural sporting programs, cluster grouping, entrepreneurship opportunities, advanced foreign language study, internships and mentorships, school plays and talent shows, STEM opportunities on Fridays, and virtual learning experiences.

Level III: Services Needed by Some Students

This level of services are provided to a smaller group of students who need to be engaged on a more rigorous and complex level of learning in documented areas of strength and/or sustained interest. These services include advanced material, curriculum compacting, and subject-level acceleration.

Curriculum-Based Measures

Curriculum-based measurement or CBMs are one approach used to determine how students are responding to interventions and instruction. CBMs assist teachers when making decisions regarding instruction. Simple, easy-to-understand measures, CBMs are used to gather data on students to make data-based educational decisions for instruction, progress reporting to parents and other educational professionals, and diagnosis.

Most CBMs are designed to target reading, written language, mathematics, and spelling, but studies indicate the use of CBMs also can predict achievement on high-stakes testing and the

decrease of off-task behaviors. Teachers who use CBMs in the general education classroom are reported to have higher expectations for their students and employed instructional strategies that resulted in higher academic achievement.

CBMs can be used as a screening method in the general education classroom to monitor the progress of all students and identify struggling students early. They also are commonly used to monitor interventions for students who are struggling academically and can even assist in determining IEP goals.

Seven steps to follow when using CBMs to determine the effectiveness of an instructional strategy for a student suspected of having a disability:

1. Define the problem.
2. Create a CBM monitoring procedure.
3. Chart initial data.
4. Set a performance goal.
5. Create and implement an instructional intervention.
6. Track academic growth through CBM.
7. Interpret charted data.

Visit easycbm.com and register for a free listing of hundreds of CBM probes and monitoring procedures available to teachers in reading, writing, spelling, and mathematics.

Curriculum-based measures are ongoing, so at any time, you may use CBMs for a student not making adequate progress or who has been through many interventions and is close to needing a formal evaluation for special education services. The intervention you choose needs to fit the specific needs of the student. **Interventioncentral.org** provides several examples of available research-based interventions. Some examples of research-based interventions for literacy and mathematics include TPI Interventions; SRA Corrective Reading; Great Leaps; REWARDS; Read Naturally; Achieve 3000; Language Live; Six Minute Solution; Project Read; Reciprocal Teaching; Read It, Draw It, Solve It; Moving with Math; Hands on Standards; Motivation Math, and America's Choice. Of course, you can also use evidence-based strategies to create your own interventions. This is where your expertise and your team are critical to ensure the intervention is based on student needs and appropriateness. Typically, instructors will track a student's progress several times throughout the week. The duration and frequency of progress monitoring will have been outlined as part of the CBM procedure early in the process. By tracking progress, you'll have an idea of the student's growth and how well the intervention is working. CBMs are charted in a visual display for easy interpretation, so results can be shared with other educational professionals and parents. Frequent review of results will assist the Child Study Team in determining if the intervention is working and the most appropriate next steps.

Referring Students for Special Education Services

Federal law specifies evaluation procedures and breaks them down into three parts: Notice, conducting the evaluation, and other evaluation procedures.

Notice

Any person who believes that a student has or may have a disability and requires special education and related services may make a formal request for a special education assessment. The request must be in writing and entered on the Request for a Special Education Assessment Form.

If a parent submits a letter making the request, transfer the information on to a Request for **Special Education Assessment Form**.

If a request for a special education assessment is made by a staff member the Student Services Manager must do the following:

1. Discuss with the teacher all the prior accommodations or modifications that have been taken to help the student.
2. If no accommodations or modifications have been attempted and outcomes documented, the staff member that requested an assessment must provide data on accommodations or modifications tried in the class through the RtI Process. They can be referred to the Curriculum Specialist for intervention strategies, if needed. The request for a special education assessment cannot be made at this time until the RtI process has exhausted the possibilities.
3. If some accommodations or modifications have been attempted, discuss if warranted, others that might be implemented. If the staff member still wants to request a special education assessment for the student, assist them in completing the Student Request Form.

When a parent submits a written request or a student progresses through the RtI process and is referred for evaluation, Title 34 of the Code of Federal Regulations, Subtitle 3, Chapter 3, Part 300 Subpart D, Section 300.300 through Section 300.311 comes into play. This law addresses the federal requirements concerning evaluations. The first provision has to do with giving notice to the parent in regard to either the school or the agency's intent to assess or refusal to assess in the case where a parent has requested an evaluation.

The provisions for the notice are:

- Notice of intent to evaluate or intent NOT to evaluate must be provided to the parent.
- Notice MUST be in writing.
- Notice MUST be in the native language of the parent.
- A description of the action proposed or refused by the agency.
- An explanation of why the agency proposes or refuses to take action.
- A description of each evaluation procedure, assessment, record, or report the agency used as a basis for the proposed or refused action.
- A statement regarding parents' protection under procedural safeguards.
- Sources where the parents can obtain assistance if they don't understand any of the provisions.

- A description of other options that the team considered and the reasons why those options were rejected.
- A description of other factors relevant to the agency proposal or refusal.

According to Title 34 of the Code of Federal Regulation Section 300.301, each school must conduct a full and individual evaluation before initial provision of special education and/or related services can be implemented.

The law outlines these specific procedures for initial evaluations:

1. The initial evaluation must be conducted within 60 days of receiving parental consent unless states have established timelines which differ from the federal regulation.
2. In addition to the time constraints, the initial evaluation must include procedures to determine, first, if the student has a disability and, second, the level of educational need.
3. If applicable - Documentation of attempts to assess the child, of conversations with the parent requesting assistance in getting the child to school, of excused and unexcused absences, and attempts to rectify the issue are crucial to demonstrating why the 60-day period simply could not be followed.
4. Another exception is granted when a student moves to a different school district before an evaluation can be completed. In that case, the school district initiating the evaluation cannot complete the process. The receiving school needs to be notified of the process, and then it falls on the receiving school to comply with the law regarding initial evaluation.

Once a written request for a special education assessment has been received, the Student Services Manager has 15 days to develop and provide the parents with a special education assessment plan. This will start with a Tier 2 or Tier 3 leveled intervention services in the general education classroom to ensure accurate and the most up to date data is being used to assess the student.

****Parents/ Guardians must consent to any evaluation of their student.**

Student Assistance Team

The Student Assistance Team should consist of the Student Services Manager, Special Education Coordinator, Curriculum Specialist, General Education Teachers, and other appropriate staff. These individuals are responsible for creating the initial evaluation plan and inviting other key persons with expertise in the area of disability to help conduct the initial assessment.

Conducting a Special Education Assessment / Evaluation

We've discussed notice; now we turn our attention to the procedures for conducting the evaluation. When an evaluation is conducted, it is required to use a variety of assessment tools. These can be standardized assessment tools, classroom observations, student work, and so

forth. The important concept to remember is that you cannot base your determination of eligibility on just one assessment, such as an IQ test. The assessments should be given in such a way, with accommodations, if necessary, so sensory, manual, or speaking skills impairments do not negatively impact the assessment scores unless the assessment is to determine the amount of impairment related to sensory, manual, or speaking skills.

Additionally, the assessment instruments are to be sound and designed for the purpose for which they are utilized. The assessments are to be nondiscriminatory, provided in the native language, valid and reliable, administered by trained personnel, and administered in ways consistent with the developer's intent. It is important that the child is assessed in all suspected areas of disability. The evaluation needs to be thorough enough that it obtains sufficient information to inform decisions that must be made regarding a child's eligibility for special education and related services.

Assessment Plan

Before a student can be assessed for eligibility for special education or reassessed while receiving special education and related services, an assessment plan must be developed and provided to the parents/guardians for their approval. The Student Assistance Team (SAT) is responsible for creating the plan within 15 calendar days from the date of receipt of the written request. They must also provide the assessment plan to the parents/guardian prior to conducting a re-assessment of a student currently receiving special education services or when a change in the student's eligibility for special education or related services is being considered. The SAT must ensure the parent/guardian understands the plan, in that a copy is provided in the native language, prior to giving their consent.

The assessment plan must include the following:

- The reason(s) for the assessment.
- The assessment areas that will be assessed.
- The types of assessments that will be included.
- The types of staff who will conduct the assessments.

The assessment plan must ensure the following:

1. An assessment of the student in all areas of suspected disability.
2. Selecting and administering tests and other assessment materials that are not racially, culturally, or linguistically discriminatory.
3. Administering tests and other assessment materials in the language and form most likely to yield accurate information on what the student knows and can do academically, developmentally and functionally unless it is not feasible to provide or administer.
4. Selecting and administering tests and other assessment materials to assess an English Language Learner that measure the extent to which the student has a disability and needs special education, rather than measuring the student's English language skills.
5. Selecting tests and other assessment materials that assess specific areas of educational need and are not designed to provide a single intelligence quotient.

6. Using a variety of assessment tools and strategies to gather relevant functional and developmental information about the student.
7. Using information provided by the parent/guardian.
8. Obtaining information about how the student is involved and progressing in the general curriculum.

Specialized Staff

Student Services Manager

As in accordance with the Every Child Succeed Act, the Student Services Manager will hold at least a bachelor's degree. They will have certified as a special education teacher¹ or passed the state special education teacher licensing examination. and has not had any certification or licensure requirements waived. In order for this individual to have their annual contract reviewed, they will complete 12 hours of professional development in the special education field. The School Director will track documentation of such development including retaining the documentation. Annually the Student Services Manager will train our staff on the RtI process as well as provide an overview of IEPs and how to implement various accommodations within the classroom.

Special Education Coordinator

“Collaboration among educators is critical... It turns out that high-performing schools—similar to high-performing businesses— organize people to take advantage of each other’s knowledge and skills and create a set of common, coherent practices so that the whole is far greater than the sum of the parts” (Darling-Hammond, L., 2017) Our teachers will be grouped in building-level teams to collaborate, coordinate curriculum, organize field trips, plan the upcoming terms, etc. There will be a total of five (5) building-level teams: Nursery, K-2, 3-5, 6-8, and 9-12. For each building-level team, one teacher will be assigned to be the Special Education Coordinator. This will be a teacher that has had special training focusing on teaching students with disabilities. The Special Education Coordinator will make sure that all the teachers within their building-team have all the essential IEP information for their students. This teacher will be the first line of defense when other teachers within that team have questions relating to an IEP, a low achieving student, or the RtI system in general.

Formal Evaluation

Multi-Disciplinary Evaluation Team (MDET)

This team consists of the individuals in the SAT as well as any other professions needed to accurately asses the disability in question. These persons may include: school psychologist, school nurse; therapist; speech pathologist;

The MDET must ensure the following:

¹ This includes the alternate route to certify in special education.

1. All assessments must be provided in the child's native language.
2. Students with sensory, motor, or speaking impairments must have assessment instruments selected and administered in a manner that ensures the assessment measures what is intended rather than the student's sensory, motor, or speaking skills.
3. Assessment tools and strategies are selected to provide information on the student's specific areas of educational need.
4. Assessment instruments have been validated for the purposes for which they are going to be used.
5. Assessments are only conducted by qualified professionals as specified in the instructions provided by the producers of the assessment.
6. No single measure or assessment is used as the sole criterion for determining whether a student has a disability and for determining an appropriate educational program for the student.
7. The assessment covers all areas related to the student's suspected disability including: (if appropriate)
 - a. Health and development, including vision and hearing
 - b. General ability
 - c. Academic performance
 - d. Language function
 - e. Motor abilities
 - f. Social and emotional status
 - g. Self-help, including orientation and mobility
 - h. Career and vocational abilities and interests

Student Data Sources

Prior to a student's referral to special education services, assessment data are gathered during the collection process to make evaluation decisions. These data provide important information regarding the student's strengths, weaknesses, and overall classroom performance. **During this stage, students cannot be administered any type of individualized achievement or intelligence tests.** Such tests are only administered after a formal referral for special education services and parental consent.

Student data come in many formats and from multiple sources including:

- Academic information - includes growth, courses, grades, enrollment, completion, and graduation.
- Demographic data - includes a student's age, race, gender, economic status, and special education needs.
- Testing data - encompass the results of teacher-designed tests and quizzes along with annual and benchmark assessments.
- Student action data - include attendance behavior, behavior data, extracurricular activities, and program participation.
- Teacher-generated data - result from teachers' observation of and engagement with a student.

- Student-generated data - result from information generated from work samples.

