

Module 5:

Special Education Basics Eligibility, Requesting Services, & Records – Pedi Neurology

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Agenda

- Assisting families in requesting a psychoeducational evaluation by the public school system
- Obtaining a copy of the child's IEP
- Obtaining a copy of prior testing including progress reports

Special Education laws

- Federal Laws
- Education for All Handicapped Children Act (1975) – All public schools receiving federal funds had to provide equal access to education and one free meal a day for children with physical and mental disabilities
- Individuals with Disabilities Education Act (IDEA, 1990) - Governs how states provide early intervention, special education and related services, to children with disabilities. At age 3, supports and services change as eligible children move from part C (early intervention) to Part B (special education) of the IDEA.

Special Education laws

- Main elements of IDEA:
 1. Individualized Education Program (IEP)
 2. Free and Appropriate Public Education (FAPE)
 3. Least Restrictive Environment (LRE)
 4. Appropriate Evaluation
 5. Parent and Teacher Participation
 6. Procedural Safeguards

<http://idea.ed.gov/explore/home>

Special Education laws

- **Section 504 of the Rehabilitation Act, 1973**
 - remove discrimination by providing the student with a disability the modifications and accommodations and related aids and services to give them access to what every other student enjoys
- **Family Educational Rights and Privacy Act (FERPA), 1974**
 - gives parents of all students the right to inspect all information maintained by the school district in connection with their child
- **Americans with Disabilities Act (ADA), 1990**
 - prohibits discrimination based on disability in public entities
 - Office of Civil Rights is the designated agency to enforce the regulation under Title II with respect to public educational entities and public libraries.

504 Plans: Individual Accommodation Plans

- Section 504 is a federal civil rights law that prohibits discrimination by federally funded institutions against individuals with disabilities.
- Section 504 ensures that a student with a disability has equal access to education by providing accommodations for the student.
- Unlike IDEA, Section 504 requires only notice, not consent, for evaluation.

Retrieved: www.clcm.org/504_Plans.pdf

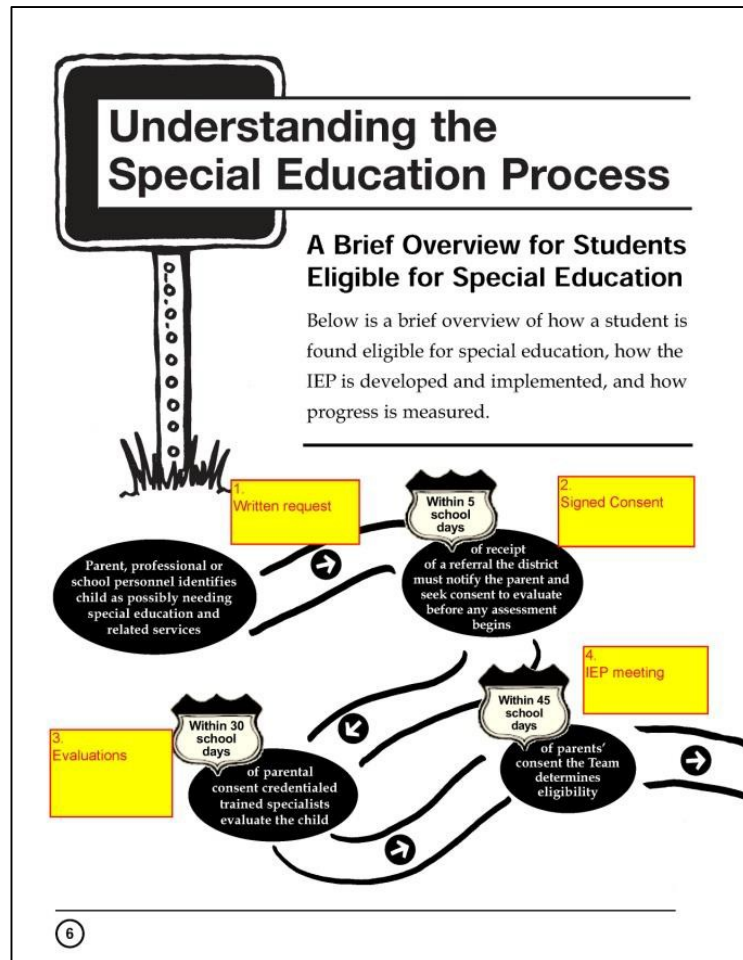
Special Education laws

- State laws
- Massachusetts:
 - MGL Chapter 71B: Children with Special Needs [Chapter 71B Section 3](#)