Data are key to that empowerment in that they help educators create appropriate goals and work groups. They allow educators to see where students excel and where they struggle. This, in turn, informs and shapes targeted instruction. Clear data provide objective talking points for communicating with parents about areas where their children are struggling, growing, and improving. Finally, data clearly mark student progress.

Assessment Generate Data

It is important to be able to interpret and use data once they are available to you. Effective teachers use data to make instructional decisions, to determine who is learning what, and to tailor their instruction to meet individual student's needs.

According to the U.S. Department of Education, teachers who use student test performance data to guide and improve their teaching are more effective than those who do not. While using testing data to gauge progress is a start, using data to adapt instruction is a way to truly transform the classroom. In addition to teachers, other stakeholders can benefit from testing data. Schools can use the information to provide appropriate professional development opportunities to teachers. Parents can use data published for their child's school as a whole to monitor the school's progress and make informed educational decisions for their child.

Data from different types of assessments can be used to drive and improve instruction and to reach students who may demonstrate challenges. Different types of assessment provide different types of data.

- Dynamic assessments occur frequently and are embedded into the ongoing classroom instruction. They provide a record of how students perform over time.
 - Summative Assessments - end of lesson/unit mastery
 - Formative Assessments - ongoing daily feedback to determine mastery
- Screening assessments are given at the beginning of the year to assess prior knowledge and identify students who may struggle in a particular area to help them succeed.
- Standardized tests are professionally developed and administered under standardized conditions, such as a certain amount of time and a certain place. Questions are aligned to state standards and measure the performance of students in a particular subject across a particular grade level.

Ineligibility Factors

Sec. 300.306 establishes a special rule for eligibility determination. It specifically states: "A child must not be determined to be a child with a disability under this part if the determinant factor for that determination is: Lack of appropriate instruction in reading, including the essential components of reading, Lack of appropriate instruction in math, or Limited English proficiency, and If the child does not otherwise meet the eligibility criteria."

NOTE: A student cannot be determined to be a student with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction, lack of instruction in math, or limited English proficiency.

Essential components of reading instruction means explicit and systemic instruction in:

- A. Phonemic awareness Phonics
- B. Vocabulary development
- C. Reading fluency, including oral reading skills
- D. Reading comprehension strategies

Overall Contents of an Initial Assessment

Upon completion of the administration of assessments and other evaluation measures, the group of qualified professionals, along with the parent of the child, determines whether the child is a child with a disability and assesses the child's educational needs. Once this is done, WVA will provide a copy of the evaluation report and the documentation of determination of eligibility to the parent at no cost.

The law states "procedures for determining eligibility and educational need. "In interpreting evaluation data for the purpose of determining if a child is a child with a disability, and the educational needs of the child, each public agency must: Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and Ensure that information obtained from all of these sources is documented and carefully considered. "If a determination is made that a child has a disability and needs special education and related services, an IEP must be developed for the child."

Specific Items

1. Student information such as:
 - a. Name
 - b. Student identification number
 - c. Date of birth Chronological age
 - d. Primary language or mode of communication
 - e. Race or ethnicity
 - f. Gender
2. Covers all of the elements listed above under "Conducting an Initial Assessment."
3. Cites the assessments that were utilized, states that assessment instruments selected and administered were not racially, sexually, or culturally discriminatory, and were considered valid and reliable for the evaluation, includes dates given and who administered them. (Note: If an assessment was administered under conditions not consistent with those specified in the instructions provided by the producer, it must be so

indicated in the report and how it may have compromised the validity of the assessment.)

4. Indicates when an interpreter was used in administering the assessment(s) and whether that compromised the validity of the assessment(s).
5. Includes, when appropriate, the findings from previous assessments including independent educational evaluations provided by the parent(s)/guardian.
6. Indicates whether the assessments were a valid indicator of the student's skills and aptitudes.
7. Provides evidence of whether the student has a disability and may require special education and related services.
8. Describes the relevant behavior of the student, observed in an appropriate setting, and the relationship of that behavior to the student's academic and social functioning.
9. Describes relevant health, developmental, and medical findings.
10. Cites the student's performance on State and District wide assessments.
11. For a student suspected of having a learning disability, provides evidence regarding whether there is a significant discrepancy between achievement and ability that cannot be corrected without special education and related services.
12. A determination concerning the effects of environmental, cultural, or economic disadvantage when appropriate.
13. For a student with a low incidence disability, the need for specialized services, materials, and equipment.
14. The name, title, and signature of the person who wrote the report and the date the report was completed.

Completing the Initial Assessment

Conducting a complete initial special education assessment of a student, consistent with their assessment plan, is an essential part of the special education process.

The assessment should be directed to the following purposes:

1. To provide the IEP team with the information it will need to determine whether the child has a disability and requires special education and related services.
2. To provide the IEP team with information regarding the child's present levels of educational performance.
3. To provide the IEP team with information that will inform its decisions regarding the instructional and other needs of the child and the accommodations, modifications, and services that may be required.

Examiner Qualifications per Assessment

This initial evaluation will be conducted within 60 days of the receipt of parental consent. During the evaluation, there are a number of assessments and evaluations that will be conducted by our trained staff to ensure the information received is accurate and interpreted correctly. The MDT will complete general evaluations, assessments, and observations for the student being

evaluated. The student services manager special education coordinator will usually take the lead on gathering and conducting the various assessments needed in order to determine if the student qualifies for special services under IDEA. However, collaboration is key.

| Type of Assessment | Qualifications |
|-----------------------------|---|
| Academic Achievement | Certified Special Education Teacher (Master's Degree), Licensed Educational Psychologist, or School Psychologist (Credentialed) |
| Adaptive Behavior | Certified Special Education Teacher (Master's Degree), Licensed Educational Psychologist, or School Psychologist (Credentialed) |
| Assistive Technology | Certified or Licensed Speech/Language Pathologist, Certified Special Education Teacher (Master's Degree), Licensed Physical Therapist, or Registered Occupational Therapist |
| Auditory Acuity | Licensed or Certificated Audiologist |
| Auditory Perception (CAP) | Licensed or Certificated Audiologist |
| Cognitive | Licensed Educational Psychologist, or School Psychologist (Credentialed) |
| Health | Licensed Physician |
| Motor Development | Licensed Physical Therapist, Registered Occupational Therapist, or Adaptive Physical Education Specialist (Master's Degree) |
| Speech and Language | Certified or Licensed Speech/Language Pathologist |
| Social/Emotional/Behavioral | School Psychologist (Credentialed), Social Worker (LCSW), Licensed Psychiatrist, or Licensed Educational Psychologist |
| Functional Vision | Certified Teacher of the Visually Impaired (Master's Degree) |
| Vision-Motor Integration | Licensed Educational Psychologist, or School Psychologist (Credentialed) |

Typically, multiple assessments will be completed, these include: a Clinical Diagnostic Assessment, developmental assessments, psychological assessment of cognitive level and adaptive function, interviews with parents and classroom teachers, analysis of formative and summative assessments, and analysis of the student school work. Gathering data from a variety of sources is critical in determining if there are more than one disability. It also ensures the

evaluation gets the whole picture. Some disabilities can be masked or have similar symptoms, but different underlying problems.

At WVA we must make sure that all areas under IDEA are assessed, which will reduce missed diagnoses. Special education services are based on correct diagnosis and research-based accommodation and modifications that give students with disabilities the best chance to achieve the highest academic outcomes.

Eligibility Committee and Evaluation

After all evaluations have been conducted, and data have been collected and interpreted, an eligibility meeting is held to determine if the student referred is eligible for special education services. IDEA requires each local education agency or LEA to have a minimum of one Eligibility Committee based on the number of students enrolled in special education services. The MDET serves as the eligibility committee at West Virginia Academy.

The committee is responsible for determining eligibility and classification and the least restrictive educational environment, and finalizing the IEP if the student is determined to have a disability and is eligible for special education services. A case manager is assigned by the MDET to compile all documentation gathered during the special education process.

Evaluations

If a student continues to experience difficulty in the general education classroom, he or she may be referred to special education services. This step-by-step referral process is mandated by federal regulations set forth by the Individuals with Disabilities Education Act or IDEA, which ensures all students are provided a free and appropriate public education. The assessment process in special education begins with identification.

A formal referral for special education services may be made by a parent, a teacher, or a school psychologist. With parental consent, assessment data are collected to guide eligibility decisions. Assessments may include individualized intelligence, adaptive behavior, skill evaluation, and individualized academic achievement tests. These data provide detailed information regarding a child's eligibility for special education services.

Eligibility Committee Packet

The Eligibility Committee packet contains forms and materials which provide the committee with a comprehensive view of the student. It must include:

- The initial referral form,
- Signed parental consent,
- The comprehensive report,
- The child's schedule,

- Transcripts,
- Medical report,
- Report card,
- All teacher reports,
- Any disciplinary documentation,
- Meeting minutes from MDT meetings,
- Attendance records, and
- An initial draft or working copy of the IEP.

Committee Packet must be given to all parties prior to the meeting. Create an outline of all key points you want to look at in the report. You will not have time to go through the entire report in detail during the meeting, so be prepared with the issues you feel need to be examined in detail. Include both strengths and weaknesses as key points to address in the meeting. You may want to develop a one-page evaluation summary sheet to hand out to all participants along with the comprehensive evaluation report which will be handed out at the onset of the meeting. Be prepared to answer any questions you feel may be asked.

Disability Categories

The Individuals with Disabilities Education Act (IDEA) defines 13 disability categories, a 14th optional category, and evaluation procedures for each of them. The categories of disabilities are autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, intellectual disabilities, multiple disabilities, orthopedic impairment, other health impairment or OHI, specific learning disabilities, speech or language impairments, traumatic brain injury, and visual impairment.

Under IDEA, a student qualifies for special education services if he or she meets the requirements of one of the 13 disability categories AND requires services to benefit from instruction, AND the determining factor is not limited English proficiency or lack of instruction.

Autism (AUT)

Autism refers to "a developmental disability significantly affecting verbal and nonverbal communication and social interaction. Generally evident before age 3, autism adversely affects a child's educational performance.

Section 3030(g), Title 5, CCR provides: A student exhibits any combination of the following autistic-like behaviors, to include but not be limited to:

- An inability to use oral language for appropriate communication;
- A history of extreme withdrawal or relating to people inappropriately and continued impairment in social interaction from infancy through early childhood;
- An obsession to maintain sameness;

- Extreme preoccupation with objects or inappropriate use of objects or both;
- Extreme resistance to controls;
- Displays peculiar motoric mannerisms and motility patterns;
- Self-stimulating, ritualistic behavior.

A child suspected of having autism is often evaluated by a team of professionals. The team must contain a licensed specialist in school psychology, an educational diagnostician, and often a speech and language specialist and/or behavior specialist. However, a person who is certified as an autism specialist could evaluate the student. The written report of evaluation by the group of qualified professionals must include specific recommendations for behavioral intervention and strategies.

Criteria: All elements listed below must be determined to establish eligibility.

1. A written report from a school psychologist that includes all existing information related to any autistic-like behaviors exhibited by the student.
2. Two or more of the following autistic-like behaviors were documented in the above written reports:
 - a. An inability to use verbal and nonverbal language for appropriate communication and social interaction.
 - b. A history of extreme withdrawal or relating to people inappropriately and continued impairment in social interaction from infancy through early childhood.
 - c. An obsession to maintain sameness such as resistance to environmental change or change in daily routines
 - d. Extreme preoccupation with objects or inappropriate use of objects or both
 - e. Extreme resistance to controls
 - f. Displays peculiar motoric mannerisms and motility patterns such as repetitive activities and stereotyped movements.
 - g. Self-stimulating, ritualistic behavior
3. The behavioral manifestations adversely affect the student's educational performance, and require special education.

Teaching Strategies

1. Teacher-Student Connection - An observant, caring teacher can recognize signs and anticipate problems that will enable them to intervene before unwanted or undesirable behavior escalates.
2. Routines - create a visual schedule of what the day or the class period will entail, the student with autism will be able to know what comes first, second, third, and when he is through with the expected tasks.
3. Auditory stimulation - students with autism react negatively to loud or excessive sound so you want to look for ways to minimize their exposure to noise and prepare them in advance when exposure to noise is unavoidable.
4. Communication - Students with autism often cannot express themselves effectively. In these cases, the teacher and students need a communication system that allows them to understand each other. When the student is in distress, rather than melt down, she can

learn to use a communication “cue” which will let the teacher know something is not okay.

5. Social skills - all students with autism face an inability to interact well socially without direct training.
6. Consistency - By being consistent in our routines, expectations, and classroom procedures, students with autism feel secure they know what comes next. If a change to the routine is planned, give your students with autism advanced warning, so they will feel like they still have some control over what comes next.

Deaf-Blindness (DBL)

Deaf-blindness is the second category, and it refers to children with both hearing and visual disabilities. The combination 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." In other words, while one or the other of these disabilities presents challenge enough, when a child has both conditions, it significantly elevates the level of difficulty he faces and, as a result, the level of support and intervention he needs from his teachers.

Section 3030(b), Title 5, CCR provides A student has concomitant hearing and visual impairments, the combination of which causes severe communication, developmental, and educational problems.

Criteria: Both elements listed below must be determined to establish eligibility.

1. The student must have both impairments to establish eligibility.
 - a. Deafness
 - b. Blindness (Refer to eligibility criteria for Deafness and for Visual Impairment.)
2. The impairment adversely affects the student's educational performance, and requires special education to meet the student's needs.

Deaf (DEA)

Although deafness is part of the deafblind category, individuals with this need are also represented by the third category described in IDEA, one which focuses only on hearing loss. The IDEA definition of deafness is "a hearing impairment that is so severe the child is impaired in processing linguistic information through hearing, with or without amplification." The phrase "with or without amplification" indicates a hearing aid will not provide "sufficient accommodation" to help the student succeed in the learning environment.

In assessing deaf-blindness, the procedures and materials used to determine deafness must be in the child's preferred mode of communication. The evaluation data reviewed by qualified professionals in connection with the determination of the child's deaf-blindness must comply with the evaluation procedures for both auditory and visual impairment.

Section 3030(a), Title 5, CCR, provides: A student has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, and which adversely affects educational performance. Processing linguistic information includes speech and language reception and speech and language discrimination.

Criteria: All elements listed below must be determined to establish eligibility.

1. A current audiological evaluation has been completed by a qualified audiologist. All “outside” assessments have been reviewed by a District educational audiologist.
2. The hearing impairment limits the student’s access to language and communication through hearing with or without amplification.
3. The hearing impairment adversely affects the development of expressive and/or receptive language and communication.
4. The impairment adversely affects the student’s educational performance, and requires special education to meet the student’s needs.

Emotional Disturbance (ED)

The fourth category is emotional disturbance. In the context of special education, this category covers conditions generating behavioral issues – some of which are severe – and issues related to mental health. A child suspected of having an emotional disturbance must be evaluated by a psychologist, who determines whether he meets one or more of the criteria.

A child with an emotional disturbance exhibits one or more of these characteristics over a long period of time and to a marked degree. Section 3030(i), Title 5, CCR provides: Because of a serious emotional disturbance, a student exhibits one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance:

- An inability to learn which 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 exhibited in several situations.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems

Criteria: All elements listed below must be determined to establish eligibility.

1. The student exhibits one or more of the following characteristics:
 - a. An inability to learn which cannot be explained by intellectual, sensory, or health factors
 - b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
 - c. Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations

- d. A general pervasive mood of unhappiness or depression
 - e. A tendency to develop physical symptoms or fears associated with personal or school problems.
2. The presenting educational difficulties are not the result of social maladjustment.
 3. The behavior has been observed over a long period of time and to a marked degree.
 4. The condition adversely affects the student's educational performance, and requires special education to meet the student's needs.

Teaching Strategies

For more strategies for Classroom Management see the WVA PBS Manual.

1. One of the best strategies for working with behavior is to create a teacher-student connection.
2. Anticipate problems - When you get to know a student, you quickly learn the trigger points.
3. Develop a contingency plan - develop together a plan for when the student is having a hard time
4. Clearly communicate expectations for the class. How can I expect a student to meet my expectations, behaviorally, if I don't teach her what my expectation looks like, sounds like, or behaves like? During the first week of class every year, make sure to teach students how to line up, exit the classroom, travel down the hallway, exit the building, walk across the parking lot, stand in a line, answer the role, re-enter the classroom, and take their seats....all in an orderly fashion...for a fire drill. Then Practice, Practice, Practice!
5. Teach target behavior. A student does not know what is expected of them until the expectation is taught. You may think, "Well, they have to sit quietly in Ms. So and So's class." But is her expectation of "sitting quietly" the same as your expectation of "sitting quietly"?
6. Reward System - There is power in a class reward system because the fellow students can encourage the appropriate behavior in ways you as a teacher will be unable to do. A peer's encouragement is often more desired than a teacher's encouragement. For students struggling with a specific behavior, individual rewards and class rewards might be needed.
7. Behavior Contracts - simple contracts made between the teacher and the student outlining expectations and the rewards for meeting the expectations. Sometimes it is also beneficial to involve the parents in the contract, so the student has encouragement from both home and school. This actually builds on the contingency plan strategy and formalizes the agreement in the form of a written contract.

Hearing Impairment (HOH)

Hearing impairment, is a category of disability similar to – but not the same as – the category of deafness. For IDEA purposes, a hearing loss above 90 decibels is generally classified as deafness, while a hearing loss below 90 decibels is considered a hearing impairment.

Section 3030(a), Title 5, CCR provides: A student has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, and which adversely affects educational performance. Processing linguistic information includes speech and language reception and speech and language discrimination.

The procedures and materials used for the assessment and placement of the child who is hearing impaired must be in the child's preferred mode of communication. The evaluation data reviewed by qualified professionals in connection with the determination of the child's disability based on a hearing impairment must include:

1. A current audiological evaluation has been completed by a qualified audiologist. All "outside" assessments have been reviewed by a District educational audiologist.
2. The hearing impairment, without amplification, makes it difficult for the student to access language communication through hearing, but the impairment is not of a level of severity to establish eligibility under the definition of Deafness.
3. The hearing impairment, whether permanent or fluctuating, adversely affects expressive and/or receptive language and communication.
4. The impairment adversely affects the student's educational performance, and requires special education to meet the student's needs

Teacher Resources

Students who are deaf or hearing impaired in the mainstream classroom can benefit from technological devices such as amplification systems and captioning services or personal support through note takers and interpreters.

Helpful strategies:

- Pre-teaching specialized vocabulary, writing readings and homework on the board, posting schedules and providing lesson outlines to the students ahead of time.
- Some individuals and families rely on American Sign Language for communication and education, and others, who have slight to moderate hearing impairment, wear hearing aids and rely on lip-reading. Both methods will require teaching strategies to incorporate accommodations that can be relatively easily implemented. Teachers can familiarize themselves with fingerspelling or basic sign language.
- Provide seating with an unobstructed view of the instructor and lesson materials to these students.
- Write on the board, then turn around and give instructions, rather than teaching with the back to students.
- Strive to maintain eye contact when instructing or conversing with a student who is hearing impaired, even if an interpreter is needed to communicate information through sign language.
- It is important to wait until the student with hearing loss knows who to turn their attention to before beginning to speak.

- It is important to remember that hearing aids amplify every noise in the classroom, not just the teacher's voice so other noises should be kept at a minimum

Mental Retardation (MR)

Intellectual disability, formerly labeled mental retardation, is category Number 6. Section 3030(h), Title 5, CCR provides: A student has significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affect a pupil's educational performance.

Two key components make up the definition: a student's IQ and his capability to function independently, which is usually referred to as adaptive behavior. A child being evaluated for intellectual disability must be given both a cognitive assessment and an adaptive behavior assessment.

Criteria: All elements listed below must be determined to establish eligibility.

1. The student demonstrates significantly below average intellectual ability.
2. The student demonstrates deficits in two or more of the following adaptive behaviors:

| | |
|-------------------|----------------------|
| Communication | Self-care |
| Home Living | Social Skills |
| Community Use | Self-direction |
| Health and Safety | Functional Academics |
| Leisure | Work |
3. The deficits were manifested during the developmental period.
4. The deficits adversely affect the student's educational performance, and require special education to meet the student's needs

Multiple Disabilities

According to IDEA, individuals in this category have simultaneous impairments such as intellectual disability and blindness, intellectual disability and orthopedic impairment, and others, the combination of which causes such severe educational needs they cannot be accommodated in a special education program designed for just one of the impairments.. Multiple disabilities do not include deaf-blindness since it is a separate category.

34 CFR, Section 300.7 (c)(7) provides: Multiple disabilities means concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.) the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

Also includes:

- Multiple Disabilities, Hearing (MDH)
- Multiple Disabilities, Orthopedic (MDO)
- Multiple Disabilities, Vision (MDV)

The qualified professionals who collect and review evaluation data in determining a child's eligibility for multiple disabilities must include the members required in two or more of the applicable eligibility frameworks. For example, if a student is suspected of having both auditory impairment and autism, then all the personnel needed to evaluate the auditory impairment and autism must collaborate in evaluating the child.

Criteria: Both elements listed below must be determined to establish eligibility.

1. The student must have at least two impairments to establish eligibility, one of which must be hearing, orthopedic, or vision.
2. The combination of these impairments causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

Orthopedic Impairment (OI)

The IDEA definition of an orthopedic impairment involves the presence of physical disabilities adversely affecting a child's educational performance. Orthopedic impairments may be caused by congenital anomaly; disease, such as poliomyelitis or bone tuberculosis; and other causes, such as cerebral palsy, amputations, and fractures or burns resulting in contractures.

A licensed physician must evaluate the child to determine orthopedic impairment, which adversely affects the educational performance.

Section 3030(e), Title 5, CCR provides: A student has a severe orthopedic impairment which adversely affects the student's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes.

Criteria: Both elements listed below must be determined to establish eligibility.

1. Documented orthopedic impairment.
2. The impairment adversely affects the student's educational performance and requires special education to meet the student's needs.

Other Health Impairment (OHI)

OHI means having limited strength, vitality, or alertness adversely affecting a child's educational performance.

Section 3030(f), Title 5, CCR provides: A student has limited strength, vitality, or alertness, due to chronic or acute health problems, including but not limited to a heart condition, cancer, leukemia, rheumatic fever, chronic kidney disease, cystic fibrosis, severe asthma, epilepsy, Tourette Syndrome, lead poisoning, diabetes, tuberculosis and other communicable infectious diseases, and hematological disorders such as sickle cell anemia and hemophilia which

adversely affects a pupil's educational performance. This health problem is not temporary in nature.

A licensed physician must identify the health impairment and indicate how it can impact education. The key to OHI eligibility is not just an identified impairment but also an adverse impact on the educational performance.

Criteria: All elements listed below must be determined to establish eligibility.

1. This health impairment is not temporary in nature.
2. The impairment adversely affects the student's educational performance, and requires special education to meet the student's needs.

Note: If a student is suspected of OHI due to characteristics of Attention Deficit Hyperactivity Disorder (ADHD), all elements listed below must be determined to establish eligibility.

1. A written report from a school psychologist that includes all existing information related to any characteristics of ADHD-like behavior exhibited by the student.
2. A written report from a special education teacher addressing academic skills.
3. An assessment by a school nurse.
4. The impairment adversely affects the student's educational performance, and requires special education to meet the student's needs

ADHD

Teaching Strategies to help students with ADD/ADHD focus and maintain their concentration on your lessons.

When starting your lesson:

- Provide a signal or cue such as an egg timer, cow bell, or horn, so students know you are about to begin.
- Post activities for the lesson for students.
- Outline what is going to be presented and establish the expectations for learning.
- Establish eye contact.

As you are conducting the lesson:

- Keep your instructions simple and structured.
- Vary the pace, and include different activities.
- Use props, charts, and other visual aids.
- Use nonverbal prompts to assist student with maintaining focus.
- Allow frequent breaks.
- Provide stress balls or other objects to help students maintain focus and relieve stress as needed.
- Give advanced warning when asking questions, such as, "John I am going to ask you to answer number 3."

When ending the lesson:

- Summarize the key points.
- When giving assignments, have three students repeat the assignment in their own words and then have the whole class repeat the assignment.
- Be specific about what needs to be taken home.

A challenge area for many students with ADHD is short-term memory and processing speed.