Navigating the Special Education Process

- For families receiving Early Intervention services, their EI caseworker will contact the school at least 3 months prior to the child turning 3 years old.
- For families whose children don't have an EI coordinator or are older than 3yo, the process will start with a letter to the Special Education Department of their School District.
- Some School Districts require to register the child prior to start the IEP process while others require to go through the eligibility determination process before registering the child, contact your district and ask.

Navigating the Special Education Process



1. Write a letter to the school requesting a Special Education Evaluation. In the letter, state your child's diagnosis and any specific concerns you have. This will start the Special Education Process.

2. Within 5 days of receiving your letter, the school must ask for your written permission to begin the evaluations. (Consent Form)

3. You must provide written consent in order for the evaluation to begin.

Navigating the Special Education Process

- With the letter bring any diagnostic report relevant to your child educational needs.

Date _____

_____ Public Schools

To Whom It May Concern:

As the parent/guardian of _____, I am requesting a Team evaluation for my child.

I am concerned about the following areas in which my child is experiencing difficulties:

<input type="checkbox"/> Behavioral	<input type="checkbox"/> ADHD Diagnosis
<input type="checkbox"/> Speech	<input type="checkbox"/> Autism Diagnosis
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> ABA
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Executive Functioning
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> _____

I understand that a consent form, describing the evaluation procedure, will be provided to me within five (5) school days of this request. I further understand that the evaluation will be completed within thirty (30) school days and that a team meeting will take place within forty-five (45) school days of my consent to the evaluation.

I would appreciate meeting with the Educational Team Leader before the testing begins so that I can share important information about my child and learn more about the testing process. In addition, I would like to review a written copy of the assessments performed on my child 2 days prior to the Team Meeting.

Please note I will need a trained _____ speaking interpreter.

Thank you for your prompt consideration of this matter. I am happy to assist in this process.

If you have any questions, please contact me at _____.

Sincerely,

Signature of parent/guardian _____ Printed name of parent/guardian _____

Address _____ Phone number _____

Navigating the Special Education Process

Evaluation Consent Form

Attachment to N 1

Re: [REDACTED]

1/20/2015

TYPE OF ASSESSMENTS:	A variety of assessment tools and strategies should be used to gather information that determines the educational needs of this student.	RECOMMENDED	
		YES	NO
Assessment in All Areas Related to the Suspected Disability(ies)	Describes the student's performance in any area related to the child's suspected disability(ies). List recommended assessment(s): Battelle Developmental Inventory, Occupational Therapy, Speech/Language	✓	
Educational Assessment	Includes the history of the student's educational progress in the general curriculum and includes current information on the student's performance.		✓
Observation of the Student	Includes the student's interaction in the student's classroom environment or in a child's natural environment or an early intervention program.		✓
Health Assessment	Details any medical problems or constraints that may affect the student's education.		✓
Psychological Assessment	Describes the student's learning capacity and learning style in relationship to social/emotional development and skills.	✓	
Home Assessment	Details any pertinent family history and home situations that may affect the student's education and, with written consent, may include a home visit.		✓

PARENT RESPONSE SECTION

Please indicate your response by checking at least one (1) box and returning a signed copy to the school district. Please keep one copy for your records. Thank you.

☐ I accept the proposed evaluation in full. ☐ I reject the proposed evaluation in full.

☐ I accept the proposed evaluation in part and request that only the listed assessments be completed:

I additionally request the following assessment(s):

☐ assessment(s) listed above: ☐ other assessments: (specify):

☐ _____
☐ _____
☐ _____

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over
Required signature once a student reaches 18 unless there is a court appointed guardian

Date

PARENT INPUT

We strongly encourage you to share your knowledge of this student with us. If you choose, please provide a written statement (use back of form) or call the indicated contact person. Thank you.