- Verbal rehearsal – Use this when a student is trying to remember something – like a telephone number – long enough to use it. Teach the student to orally repeat the number until he/she dials it.
- Chunking – Break large pieces of information into smaller segments.
- Image Creation – Create some image that holds the information needed. For example, draw a number “8” lying down in its side. Inside both circles, place “spikes” going toward the center. This looks strange, doesn’t it? But this is the way I remember that the 8th Amendment to the U.S. Constitution prohibits cruel punishment. The sideways 8 reminds me of handcuffs, and the spikes inside the 8 remind me of cruelty.
- 1st Letter Mnemonics – Use the first letter of words to create a word or rhyme to assist in remembering information. For example, ROY G. BIV stands for: Red, Orange, Yellow, Green, Blue, Indigo, and Violet (the colors in the spectrum).
- Organizational skills – These include things like how to organize materials needed to know for a test. You might use graphic organizers, thinking maps, and other visual aids.
- Index Card for Review – Try having students create cards that have a question on one side and the corresponding answer or answers on the other. Students begin by studying three cards. Once they master the first three, have them add two more. Once they learn all five, they add two more until all the information is easily remembered.
- Acrostic Mnemonics – Take the first letter of each word to choose a word that will be part of a sentence. For example: “Please Excuse My Dear Aunt Sally.” This could help a student recall the order of mathematical operations: Parentheses, Exponents, Multiplication, Division, Addition, and Subtraction.
- Peg Word Mnemonics – This works when you have words that can be associated with the numbers. Example 1: bun, 2: glue, 3: tree, 4: door, 5: dive, 6: bricks.

Specific Learning Disability (SLD)

Among the categories, the most prevalent disability is specific learning disability or SLD. The process for determining if a student has a specific learning disability is very involved. The eligibility criteria for specific learning disability includes **eight** different ways a child can qualify for special education services. A child may qualify in one or a combination. It is unusual for a student to qualify under all eight criteria.

The child also demonstrates a lack of adequate achievement by performance on multiple measures, such as in-class tests, grade average over time, norm- or criterion-referenced tests, statewide assessments, or a process based on response to scientific, research-based intervention. In addition, the child does not make sufficient progress under the Response to Intervention model or meets additional criteria under the Pattern of Strengths and Weaknesses

model. The lack of adequate performance is neither the result of exclusionary factors nor determinant factors.

Section 3030(j), Title 5, CCR provides: A student has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations, and has a severe discrepancy between intellectual ability and achievement in one or more academic areas.

This disability category includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia, a type of language disorder.

Criteria: All elements listed below must be determined to establish eligibility.

1. The student demonstrates a severe discrepancy between intellectual ability and achievement in one or more of the following areas and the student does not achieve adequately for the student's age or to meet State-approved grade-level standards in one or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:
 - a. Oral Expression
 - b. Basic Reading Skill
 - c. Mathematics Calculation
 - d. Listening Comprehension
 - e. Basic Fluency Skills
 - f. Mathematics Problem Solving
 - g. Written Expression
 - h. Reading Comprehension
2. The discrepancy is due to a disorder in one or more of the basic psychological processes:
 - a. Attention
 - b. Cognitive Abilities including:
 - i. Visual Processing,
 - ii. Association
 - iii. Sensory Motor Skills
 - iv. Conceptualization
 - v. Auditory Processing
 - vi. Expression
3. The learning problems are not primarily the result of any of the following: visual, hearing, or motor disabilities; mental retardation; emotional disturbance; or, environmental, cultural, or economic disadvantage.
4. The learning problems are not primarily the result of limited school experience or poor school attendance, lack of instruction, or limited English proficiency.
5. The disability adversely affects the student's educational performance, and requires special education to meet the student's needs.

Phonological Core and Reading

When a student is identified as having a learning disability in basic reading, a deficit is present in the student's phonological core. This means the student struggles to make sense and/or use phonological information.

Three types of deficits:

1. The first is in phonological awareness. This involves an individual's knowledge of the sound structure of the language and the ability to access the knowledge.
2. The second is in phonological memory. This involves the coding of phonological information for temporary storage in the working memory. Recalling vocabulary words that have already been processed and are in long-term memory is not an issue with phonological memory. The problem is with the new words that have not been processed.
3. The third deficit area is rapid naming. Rapid naming involves the very quick retrieval of names of objects, colors, digits, or letters from the long-term memory. A breakdown in this area affects basic reading because it hinders the ability of the student to efficiently retrieve the phonological codes pertaining to phonemes, word segments, or entire words. Some believe that a student with both rapid naming and phonological processing weaknesses struggle more with learning to read than one with only one phonological core deficit.

Challenges with comprehension are the second area of learning disability related to reading. Reading comprehension is the ability to read text and process the information contained in the text in a way that recognizes its meaning. Several things can contribute to a problem with reading comprehension. For example, when a student struggles to phonologically process a word, the meaning of the word often gets lost in the effort. Or, when a student can read the word but has no idea what it means, the meaning of the text is lost.

Another kind of challenge occurs when a student can read a text but cannot maintain attention to the reading task. This is often the issue with students who have ADD or ADHD. They can read the words fluently; they even know what the words mean, but the lack of concentration to what is being processed inhibits the ability to comprehend.

Written-Oral Expression

A learning disability in written expression is one in which a student's ability to communicate in a form of writing is significantly below the normal level for a student's chronological age, intelligence, and education.

A student with a learning disability in **written expression** may exhibit one or more common challenge areas. These include:

- The inability to or difficulty with organizing words into meaningful thoughts. This can result in sentences that, when combined, have no unity or cohesion.
- Another student with this kind of deficit may struggle or lack the ability to write spontaneously.

- Grammar, spelling, and written mechanics are also areas of weakness for an individual with a written expression disability. Part of the spelling aspect of this weakness is the inability to remember letter sequences in common words, such as knowing when “e” comes before “i” in words like “receive” or “receipt.”
- Poor handwriting characterized by incorrectly formed letters and numbers is the last symptom of a student with a written expression deficit.

Some ways to accommodate students with a written expression deficit include:

- To provide them with alternative testing arrangements, such as extra time, a less distracting environment, the help of a reader/scribe, and the option to use a computer with adaptive software and hardware.
- Students with written expression deficits also may need help taking notes.
- You might want to consider allowing students with this kind of challenge to use alternative ways of demonstrating what they know such as oral completion of assignments and exams.

Students with an **oral expression deficit or expressive language disorder** exhibit problems in expressing themselves verbally. This weakness can manifest itself in several ways, such as:

- A limited amount of speech or range of vocabulary;
- Difficulty acquiring new words;
- Making errors in vocabulary;
- Speaking in shortened sentences with simplified grammatical structures;
- Having a limited variety of sentence types;
- Omitting critical parts of sentences; and
- Having unusual word order or a slow rate of range development

Students with a deficit in **listening comprehension, or receptive language disorder**, includes:

- Having difficulty understanding spoken words, sentences, or specific types of words which results in difficulty comprehending lectures and in following simple or complex directions.

Mathematics Deficits

To solve simple mathematics problems, students must call on their memories for previously learned rules and formulas, pattern recognition, rules for sequential ordering to solve multistep problems, and advanced language skills to understand vocabulary and instructions and explain processes and rationales.

They must be able to use spatial ordering to recognize symbols and to understand three-dimensional representations of objects. Higher order cognition allows students to consider alternative strategies while solving problems to monitor their thinking, to assess the reasonableness of their answers, and to transfer and apply learning skills to new problems. Usually several or all of these brain functions occur simultaneously in the process of solving a single mathematics problem.

As you can see, a potential breakdown may occur in many areas. Students with a learning disability in mathematics can be identified as having computation and/or problem solving and/or mathematical reasoning deficits.

A deficit in computation may manifest itself in several ways. For example, a student may experience difficulty when trying to master basic number facts. This could be as straightforward as not being able to quickly recall that $5 + 6 = 11$ or $3 \times 7 = 21$. Rather than “knowing” this, a child with a learning disability in this area may use his fingers, tick marks, and scribbled circles to discover the answer. Additionally, a student may manifest an inability to interpret mathematical symbols to correctly solve simple problems involving addition, subtraction, multiplication, and division. The addition of complexity to the problem exacerbates the difficulty the student experiences.

Mathematical language is also an area causing difficulty for students. They may understand when you say, “Add the two numbers together to get the answer” but may not understand “What is the sum of...?” They may understand, “Multiply 4×6 to find the answer,” but not, “What is the product of 4×6 ?”

Mathematics problem solving is the organized methodology of finding solutions to problems of mathematics inquiry. Students with problem solving or mathematical reasoning deficits have difficulty following and forming the organized methods to solve problems. I have heard it said that students with a problem-solving deficit cannot think their way through the problem for a multitude of reasons.

It is important for us as educators to realize that knowing a student has been identified as having a learning disability is only the starting point of discovery. Part of our responsibility involves investigating the specific type or types of learning disability a student has, discovering how the disability impacts the student’s learning, considering what accommodations were recommended to effectively teach that individual student, and implementing strategies that have been proven to positively impact the learning of students with these types of challenges.

Psychological processes Refer to the Cattell-Horn-Carroll. CHC Model as outlined in the Cross-Battery Assessment Model.

Nine broad stratum abilities are identified:

1. **Crystallized intelligence (Gc)** Crystallized intelligence is a process related to the breadth and depth of a person's acquired knowledge or the knowledge and skills we have gained through everyday life. It is the ability to communicate one's knowledge and the ability to reason using previously learned experiences or procedures. In other words, crystallized knowledge relates to what we have learned through our life experiences, through book or formal education, and how we are able to use the previously learned knowledge to reason and problem solve.

2. **Fluid intelligence** (Gf) involves the ability to reason, to solve problems using unfamiliar information or novel processes, and to form concepts. Fluid intelligence includes the ability to identify relationships between different concepts and to make conclusions logically about those relationships. This type of intelligence does not depend upon book or learned knowledge. Rather, it is considered to be a biologically based or natural cognitive ability. Fluid intelligence is not dependent on language or specific knowledge. Individuals who are good at solving puzzles or putting things in logical sequence are demonstrating good fluid intelligence. Some people consider fluid intelligence as on-the-spot problem solving.
3. **Quantitative reasoning** (Gq) is the ability to comprehend quantitative concepts and relationships and to manipulate numeric symbols. This process, as well as that of crystallized intelligence and fluid intelligence, is needed for solving problems, such as those in mathematics.
4. **Reading and writing ability** (Grw) is an acquired store of knowledge that includes basic reading, reading fluency, and writing skills required for the comprehension of written language and the expression of thought via writing (Flanagan & Dixon, 2014).
5. **Short-term memory** (Gsm) is the ability to "apprehend and hold information in immediate awareness and then use it within a few seconds." The human brain in most individuals can hold and maintain only seven chunks of information at a time plus or minus two chunks (Flanagan & Dixon, 2014).
6. **Long-term storage and retrieval** (Glr) "is the ability to store information and fluently retrieve new and/or previously acquired information such as concepts ideas, items, and names from long-term memory. Glr is the efficiency by which this information is initially stored in and later retrieved from long-term memory (Flanagan & Dixon, 2014).
 - a. 8 Cognitive Processes (**NOTE: using these ideas is beneficial for ALL students**)
 - i. *Long-term retrieval* - involves a student's ability to both store and retrieve information. Association is key to this ability.
 - ii. *Short-term memory* - a person's ability to hold information in his mind or awareness and manipulate it within a short period of time. It is important to recognize a student's inability to focus attention can negatively impact short-term memory. If a student struggles with this, you will often notice that he has difficulty with activities such as following directions, remembering information long enough to process it for understanding, recalling sequences, memorizing factual information, listening to and comprehending lengthy discourse, and taking notes.
 1. Keep oral directions short and simple.
 2. Have students paraphrase directions to check their level of understanding.
 3. Provide compensatory aids such as writing directions, procedures, and assignments on the board or paper; provide lecture notes or arrange for peer shared notes, or provide a study guide to be filled out during pauses in the presentation.
 4. Provide overlearning, review, and repetition.

5. Teach memory strategies such as chunking, verbal rehearsal, and visual imagery. (Mather & Jaffe, 2002)
- iii. *Auditory processing* - the ability to understand and utilize auditory stimuli. Students having auditory processing deficits often have difficulty with:
1. Acquiring phonics (decoding),
 2. Learning structural analysis,
 3. Spelling (encoding),
 4. Speech perception,
 5. Learning foreign languages, and
 6. Developing musical skill.
 7. Recommendations:
 - a. Provide phonological awareness activities (rhyming alliteration, imitation, songs).
 - b. Provide specific training in sound discrimination, blending, and segmentation.
 - c. Emphasize sound/symbol associations in teaching decoding and spelling.
 - d. Provide study guides for listening activities.
 - e. Provide assistance with note taking.
 - f. Accompany oral information with visual materials
- iv. *Processing speed* - the ability to perform relatively simple cognitive tasks automatically, particularly when under pressure to maintain focus. Processing speed may be influenced by attention. Processing speed deficits may be the culprit when students struggle with processing information rapidly, completing assignments within time limits, taking timed tests, making rapid comparisons between and among bits of information, and copying.
1. Give them more time to complete assignments.
 2. Reduce the quantity of work you require from them in favor of quality,
 3. Limit or structure copying activities,
 4. Provide activities to help them increase rate and fluency (flash cards, speed drills, educational software), and
 5. Build in processing wait time to allow them to process information before moving on to the next concept.
- v. *Visual processing* - involves perceiving, analyzing, and thinking with visual patterns, spatial configurations, and designs, and spatial orientation. Students with deficits in visual processing often experience difficulties with activities such as:
1. Assembling puzzles;
 2. Using patterns and designs in art, geometry, geography;
 3. Designing;
 4. Building;
 5. Sensing spatial orientation;

6. Reading maps, graphs, charts, blueprints;
 7. Noting visual detail;
 8. Sensing spatial boundaries (fitting, assembly, and packing), and
 9. Organizing, arranging furniture, appliances, equipment, et cetera, for efficient use and visual appeal.
- vi. *Comprehension/knowledge* - involves expressive vocabulary, the ability to grasp relationships among word meaning and knowledge acquired from general experience within the mainstream culture. Students with impairments in comprehension/knowledge often have difficulty learning vocabulary, answering factual questions, comprehending oral and written language, acquiring general knowledge and knowledge in content areas, and using prior knowledge to perform activities and understand new concepts. Recommendations include:
1. Relate new information to acquired knowledge.
 2. Assess prior knowledge before introducing new topics or concepts.
 3. Pre-teach vocabulary or background knowledge.
 4. Provide specific vocabulary instruction such as the meaning of common prefixes, suffixes, and sight words.
 5. Incorporate interests and prior knowledge areas into instructional activities.
 6. When presenting directions and discussing concepts, use vocabulary that is understood by the individual.
- vii. *Fluid reasoning* - involves the ability to use inductive and deductive reasoning to ascertain commonalities and differences, form concepts, generate rules, and apply rules to solve novel problems. Students with fluid reasoning deficits often have difficulty with drawing inferences, solving abstract problems, creating solutions to problems, transferring and generalizing information, solving unique problems, transforming and extending a product or concept (rather than matching or reproducing a stimulus), thinking conceptually, and problem solving through rule application. Recommendations include:
1. Teach problem-solving strategies.
 2. Provide overlearning, repetition, and review of concepts.
 3. Use real objects and manipulatives to develop concepts.
 4. Teach strategies to increase understanding and retention of concepts (self-talk, lists of procedures or steps).
 5. Encourage creativity with solutions.
 6. Teach problem-solving techniques in the contexts in which they are most likely to succeed.
- viii. *Quantitative ability* - refers to being able to comprehend quantitative concepts and relationships and to manipulate numerical symbols. Students with weaknesses in quantitative processing experience difficulty with reasoning with quantitative information, understanding mathematics

terminology, using numeric concepts, comprehending numeric relationships, using mathematics symbols, and performing mathematics applications. Recommendations include:

1. Provide mathematics-related instruction in developmental sequence;
 2. Assess knowledge of the concepts underlying weak skills;
 3. Establish a strong understanding of the foundational concepts for new skills;
 4. Use manipulatives or real objects to introduce new concepts and extended known concepts;
 5. Emphasize automaticity with math facts;
 6. Allow use of fact charts, calculators when necessary;
 7. Emphasize problem solving and higher-level skills;
 8. Provide experience with practical mathematics applications, and
 9. Introduce new concepts and procedures in the practical situations in which they will be applied.
7. **Visual processing** (Gv) is the "ability to generate, perceive, analyze, synthesize, store, retrieve, manipulate, transform, and think with visual patterns and stimuli or more succinctly the ability to make use of simulated mental imagery to solve problems. These abilities are measured frequently by tasks that require the perception and manipulation of visual shapes and forms, usually of a figural or geometric nature. GV abilities are related significantly to higher-level mathematics achievement" (Flanagan & Dixon, 2014).
8. **Auditory processing** (Ga) is the "ability to detect and process meaningful nonverbal information in sound. Specifically, it is the ability to perceive, analyze, and synthesize patterns among auditory stimuli and to discriminate subtle nuances in patterns of sound and speech when presented under distorted conditions Ga is important in the development of language skills" (Flanagan & Dixon, 2014).
9. **Processing speed** (Gs) is the "ability to perform simple, repetitive cognitive tasks quickly and fluently. These cognitive tasks often require maintained focused attention and concentration; therefore, "attentive speediness" is the essence of Gs. Many cognitive activities require a person's deliberate efforts and people are limited in the amount of effort they can allocate. In the face of limited processing resources, the speed of processing is critical because it determines in part how rapidly limited resources can be reallocated to other cognitive tasks" (Flanagan & Dixon, 2014).

The way these processes are evaluated is through standardized assessments. Three of the most common are the Woodcock-Johnson Tests of Cognitive Abilities – IV, The Wechsler Scales (WPPSI, WISC, WAIS), and the Stanford-Binet.

Note: Conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia are considered to be part of SLD.

The student is not considered to be SLD if:

1. The learning difficulty can be attributed primarily to having visual, hearing, or motor disabilities, intellectual disability, or emotional disturbance
2. The learning difficulty is due to being environmentally disadvantaged, culturally disadvantaged, or economically disadvantaged.

SLD Qualified Professionals

Evaluation procedures refer to a group of qualified professionals. This includes:

- The child's regular classroom teacher or,
- A regular classroom teacher, then a regular classroom teacher qualified to teach students within the age of the student being examined, or
- An individual certified to work with children the age of the student being examined.

AND

- You must have at least one person who is certified to conduct diagnostic examinations such as a licensed specialist in school psychology, speech pathologist, or remedial reading teacher.

Notice that although an educational diagnostician is not specifically listed, he most certainly is qualified to conduct individual examinations and, therefore, may be considered as the diagnostic expert.

Exclusionary Factors

One concern with the category of specific learning disabilities is that some students who are not eligible have been placed in this category due to exclusionary factors. The term, exclusionary factors, means that in order to be eligible for services within this category, the multidisciplinary team must rule out the student's deficit is caused by

- A visual, hearing, or motor disability;
- Mental retardation (intellectual disabilities);
- Emotional disturbance;
- Cultural factors;
- Emotional or economic disadvantages, or
- Limited English proficiency.

To avoid discrepancies, a provision states that a student who has not received appropriate instruction in reading or mathematics is automatically disqualified from consideration for this category of disability. That does not mean that the student does not have a specific learning disability. It just means that until the student is provided with appropriate instruction and is given the opportunity to learn, she should not be categorized as having a specific learning disability.

Determinant Factors

The team must also consider if the child received repeated assessments of achievement and if the results were shared with the student's parents. With data-based documentation of repeated assessments, Response to Intervention or Rtl comes into play (See Rtl Section).

Data should also be drawn from in-class assessments, grade-level curriculum assessments, and benchmarks. Data for the student must be collected at reasonable intervals. Intervals are considered reasonable if consistent with the assessment requirements of the child's specific instructional program. In describing these intervals, the law takes into consideration schools' control over education.

If the child is part of Rtl, then a statement containing the instructional strategies used and the data collected needs to be submitted to the evaluation team. In addition, there must be clear documentation that the parents were notified about what data would be collected and the general education services that would be provided. The documentation also needs to include strategies utilized to attempt to help the student increase her skills and a statement regarding the parents' rights to request an evaluation. Remember that the first part of the definition stated the student "has a disorder in one or more of the psychological processes." That is to say that the student was given an assessment to determine the strengths or weaknesses of the psychological/cognitive processes. Then if the student participated in the Rtl model, assuming the school uses it, then part of the evaluation has to take into consideration the progress of the student and whether the student is making sufficient progress to close the gaps to meet the state-approved, grade-level standards with the provided research-based interventions. Again, this is the data-driven decision.

The next part of the evaluation process is observation. Observation assures the student was observed in the learning environment, and documentation is included regarding academic performance and behavior in the specific areas of difficulty. For example, if the student is having difficulty in mathematics, the student would need to be observed in mathematics class completing math-related activities. Again, a group of professionals uses the data obtained prior to referral for evaluation, or at least one member of the group conducts an observation of the student after the referral with the permission of the parent.

If the child is not school age, a member of the qualified professional team must observe the child in an environment appropriate for a child of that age. Part of the documentation must include a statement of the relevant behavior noted during the observation if there is a behavior to report. The statement must also explain the relationship to the student's academic functioning.

The second way to determine a specific learning disability is the use of a discrepancy Model, specifically the Pattern of Strengths and Weaknesses Model. This model looks more at the discrepancy between the cognitive ability and the performance or achievement scores. The student documentation must show the student exhibits a pattern of strengths and weaknesses in performance, achievement, or both. The strengths and weaknesses can be figured based on

age, the state-approved grade-level standards, or intellectual development. Intellectual development would examine a discrepancy between the achievement and the cognitive scores.

The documentation of specific learning disability eligibility has to contain a statement which indicates how the SLD affects different areas of the child's life and that the SLD is not primarily caused by exclusionary factors. The documentation report must address findings as to whether the student is determined to have a specific learning disability or not. The report must contain documentation as to how the determination was made and that appropriate evaluation procedures were followed.

If there are relevant medical findings, the report should include that information as well. The members of the group of qualified professionals who made the determination must sign and verify their agreement with the report. If any member of the group does not agree with the finding, they must submit a separate statement with the member's finding that contains all the required documentation.

Speech and Language Impairment (SLI)

Students are classified with a language disorder when they have a moderate to severe language disorder that meets the level of exceptionality. The areas in which exceptionality may be present include articulation, voice, and fluency or stuttering.

A language disorder may involve one or more of the following areas:

- Receptive language,
- Expressive language,
- Pragmatics (social),
- Language processing, and
- Phonological awareness.

A speech and/or language disorder must be diagnosed by a qualified speech-language pathologist. The pathologist determines the level of severity of the disorder based on the results of a speech and/or language assessment.

Criteria: All elements listed below must be determined to establish eligibility.

1. The student's disorder, based on an assessment by a language, speech and hearing specialist, meets one or more of the following criteria:
 - a. Articulation disorder - The student displays reduced intelligibility or inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference occurs when the production of multiple speech sounds on a developmental scale of articulation competency is below that expected for a student's chronological age or developmental level.
 - i. The student does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.
 - b. Abnormal voice - A student has an abnormal voice characterized by persistent, defective voice quality, pitch or loudness.

- c. Fluency disorders. The flow of verbal expression including rate and rhythm adversely affects communication between student and listener.
- d. Language disorder when both of the following criteria are met:
 - i. Using more than one assessment procedure, the student scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered invalid for a specific student, the expected language performance level shall be determined by alternative means as specified on the assessment plan; and
 - ii. The student displays inappropriate or inadequate usage of expressive language as measured on a representative spontaneous language sample of a minimum of fifty utterances.
2. The disorder is not due to unfamiliarity with English.
3. The disorder adversely affects the student's educational performance, and requires special education to meet the student's needs.

Traumatic brain injury (TBI)

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

This disability applies to open or closed head injuries resulting in impairments in one or more areas:

- Cognition;
- Language;
- Memory;
- Attention;
- Reasoning;
- Abstract thinking;
- Judgment;
- Problem solving;
- Sensory,
- Perceptual, and
- Motor abilities;
- Psychosocial behavior;
- Physical functions;
- Information processing, and
- Speech.

The term does not apply to brain injuries that are congenital or degenerative, or brain injuries caused by birth trauma.

Criteria:

1. The injury has resulted in a total or partial functional disability or psychosocial impairment.
2. The injury adversely affects the student's educational performance, and requires special education to meet the student's needs.

A licensed physician must diagnose a traumatic brain injury. The group of professionals must then determine if the injury impacts learning and, if so, in what manner.

Visual Impairment (VI)

The term visual impairment refers to an impairment in vision that, even with correction, adversely affects the child's educational performance and includes both partial sight and blindness.

Section 3030(d); Title 5, CCR provides: A student has a visual impairment which, even with correction, adversely affects the student's educational performance.