Testing and evaluations

- The school must assess a child in all areas related to their suspected disability(ies), and must provide the following assessments:
 - An assessment in all areas related to the suspected disability.
 - An educational assessment by a representative of the school district, including
 - (i) a history of the student's educational progress in the general curriculum. Such assessment shall include information provided by a teacher(s) with current knowledge regarding the student's specific abilities in relation to learning standards of the Massachusetts Curriculum Frameworks and the district curriculum; and
 - (ii) an assessment of the student's attention skills, participation behaviors, communication skills, memory, and social relations with groups, peers, and adults.
 - (iii) The school district shall also thoroughly evaluate and provide a narrative description of the student's educational and developmental potential.
 - (iv) When a child is being assessed to determine eligibility for services at age three, an observation of the child's interactions in the child's natural environment or early intervention program is strongly encouraged.

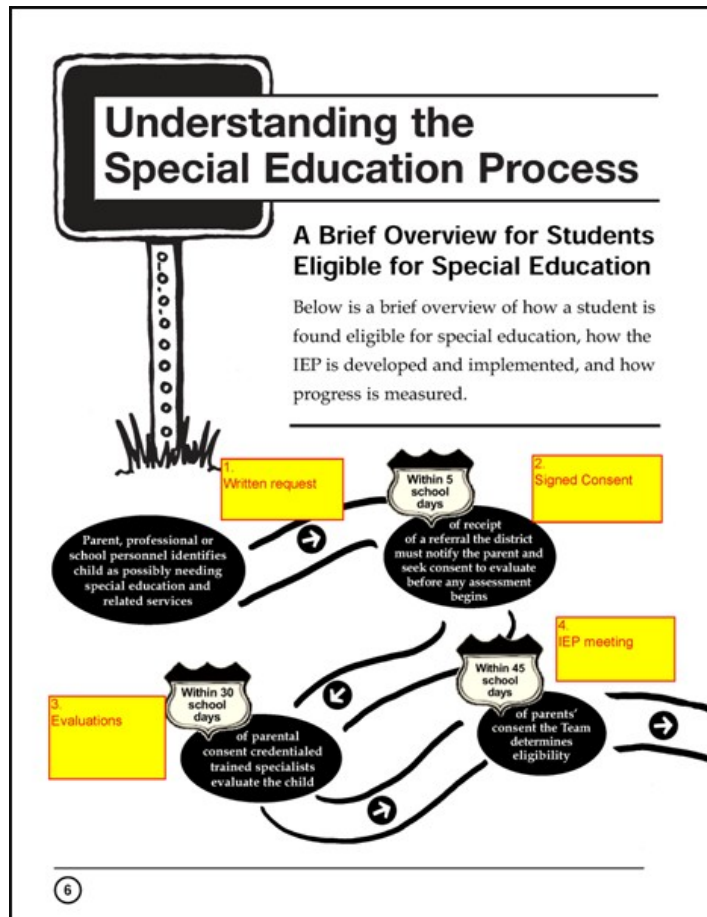
Testing and evaluations

- (v) For children who are receiving early intervention services, school districts are encouraged to use current and appropriate assessments from early intervention teams, whenever possible, to avoid duplicate testing.
- Optional assessments. The Administrator of Special Education may recommend or a parent may request one or more of the following:
 - A comprehensive health assessment by a physician that identifies medical problems or constraints that may affect the student's education. The school nurse may add additional relevant health information from the student's school health records.
 - A psychological assessment by a licensed school psychologist, licensed psychologist, or licensed educational psychologist, including an individual psychological examination.
 - A home assessment that may be conducted by a nurse, psychologist, social worker, guidance or adjustment counselor, or teacher and includes information on pertinent family history and home situation and may include a home visit, with the agreement of a parent.