The child with a visual impairment is functionally blind if based on the functional vision evaluation and the learning media assessment, the child will use tactual media, which includes Braille, as a primary tool for learning to be able to communicate in both reading and writing at the same level of proficiency as other children of comparable ability.

The evaluation data reviewed by the qualified professionals in connection with the determination of the child's disability based on visual impairment must include:

1. A report by a licensed ophthalmologist or optometrist that:
 - a. States the visual loss in exact measures of visual field and corrected visual acuity at a distance and at close range in each eye, or
 - b. If exact measures cannot be obtained, provides best estimates of the visual loss; and Includes a prognosis whenever possible;
2. A functional vision evaluation by a certified teacher of children with visual impairments or a certified orientation and mobility specialist that includes:
 - a. Performance tasks in a variety of environments requiring the use of both near and distance vision and Recommendations concerning the need for a clinical low vision evaluation.
3. A learning media assessment by a professional certified in the education of children with visual impairments that includes:
 - a. Recommendations concerning which specific visual, tactual, and/or auditory learning media are appropriate for the child; and
 - b. Whether there is a need for ongoing evaluation in this area; and
 - c. An orientation and mobility evaluation performed by a certified orientation and mobility specialist in a variety of lighting conditions and settings including in the child's home, school, community, and in settings unfamiliar to the child.

Criteria: All elements listed below must be determined to establish eligibility.

1. A current ophthalmologist or optometrist report indicates a diagnosis of eye disease, limited visual acuity after correction, visual field loss, or total blindness.
 - a. For students with low vision, a functional vision assessment indicates the need for special education instruction, services, materials and/or equipment which cannot be provided with modifications or the regular program.
2. The impairment adversely affects the student's educational performance, and requires special education to meet the student's needs.

Teaching Resources

1. The Texas School for the Blind (2015) recommends using adaptive textbooks for children with visual impairments.
2. "Math teachers need to verbalize everything they write on an overhead or blackboard and be precise with their language." If the Braille learner has some difficulty keeping up, the mathematics teacher should try to give the student (and/or the visually impaired or VI teacher) a copy of their lesson notes prior to class.
3. Additionally, a fellow student can take notes during class and share the notes with the student who is visually impaired.
4. Worksheets and tests for science and mathematics can be transcribed into Nemeth. Nemeth is a Braille code used in mathematics and for scientific notations.
5. Students can also use talking calculators and low-tech devices such as an abacus.
6. Never excuse a student who is visually impaired from learning a concept because he or she is blind.
7. Use as many senses as possible when teaching a new concept.
8. Communicate always with the VI teacher, the family, and the student.
9. Be prepared to order materials early – especially Braille textbooks, materials, and aids.

Developmental Delay

Developmental delays or noncategorical early childhood disability is an optional 14th category. This category refers to children, between the ages of 3 and 5, who have intellectual disability and an emotional disturbance, a specific learning disability, or autism. The qualified professionals who collect and review evaluation data in connection with the determination of the child's eligibility based on non-categorical early childhood disability must include the applicable members for all categories specified in the eligibility criteria.

Comprehensive Report

Writing an effective comprehensive evaluation is a skill. This report may be the single most important documentation of the special education process. The purpose of the report is to communicate all data which have been gathered and analyzed in a manner that is easy to read and understand.

Guidelines

The recommendations and guidelines provided within the report serve as the basis for developing IEP goals and interventions. The report should be clear and concise and not too lengthy or filled with educational jargon. It should not be too general.

Remember, this is a legal document and should be professionally written. Writing in the third person, single spacing to condense, and using the past tense when possible, bold headings, and complete sentences.

- **SECTION 1:** Identification of Data - Contains all basic information regarding the child such as name, address, phone number, date of birth, gender, parents' names, school, teacher, date of report, chronological age, and the examiner.
- **SECTION 2:** Information - The referral section as presented by the teacher or parents regarding the reason for referral and should be no longer than a couple of sentences.
- **SECTION 3:** Background History - Contains specific information including the student's family history, developmental history, academic history, social history, and parental perceptions. This section establishes the foundation for why the student is suspected of having a disability. The reader should have a complete picture of the student after reading this section.
- **SECTION 4:** Behavior Observation - Part of the assessment process includes an observation of the student. This may take place in the classroom setting, in an interview with the student, or during the testing. This is a firsthand evaluation of the student's behavior based on observation. It should use verbiage such as "the evaluator" or "during the observation, it was evident" to remain professional.
- **SECTION 5:** Test Results and Interpretations - should include a comprehensive listing of all tests and procedures administered during the collection of data including observations, interviews, review of records, and all assessments. After listing all tests and procedures, go into detail about the data collected and the results of such data. This is typically done in a test-by-test fashion where each test is covered individually but can also be completed by grouping together content areas such as all reading tests and then all language tests. You will want to include a table listing important information such as the name of the test, subtest, standard scores, classification, percentile rank, and so forth. Include a 1- to 2-sentence description of what the subtest measures and then reiterate the information from the table. For example: The Listening Comprehension subtest of the WIAT evaluates a student's ability to hear details. On this subtest, Joseph scored a 110 which is the average range and falls at the 80th percentile rank indicating he scored as well or better than 80% of his same age peers. Repeat this for all subtests on all tests administered.
- **SECTION 6:** Summary and Conclusions - Provide brief summaries of observations and interviews in this section as well. In the conclusions section, indicate possible strengths and needs of the student based on all of the information you have presented. This paragraph provides a general overview of everything you have presented. State the student's name, age, grade, and the reason for referral in the first sentence. Discuss strengths in a few sentences; discuss needs in a few sentences. Add a closing sentence

regarding the level of severity regarding similar patterns of students with the suspected disability. For example: Results of observation, history, testing, and interviews appear to indicate Joseph's profile is similar to students with mild learning disabilities.

- **SECTION 7: Recommendations.** In the final section, provide recommendations that answer the questions why and how. Recommendations should be directed to the school, the teacher, and the parent in three subsections. These will most likely become the basis for writing IEP goals and determining interventions as they are based on a culmination of all information gathered regarding the student's strengths and needs.

Individualized Education Program/Plan (IEP)

All data collected and analyzed during the assessment process are used to make Individualized Education Program or IEP decisions. During the IEP, a team of professionals and the student's parents meet to review all information gathered regarding the student who qualifies for special education services. Assessment data are used during the IEP meeting to determine educational placement decisions. The team determines the least restrictive educational environment to ensure proper services and placement based on the student's needs. Instructional planning decisions are also determined during the IEP meeting. The team reviews and evaluates data to determine appropriate instructional planning decisions including accommodations or modifications related to the academic, social, and physical needs of the student.

Data includes:

- Evaluation and information provided by the parents of the child;
- Current classroom-based, local, or state assessments and classroom-based observations, and
- Observations by teachers and related services providers.

On the basis of that review, and taking input from the child's parents into account, the team must identify the additional data, if any, are necessary to determine several things:

1. Whether the child is a child with a disability and, if so, the extent of his educational needs;
2. The child's present levels of academic achievement and related developmental needs;
3. Whether the child needs special education and related services, and, finally, whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in his IEP and to participate, as appropriate, in the general education curriculum.

Formal and Informal Assessments

Once a child is suspected as having a disability, it is important to begin gathering data to provide a comprehensive overview of the student's strengths and weaknesses. Both formal and informal assessments are needed to obtain a complete picture of the child. Various assessment methods are available to educators and are dependent largely on the type of information needed. It's

critical to select assessment instruments and methods with care to provide a valid, comprehensive evaluation of a student's strengths and needs.

Formal assessments may include:

- Intelligence tests,
- Academic achievement tests, and
- Standardized assessments.

Formal assessments include expectations universal to all students and criteria for both scoring and interpretation of results. They provide information regarding how much a student has learned as opposed to what a student has learned. Formal assessments are standardized and may be administered in either a group or individual setting based on the test's purpose. Scores are commonly displayed as percentiles or standardized scores.

Norm-Referenced Assessments

Norm-referenced assessments are typically standardized tests used to compare a student's performance to peers. They measure how a student's skills compare to a comparison group with similar characteristics such as age, gender, ethnic background, geographic area, and socioeconomic class. This comparison group is referred to as the norming group.

Norm-referenced tests may be administered to a group of students or individually depending on the purpose of the test. Examples of group-administered, norm-referenced assessments include:

- Terra Nova,
- Iowa Tests of Basic Skills, and
- The Stanford Achievement Tests.

Examples of individually administered tests include:

- Intelligence tests such as the Wechsler Scales of Intelligence or WISC and
- Academic achievement tests such as the Kaufman Test of Educational Achievement (KTEA-II),
- The Wechsler Individual Achievement Test (WIAT-III), and
- The Wide Range Achievement Test (WRAT 4).

Norm-referenced assessments are typically scored as percentiles because the purpose of the test is to rank students compared to a norming group. The norming group is considered a fair sampling of the population as a whole. Tests are designed so most students in the norming group will score somewhere in the middle, with only a few scoring on the high or low end. In doing so, a bell curve is created which can then be used as a reference of comparison with the average student. Because group-administered, norm-referenced tests compare a student to peers, it is critical that the student share the same or similar demographic information as the norming group. Since norming groups are supposed to be a representation of all students in a certain age group, we can assume the test results are valid and reliable for all students taking the test.

Criterion-Referenced Tests

If a test measures a predetermined standard, it is a criterion-referenced test. Standards-based assessments are a variation of criterion-referenced tests used in high-stakes testing to determine student performance on state and national standards. These tests are similar to norm-referenced tests because they are both administered and scored in a predetermined manner. This means students take the same test under the same conditions following the same guidelines. However, criterion-referenced tests measure students' skills and performance on a given standard or criteria as opposed to a norm-referenced ranking. Although criterion-referenced tests may be standards-based, formal, and standardized, most are informal measures often created by teachers and publishers to assess and measure student progress.

These tests are scored according to whatever the teacher or test publisher determines to be the level of mastery for a prescribed standard. Criterion-referenced tests are useful in planning instruction and provide an abundance of information regarding student performance levels.

According to IDEA, it's unacceptable to determine eligibility decisions based on any one test. Furthermore, data need to come from a variety of sources including formal and informal assessments, interviews, observations, curriculum-based assessments, and samples of student work.

Ecological Assessment

Ecological assessment requires direct observation of a student across multiple settings over a period of time. Varied observations provide valuable insight as to how the environment may influence the student performance. Questions to consider when conducting an ecological assessment include:

- In what environment does the student manifest difficulties?
- Under what situations does the student perform the best?
- How are expectations of the student similar and different in varying environments?
- How might these implications affect instructional planning?

Curriculum-Based Assessments

Curriculum-based assessments or CBAs directly assess the content a student is expected to master. This content may come from a text adapted for an IEP or teacher-created lessons. CBAs guide educators in developing individual goals, interventions, accommodations, and modifications for students. They are ongoing assessments that monitor student progress and assist in planning instruction. CBAs are brief, typically taking 1-5 minutes. CBAs assess students directly, often using a sampling of the materials used for instruction. Data results are displayed graphically to represent student progress with a specific skill over time.

Other Informal Assessments

Informal assessments may be portfolios, authentic assessments, samples of student work, quizzes, essays, or performance assessments. They are important to gather when putting together a comprehensive overview of a student's performance. Interviews with parents, teachers, the school nurse, counselors, paraprofessionals, and anyone else in contact with the student on a daily basis provide information needed to create a comprehensive overview of the student's strengths and weaknesses. Interviews allow special education teachers to broaden the lens from which they view the student and are a critical component in the assessment process.

Writing an IEP Team

If it is determined a student qualifies for special education services, an Individualized Education Program or IEP will be written to serve as the blueprint for how services will be provided. You should have a draft of the IEP started prior to the Eligibility Committee meeting and finalize the IEP along with the IEP goals at that meeting. IEPs are then updated annually and rewritten during the annual IEP meeting based on the student's progress.

The IEP committee will need to specify what will be deemed satisfactory for an individual student. The IEP is considered a legal document and must contain:

- The student's present levels of academic achievement and functional performance, including: how the disability affects involvement and progress in the general education curriculum. a statement for preschool children about how the disability affects participation in appropriate activities. benchmarks and short-term objectives for students taking alternative assessments.
- A statement of measurable annual goals, including academic and functional goals designed to: meet the child's needs to enable involvement and the ability to make progress in the general education curriculum. meet the child's other educational needs due to disability.
- A statement of measurement of progress towards these goals, including: how progress will be measured. when progress will be measured.
- A statement of special education and the requisite supplementary aids and services needed: to advance toward attaining the annual goal. to be involved in the general education curriculum. to participate in extracurricular and other nonacademic activities. to be educated and participate with other children with disabilities and nondisabled children in the activities.
- A statement of how and when a student will not participate with non-disabled peers.
- A list of accommodations necessary to measure academic achievement and functional performance and/or: a statement explaining why a child cannot participate in regular assessment. the particular alternative assessment selected as appropriate for the child (Wasserman, 2009).
- A specification of the frequency, location, and duration of services and modifications for the student, including: a statement outlining transition services that are to begin no later than the age of 16.

- A statement indicating that transition services are needed to assist the child in reaching educational goals. a statement that the child has been informed of his or her rights under IDEA. Transition services listed in an IEP must be based on age-appropriate transition assessments related to training, education, employment, and, when appropriate, independent living skills.

IEP Goals

It is up to the IEP team to determine the most appropriate performance goal for the student based on all of the data which have been collected thus far in the pre-referral process. When writing goals, make sure they are **SMART: Specific, measurable, attainable, relevant, and timely**. Goals should be specific to the student's skill deficit and observable, so they can be measured. They should be attainable, meaning there's a reasonable expectation of being achieved based on a student's performance needs. Goals need to be relevant, meaning they will directly impact the student's needs, and they need to be written for a realistic time frame, including ongoing measurement of progress.

Accommodations vs Modifications

IDEA defines specifically designed instruction as “adapting as appropriate to the needs of an eligible child under the part, the content, methodology, or delivery of instruction (i) To address the unique needs of the child that result from the child’s disability; and (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.” [IDEA §300.39(b)(3)]

- An accommodation is a change or adaptation made either in the way information is presented or received. This enables a student with a disability to negate to the greatest extent possible the impact the disability has on his learning.
 - Types of Accommodation: Environmental (Setting) and Instructional (Presentation, response, and timing and scheduling).
 - Presentation is a change in the way information and even instructions are provided for the student. These accommodations include such things as allowing a student to use audio books rather than having them read the text.
 - A change in response means a change in how a student completes a given assignment or exam. Response accommodations would include things like providing oral exams rather than written ones to students, tape recording students’ answers to homework rather than having them write the answers out, and allowing them to use a word processor rather than handwriting their assignments and tests.
 - Accommodating the setting means changing the environment – such as allowing a student to sit in a bean bag chair to read an assignment rather than at a desk. Another example is a student going to a quiet setting to take an exam to negate distractions.

- Timing and scheduling involves changing the amount of time a student is given to complete a task or providing frequent breaks.
- A modification is a change made that impacts the content of the curriculum and the learning expectations of the student. Here's an example: Students are required to complete a homework assignment. A modification is that a student with a disability is exempt from participating in the assignment. In other words, the student is directed NOT to complete the assignment. This is a modification of a curriculum expectation for the student.

Placement Process

If the MDT has completed their evaluation and determined that the student does qualify for special accommodations or services under IDEA, placement decisions will be considered. At West Virginia Academy, we feel strongly that all students can and should remain in the general education classroom, in a manner consistent with the IDEA policy. IDEA states that eligible students must be educated in the general education classroom to the maximum extent appropriate. Least Restrictive Environment decisions will be based on with whom the student is educated rather than where the student will be educated.

To the extent possible, we will keep all students within classrooms of similar aged peers. Within our leveling structure, there will be classes composed of students of different ages. Students that are found with disabilities will be placed in general education classrooms at their appropriate level within the foundational topics only. They will remain with their age groups in the general education classroom for science, social studies and other "specials" courses. Instructional aids will be provided as needed by the IEP accommodations. Parents/Guardians of the student will give written consents for the classes and schedule provided to their child. Considerations will be made if there is any harmful effects on the student or their peers due to their placement; or if the quality of services cannot be provided then exceptions will be made.

Least Restrictive Environment

After determining eligibility and classification of the disability, then consider the least restrictive environment. The least restrictive environment requires students be educated to the greatest extent appropriate with peers who are non-disabled.

This does not necessarily mean that every student with disabilities should be placed in the general education classroom. Considerations made by the committee include the harmful effects on the student and the quality of services needed. A student may not be removed from the general education classroom, however, based solely on the need for modifications.

If a student's behavior in the classroom is interfering with education of either the student or peers after the incorporation of behavioral supports and interventions, it may be determined this is not the most appropriate placement.

Students should only be placed in a more restrictive environment when it provides an educational advantage. The eligibility packet is a crucial component of the evaluation process and provides the committee with all of the information for determining eligibility, classification, placement, and composition of the IEP.

The final component of the eligibility meeting is writing the final IEP. The IEP serves as a bridge between eligibility and services and the general education classroom or individuals responsible for providing such services. It's a written plan which explains the needs of the student and links the needs to the special teaching required to meet such needs.

Student Service Needs

| Level 1 Needs | WVA Programs/Services to Meet the Needs |
|--|---|
| Receiving varying levels of assistance from a special educator during general education core academic classes or elective classes; | Integrated Classes; Leveled classes within foundational core topics |
| Receiving small group instruction within special education classes; | Integrated Classes; Leveled foundational courses at the lowest level per grade will be smaller classes |
| Taking the regular assessments under standard conditions or with accommodations; | Regular assessments will be taken in general education classrooms with necessary accommodations |
| Participating in physical education classes independently; | Integrated Classes; All students will participate in physical education classes |
| Participating in co-curricular or extracurricular activities independently; | All students will participate in the Ambassador program; Before and after school options are open to all students |
| Using assistive technology to access WV CCRS; | Assisted technology will be provided in the general education classroom |
| Working toward a standard diploma; | All students will have the option to graduate in the diploma program or receive a career-related certificate |

| | |
|--|--|
| Participating in transition activities leading to a vocational completer certificate, postsecondary education, military service or employment. | Transitions services will be provided through in conjunction with Student Services Manager and the School Counselor. |
|--|--|

| Level 2 Needs | WVA Programs/Services to Meet the Needs |
|--|---|
| A markedly modified curriculum with a focus on basic or functional academics and life skills; | Within building teams, one teacher will provide basic or functional academic and life skills in each of the foundational subjects |
| Close adult supervision in structured opportunities when participating in general education classes, co-curricular and/or extracurricular activities; | Teachers will be aware and monitor participation in general education classroom; at team events there will be a team advisor that will closely monitor students who fall under this category; teachers/staff that run the afterschool and before school programs will also be aware of and monitor closely any students that qualify for this accommodation |
| Close adult supervision to maintain the safety of the student or others; | Same as above |
| Close adult instruction, assistance and/or supervision with the use of assistive technology, medical equipment, medical procedures, travel training or mobility; | An aide will be assigned to any student needing assistance throughout the day on assistive technology, medical equipment, or general mobility |
| A wide array and/or intensity of related services; | Therapy services will be contracted through an independent agency, these providers will have a day when they can come and utilize our therapy room for the students that need their services. This is scheduled as per the needs of our students |
| A large number of repetitive trials or opportunities to demonstrate skills with a concomitant need for progress monitoring and record keeping on a daily basis; | Teachers will be trained on necessary accommodations; for students who need repetitive trials these will be provided in the general education classroom |
| Transition activities that focus on vocational classes, supported employment or community-based work exploration; | Transitional services will be provided through the Special Services Manager and the School Counselor; Students will have community-based work and vocational classes through the career-related program |
| Instruction until the age of twenty-one; | All students will be allowed to continue with the |

| | |
|--|---|
| | CP or DP program through the age of 21 |
| and/or Transition services that include coordination and linkage with the WV Division of Rehabilitation Services and community providers | Transitional services will be provided through the Special Services Manager and the School Counselor; Students will have community-based work and vocational classes through the career-related program |

| Level 3 Needs | WVA Programs/Services to Meet the Needs |
|--|--|
| Intense adult supervision across settings because the student poses a danger to him/herself and/or to others; | One aid will be hired to accompany students with this level of care |
| Intensive instruction, services, safety assistance and supervision to learn and maintain skills and to increase independence in activities of daily living; | Therapy services will be contracted through an independent agency, these providers will have a day when they can come and utilize our therapy room for the students that need their services. This is scheduled as per the needs of our students |
| Transition services that include coordination and linkages with the Office of Behavioral Health Services for Intellectual/Developmental Disabilities, (I/DD) Waiver Program, Division of Rehabilitation Services and adult community services and community use. | The student services manager will connect to each of these agencies to help with the transition for student with this level of care. |

IEP Annual Review Process

At West Virginia Academy we will evaluate each student's IEP annually. If there is concern or potential changes to the IEP, written notice will be give to the parent/guardian. At each annual review the IEP team will determine the following: (1) whether the student's annual goals have been achieved; (2) if revisions to the IEP need to be made due to any lack of expected progress toward the annual goals; (3) whether a reevaluation is necessary or to address the results of the reevaluation; and (4) any other anticipated needs for the student, including transitional services. For WVA students that have an IEP for giftedness, a reevaluation will be conducted during their eighth grade year to determine continued eligibility for exceptional student services.

Re-evaluations will be conducted, with parental consent, on all students on their IEP's triennial review.

Partnership with Parents

Responsibilities

IEP services cannot begin even if a child is determined to have a disability without parental consent. Parent Intake: The parent is responsible for providing information regarding the social, emotional, familial, and academic history of their child.

Parents have many rights during this process, and you're responsible for understanding and explaining those rights to parents each step of the way. Parents are often scared and confused which is completely understandable. Comfort them in knowing that the child's best interests are at heart and that they are a very important part of the Multidisciplinary Team.

Keep in mind:

1. Help the parents feel as comfortable as possible by considering the environment where the meeting is taking place.
2. Even if parents are angry, don't view them as hostile.
3. Give parents an opportunity to vent if needed and schedule enough time to ensure you are not inconsiderate to their needs.
4. Ensure parents no decision will be made without their input and permission. Educate them on the process and the steps that will come up in the future.
5. Explain the purpose of each assessment and what the child can expect, so they feel they have an understanding of what their child will experience.
6. Let them know you're available any time with questions they may have as the process moves forward.

Parental Participation

If neither parent can participate in the eligibility meeting, the district must offer video-conferencing or conference calls as an option. A determination may be made regarding eligibility without parents present; however, there must be documentation of attempts made to ensure parental participation including detailed records of all phone calls, attempts at calls, conversations with parents, or visits made to the parents' home.

Advocacy

A strong correlation has been found between parental involvement and a child's positive social, emotional, and academic growth.² Teachers play a significant role in the extent to which parents

² Boethel, M. (2003). Diversity: Schools, families, and community connections. Annual Synthesis. Austin, TX: National Center for Family and Community Connections with Schools.

can become involved in their child's education. Studies have shown that teachers who reach out to parents and encourage participation are more likely to motivate parents to become more involved.³ This collaboration and communication between the teacher and parents have shown to be a critical factor for predicting successful student outcomes.⁴

Parents of children with disabilities face unique challenges, some feel helpless and overwhelmed when trying to assist in their child's education.⁵ Teachers are faced with the hard task of learning how to support, encourage, and empower parents as well as the students they work with. At West Virginia Academy we will support the teachers and provide routines where they can easily communicate with parents, providing the feedback and encouragement that is necessary for collaboration.

Communication

Daily communication between home and school is also a vital component of the collaboration between our staff and the families we serve. All parents will receive electronic newsletters from the school director monthly. We encourage our teachers to create weekly "Home Support Newsletters."

Each student will also receive a Daily Learning Planner and a docket to keep them organized for school. Teachers can write messages and utilize the Daily Learning Planner for individualized communication to the parents/caregivers of the student. The docket is for all loose papers, homework assignments, newsletters, announcements, etc to be safely taken home.

We will also encourage all our teacher to keep a Communication Log of correspondences with the families of their students. Our goals is to make more positive observations and feedback than negative ones. Consistent written communication between home and school is important for two reasons:

1. Some people communicate thoughts, feelings and ideas more effectively and clearly in written form and
2. It provides a permanent product that can aid in record keeping. A communication log can be vital in keeping records and providing open communication between families and their teachers.

Safeguard Procedures and Due Process

A safeguard is protection put in place to either protect someone or prevent something undesirable from happening. In this case the procedural safeguards put in place by the

³ Green, C. L., Walker, K. V., Hoover-Dempsey, K. V., & Sandler, H. M. (2007). Parents' motivation for involvement in children's education: An empirical test of a theoretical model of parent involvement. *Journal of Educational Psychology*, 99, 531–544.