Testing and evaluations

- Reports of assessment results.
 - Each person conducting an assessment shall summarize in writing the procedures employed, the results, and the diagnostic impression, and shall define in detail and in educationally relevant and common terms, the student's needs, offering explicit means of meeting them. The assessor may recommend appropriate types of placements, but shall not recommend specific classrooms or schools.
 - **Summaries of assessments shall be completed prior to discussion by the Team and, upon request, shall be made available to the parents at least two days in advance of the Team discussion at the meeting occurring pursuant to 603 CMR 28.05(1).**

Navigating the Special Education Process



4. The school should perform several evaluations to assess the child.

5. Within 30 school days of receiving the signed consent, the school must complete all of the evaluations.

6. Within 45 school days of receiving the signed consent, the school must hold a Team Meeting and develop an IEP

Eligibility

- The child should be eligible for Special Education Services, if the answer to the following questions is "yes":
 1. Does the child have a disability? What type?
 2. Does the disability cause the child to be unable to progress effectively in regular education?
 3. Does the child require specially designed instruction to make progress or does the child require a related service or services in order to access the general curriculum?

Eligibility

School District Name:
School District Address:
School District Contact Person/Phone #:

Special Education Eligibility/Initial and Reevaluation Determination

Student Name: _____ DOB: _____ ID#: _____ Date: _____

A. Proceed through the flowchart until an eligibility determination is reached..

1. Does the student have one or more of the following types of disability?

- Autism
- Developmental delay
- Intellectual
- Sensory-Hearing, Vision, Deaf-Blind
- Neurological
- Emotional
- Communication
- Physical
- Specific Learning
- Health

no ☐ Student is not eligible for Special Education but may be eligible for other services in other programs.

If yes, indicate disability type(s):

yes ☐

2. a) Is the student making effective progress in school?
(For reevaluations: Would the student continue to make progress in school without the provided special education services?)

yes ☐ Student is not eligible for Special Education but may be eligible for accommodation(s) for disability(ies) under Section 504 of the Rehabilitation Act or may be eligible for other services in other programs.

no ☐

2. b) Is the lack of progress a result of the student's disability?

no ☐ Student is not eligible for Special Education but may be eligible for accommodation(s) for disability(ies) under Section 504 of the Rehabilitation Act or may be eligible for other services in other programs.

yes ☐

2. c) Does the student require specially designed instruction in order to make effective progress in school or does the student require related services in order to access the general curriculum?

yes ☐

no ☐

B. Answer this question for all students.

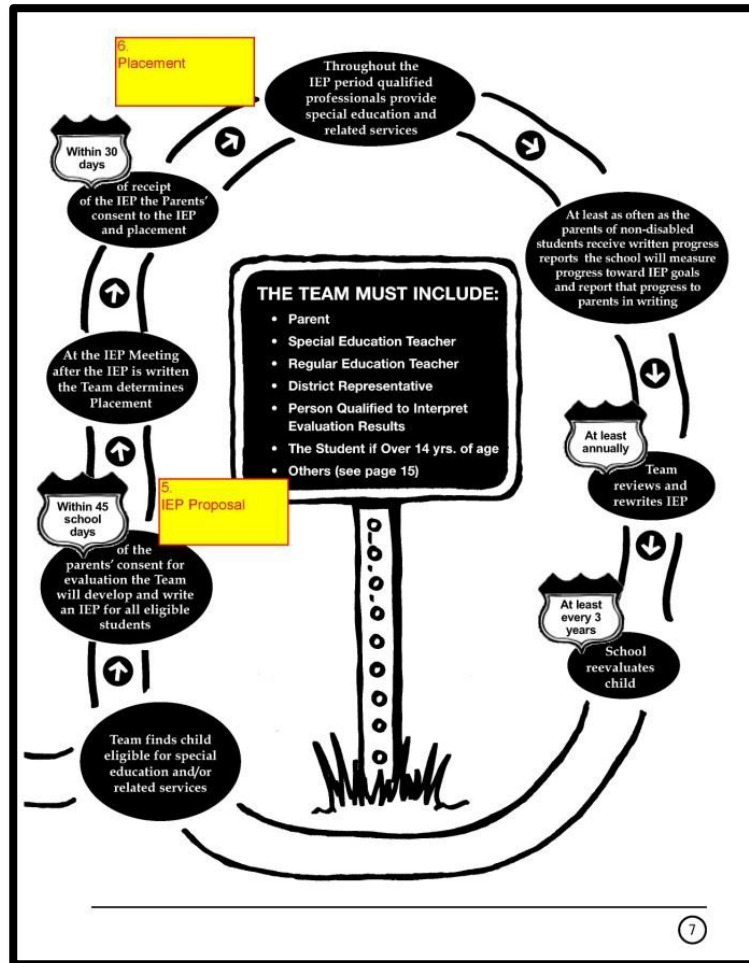
Is parent satisfied with school evaluation?

Continue forward as previously discussed.

Discuss Extended Evaluation and rights to an Independent Educational Evaluation.

KEY EVALUATION FINDINGS
AND/OR NEXT STEPS

Navigating the Special Education Process



7. Parents have the right to request the assessments reports two days before the Team Meeting.

8. At the Team Meeting parents should voice their concerns and bring anyone to support them.

9. After the TEAM Meeting, Parent should receive the IEP proposal in 10 school days.

10. Parents have the right to accept all or parts of the IEP. **Services will begin after signing and turning in the IEP.**

Navigating the Special Education Process

IEP

School District Name: _____
School District Address: _____
School District Contact Person/Phone #: _____

Individualized Education Program

IEP Dates: from _____ to _____
Student Name: _____ DOB: _____ ID#: _____ Grade/Level: _____

Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?
What is the student's type of disability(ies), general education performance including MCAS/district test results, achievement towards goals and task of expected progress, if any?

Vision Statement: What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments.

IEP 1

Massachusetts DESE/Individualized Education Program Page 1 of 8

IEP Response Section

Individualized Education Program IEP Dates: from _____ to _____
Student Name: _____ DOB: _____ ID#: _____

Additional Information

☐ Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 68B Referral.
☐ Document efforts to obtain participation if a parent and if student did not attend meeting or provide input.
☐ Record other relevant IEP information not previously stated.

Response Section

School Assurance

I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided.

Signature and Role of LEA Representative _____ Date _____

Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.

☐ I accept the IEP as developed. ☐ I reject the IEP as developed.
☐ I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

☐ I request a meeting to discuss the rejected IEP or rejected portion(s).

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over _____ Date _____
**Required signature once a student reaches 18 unless there is a court appointed guardian.*


Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.

IEP 8

Massachusetts DESE/Individualized Education Program Page 8 of 8

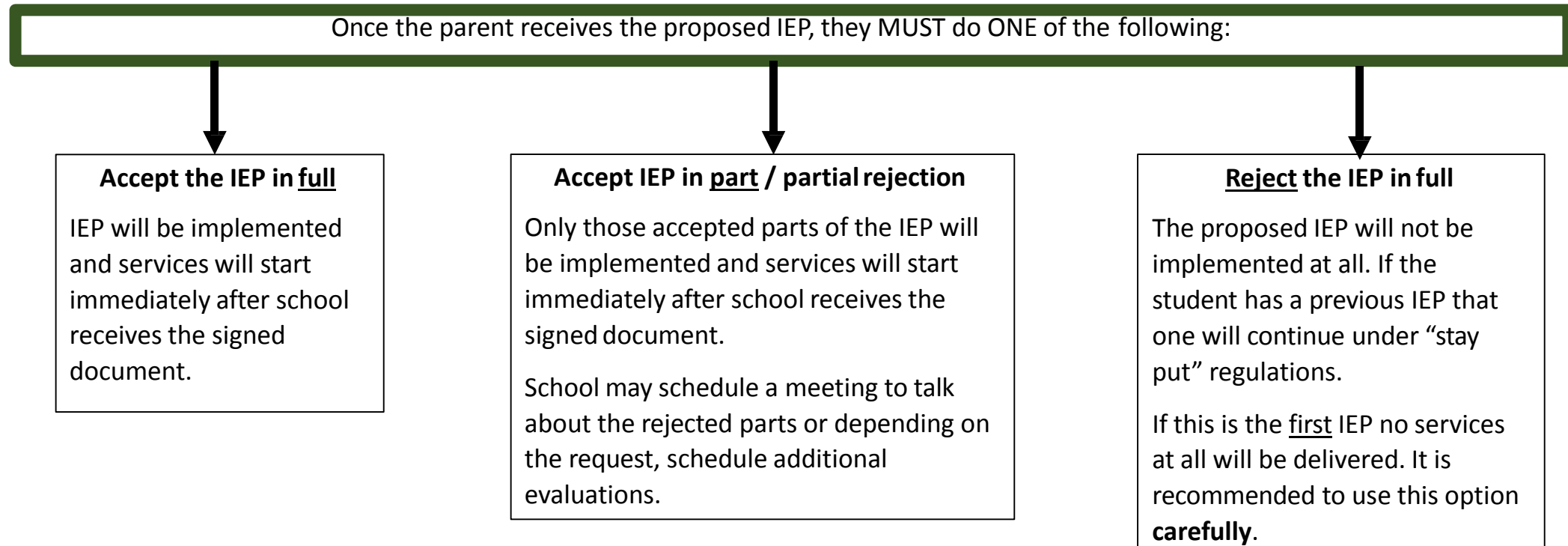
Navigating the Special Education Process