⁴ McCoach, D. B., Goldstein, J., Behuniak, P., Reis, S. M., Black, A. C., Sullivan, E. E., & Rambo, K. (2010). Examining the unexpected: Outlier analysis of factors affecting student achievement. *Journal of Advanced Academics*, 21(3), 426–468

⁵ Huang, Y., Kellest, U. M., & St. John, W. (2010). Cerebral palsy: Experiences of mothers after learning their child's diagnosis. *Journal of Advanced Nursing*, 66(6), 1213–1221.

Individuals with Disabilities Improvement Education Act (IDEA, 2004), help protect all parties involved in the special education process. These parties include: the child being examined, the parents of the child, and the school or school district that is conducting the evaluation. According to Hurth and Goff (2002), “procedural safeguards are the checks and balances of the system, not a piece separate from the system.”

Parents are key advocates for their children and must be on board with the decisions made for their child at school. Procedural Safeguards are explicitly explained in the IDEA act, however parents and children involved in the process are unaware of their rights under the law, as such, we will ensure that our parents receive this information in their native language.

As part of the safeguard procedures, we will provide written notice to the parents, in their native language, explaining the reasons for a behavioral or special education evaluation as well as their rights under the law. We will make sure the parents give written consent prior to any evaluation or extensive assessment be completed. Our administrative staff will help the parents also understand that they can withdraw their child at any time and/or disagree with the final evaluation outcome. If there is a disagreement, the parents can request a new evaluation at the expense of West Virginia Academy to have an Independent evaluation/assessment be conducted.

When a student starts a Tier Two or Tier Three intervention, an informational brochure (in their native language) will be given to the parents/caregivers explaining the Rtl system and reasons for the extra support or intervention. If the PBS School Leadership feels that the student is not making progress academically or behaviorally through the Rtl, they will recommend the student for a specialized evaluation to determine if there are any disabilities or special needs the child needs and accommodations to help them succeed in the class. The parents/caregiver will be reminded several times during the process that if they disagree with any intervention or evaluation results, they have the right to appeal it. We ask that appeals be written to the PBS Leadership Team. If they cannot resolve the situation, it will then go to the School Director and the Board for further evaluation and a resolution will be made. Research has found that parents’ opinion on the services a school provides encourages these parents to be more involved with the service delivery (Hyassat, 2015). Therefore the more the parents are involved in the process and agree with the outcome, the more likely they are to support the programs put in place for their child and ultimately, the more help the child will receive.

Learning Styles

7 Types of Learning Styles:

1. Visual – This is also known as the spatial learning style. A person has a visual learning style when he prefers to learn by using pictures and images and understanding things spatially.
2. Aural – This is also known as auditory or musical learning style. A person with this style prefers using sound and music as a means of learning information.

3. Verbal or Linguistic – A person with this learning style prefers using words both spoken and written.
4. Physical or Kinesthetic – A person with this style learns through body movement, use of hands, and a sense of touch.
5. Logical – This is also known as a mathematical learning style. A person with this style prefers to learn logically and systematically and utilizes reasoning skills to make sense of information.
6. Social or Interpersonal – These individuals prefer to learn in groups or with others.
7. Solitary or Intrapersonal – These individuals prefer to work and study alone. Being with others distracts them from the learning process.
8. Naturalist – Individuals with this learning style prefer nature and the outdoors. They demonstrate the ability to learn about living things and sensitivity to other features of the natural world.
9. Existential – These individuals are concerned with life, death, and ultimate realities.

Gifted and Talented Students

West Virginia Academy offers leveled courses within the foundational topics. This provides learning in the least-restrictive environment for each of our students. Students will be given placement tests for each foundational topic and placed in the correct class to ensure efficient learning. Students that are “gifted” in a subject will be placed at a higher grade level, thus challenging and supporting learning for all students. Those that qualify as being gifted and talented will be invited to participate in term break mini-courses that will enhance learning and provide opportunity for additional growth.

WVA’s Continuum of Programming Services

The Council for Exceptional Children (2007) has noted that RtI “must be viewed as a schoolwide initiative, spanning both special education and general education.” Gifted education must review its relationship to general education given the framework of Response to Intervention model and the changing relationships among the components of education. In addition, the National Center for Culturally Responsive Educational Systems (2005) has noted that RtI must be addressed within the context of cultural learning and that the diversity of students must be recognized through the nature and implementation of RtI.

Screening and Assessment

Universal screening is a process through which all students and their educational performance are examined in order to ensure that all have an equal opportunity for support. A universal screening process helps to ensure that access to high-end learning opportunities are open for all students.

Self-Assessment

Progress Monitoring

Progress monitoring, a key component of RTI, is also appropriate for students who are gifted. For these students, who learn more easily and quickly in their area of strength, progress monitoring should be used to document mastery. Once mastery has been documented, students must be given opportunities to continue learning with enriched and advanced materials related to their area of strength.

Established Protocols

Established protocols are based on standard treatments that have been shown through evidence-based studies to be successful. Gifted students need to be able to access a flexibly-paced, advanced curricula that provides depth and breadth in their area of strength.

Problem Solving Approach

The problem solving approach is tailored to individual student's learning needs. When children are not responding to effective curriculum, then individualized adaptations are made. While problem solving approaches consider primarily students who are not progressing when compared with their same-age peers, they also need to address gifted students who are not progressing at above-grade levels commensurate with their abilities. These accelerated interventions allow students to increase their levels of knowledge and skills in their areas of strengths and may include advanced educational options such as continuous progress learning, curriculum compacting, advanced placement, grade or subject skipping, and post-secondary enrollment.

2010 Pre-K through Grade 12 Gifted Programming Standards

Standard 1: Learning and Development

To achieve these outcomes, educators

1. Help students identify their interests, strengths, and gifts (VanTassel-Baska, 2009);
2. Develop activities, culturally responsive classrooms, and special interventions that match each student's characteristics (Ford, 2006);
3. Use research-based grouping practices (Gentry & Owen, 1999);
4. Provide role models and mentors within and outside the school (VanTassel-Baska, 2006);
5. Collaborate with families (Williams & Baber, 2007); and
6. Provide students with college and career guidance (Maxwell, 2007).

Standard 2: Assessment

To achieve these outcomes, evidence-based practices include

1. Developing environments where students can show diverse gifts and talents (Hertzog, 2005);

2. Using comprehensive, cohesive, ongoing, and technically adequate procedures during the identification process that do not discriminate against any student with potential (Ryser, 2011);
3. Using various types of assessments such as performances, products, off-level tests, and other types of pre/post measures (VanTassel-Baska, 2007); and
4. Implementing an evaluation that is purposeful, reliable, and valid for examining the effectiveness of practices on student outcomes (Callahan & Reis, 2004).

Standard 3: Curriculum Planning and Instruction

To achieve these outcomes, educators

1. Develop comprehensive, cohesive programming for students with a variety of gifts and talents that is based on standards, incorporate differentiated curricula in all domains, and use a balanced assessment system (VanTassel-Baska, 2004);
2. Use specific strategies such as critical and creative thinking, metacognitive, problem-solving, and inquiry models (Anderson & Krathwohl, 2001)
3. Develop and use culturally responsive curriculum (Ford, 2006)
4. Use high-quality resources that integrate technology (Siegle, 2004)

Standard 4: Learning Environment

Specific student outcomes include the development of self-awareness, self-advocacy, self-efficacy, confidence, motivation, resilience, independence, and curiosity. Students also learn how to develop positive peer relationships, social interactions, and interpersonal and technical communication skills with diverse individuals and across diverse groups. In their development of leadership skills, they also demonstrate personal and social responsibility.

To achieve these outcomes, educators create environments that

1. Not only have high expectations, but also honor effort (McKown & Weinstein, 2008);
2. Are safe and welcoming for exploring issues and for risk taking (Neihart, 2002);
3. Provide opportunities for self-exploration and leadership (Frey, 1998);
4. Promote positive interactions with artistic/creative and chronological-age peers (Enersen, 1993);
5. Support diverse learners (Cline & Schwartz, 2000); and
6. Teach positive coping, social, and communication skills (Berger, 2003).

Standard 5: Programming

Outcomes include students demonstrating growth and enhanced performance in cognitive and affective areas and identifying future career pathways and talent development pathways to reach their goals.

To achieve these outcomes, educators

1. Create policies and procedures (Ford & Trotman, 2000);
2. Provide sufficient funding (NAGC, 2008–2009);

3. Coordinate services and collaborate with families and other professionals (Coleman & Johnsen, 2011); and
4. Develop and implement a comprehensive set of services such as acceleration, enrichment, grouping, individualized learning, mentorships, internships, and technology that develop relevant student talent areas (Johnsen & Johnson, 2007).

Standard 6: Professional Development

Student outcomes include the development of their talents and focus on the social and emotional areas. To achieve these outcomes, educators

1. Participate in ongoing, researchsupported, and multiple forms of professional development that model how to develop environments and instructional activities for students with gifts and talents (Kitano et al., 2008);
2. Provide sufficient human and material resources for professional development (Guskey, 2000);
3. Become involved in professional organizations (Callahan, Cooper, & Glascock, 2003);
4. Assess their practices and identify areas for personal growth (Bain, Bourgeois, & Pappas, 2003);
5. Respond to cultural and personal frames of reference (Ford & Trotman, 2001)
6. Comply with rules, policies, and standards of ethical practice (Klein & Lugg, 2002).

TOPS Forms

Recognizing an individual's strengths is the first step. Once we do that, we can respond by providing advanced learning opportunities tailored to their needs. By looking for strengths in our students, we reframe our view of them, moving our understanding of them from at risk to at potential. Too often in our schools, outstanding potential of students is not tapped and remains hidden, leading to disengagement of learning and, over time, the loss of talent. All our educators in kindergarten through third grade will use the Teacher's Observation of Potential in Students (TOPS) forms. The TOPS is a classroom observational tool to guide teachers as they observe their children in multiple settings over time and recognize outstanding potential. The TOPS begins with a whole-class observation, ensuring that all children are being observed systematically, and leads to individual observations of children as the need becomes apparent. As teachers utilize the TOPS, their view of children refocuses from "at-risk" to "at-potential" and they further modify the curriculum and instruction to respond to needs.

Acronym Glossary

- ADA: Americans with Disabilities Act - last amended to become ADAAA or the Americans with Disabilities Amendment Act in 2009; It is overseen by the federal office of Civil Rights.
- ADD: Attention Deficit Disorder
- ADHD: Attention Deficit Hyperactivity Disorder
- ASD: Autism Spectrum Disorder
- AUT: Autism
- CBM: Curriculum-Based Measures - CBMs are used to gather data on students to make data-based educational decisions for instruction, progress reporting to parents and other educational professionals, and diagnosis.
- CHAMPS: Conversation, Help, Activity, Movement, Participation, Success
- DBL: Deaf-Blindness
- DEA: Deaf
- DD: Development Delay
- ED: Emotional Disturbance
- ESSA: Every Student Succeed Act
- FAPE: Free and Appropriate Education; FAPE means special education and related services that are provided in conformity with a child's IEP, are provided at public expense and under public supervision and direction, and meet the standards of the State.
- HOH: Hard of Hearing
- IDEA: Individuals with Disabilities Education Act - last amended in 2004; Overseen by the Federal Office of Special Education, it is the funding mechanism for special education services in public schools.
- IEP: Individualized Education Program or Plan
- LRE: Least Restrictive Environment - individuals with disabilities should be educated with their peers without disabilities to the greatest extent possible.
- MDET: Multidisciplinary Evaluation Team
- MR: Mental Retardation
- NCLB: No Child Left Behind Act of 2001
- OHI: Other Health Impairment
- OI: Orthopedic Impairment
- PBS: Positive Behavior System
- Rtl: Response to Intervention - a pre-referral strategy to provide as much intervention prior to an official special education evaluation.
- SAT: Student Assistance Team
- Section 504: A Section within the Rehabilitation Act that provides eligibility standards for those considered disabled, covers individuals for life; Overseen by the federal Office of Civil Rights and is funded through the state.
- SLD: Specific Learning Disability
- SLI: Speech and Language Impairment
- TBI: Traumatic Brain Injury
- VI: Visual Impairment

WVEIS: West Virginia Education Informational System: a state system that gathers student data to track state results.

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