Placement Proposal (PL1)

		Boston Public Schools	
School District Address: [REDACTED]			
School District Contact Person/Phone #: [REDACTED]			
Special Education Placement Consent Form - PL1: 3-5 year olds			
IEP Dates: from [REDACTED] to [REDACTED]			
Student Name: [REDACTED]		StuNo: [REDACTED]	SASID: [REDACTED]
Team Recommended Special Educational Placements			
The Team identified that the majority of the IEP services will be provided in a program in the home for a child who is 3 to 5 years of age.		<input type="checkbox"/> Home	
The Team identified that the majority of the IEP services will be provided in a clinician's office for a child who is 3 to 5 years of age.		<input type="checkbox"/> Service provider location	
The Team identified that some or all IEP services will be provided in the inclusive early childhood program the child is already attending.		<input type="checkbox"/> IEP services in the inclusive early childhood program	
The Team identified that the child should attend an inclusive early childhood program in order to receive some or all IEP services.		<input type="checkbox"/> Inclusive early childhood program	
The Team identified that the child should receive IEP services in a program serving only young children with disabilities.		<input checked="" type="checkbox"/> Substantially separate program	
		<input type="checkbox"/> Public or private day program	
The Team identified that the child should attend a special education program in a residential school that only serves children with disabilities.		<input type="checkbox"/> Residential school	
Location(s) for Service Provision and Dates: Early Childhood, Substantially separate setting [REDACTED]			
Placement Consent			
Parent Options / Responses			
It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.			
<input type="checkbox"/> I consent to the placement.			
<input checked="" type="checkbox"/> I refuse the placement.			
<input checked="" type="checkbox"/> I request a meeting to discuss the refused placement.			
[REDACTED]			
Signature of Parent, Guardian, Educational Surrogate Parent		Date:	
Other Authority Required Placements			
Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited and consent is not required.			
The placement has been made by a state agency to an institutionalized setting for non-educational reasons.		<input type="checkbox"/> The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program.	
		<input type="checkbox"/> The Department of Public Health has placed the child in the Massachusetts Hospital School.	
A doctor has determined that the child must be served in a home setting.		<input type="checkbox"/> Home-based Program	
A doctor has determined that the child must be served in a hospital setting.		<input type="checkbox"/> Hospital-based Program	

Navigating the Special Education Process

- Within thirty calendar days of receiving the IEP copies, parent must make a decision about whether to accept the IEP, reject the IEP or partially accept or partially reject the IEP.



Navigating the Special Education Process

- After school receives the signed forms (IEP and placement):
Implementation
- Transportation may not start immediately but parent can start bringing the child to school
- Stay put rights
 - Protect the student while a dispute regarding placement or total rejection of an IEP is solved. Student continues receiving services as listed in previous IEP. If placement is the issue, student will continue placed in their previous school/classroom.

School Records

School Records

- Federal: Family Educational Rights and Privacy Act (FERPA)
- State: 603 CMR 23.07
- Parents and caregivers are entitled to their child's entire student record as soon as practicable and within 10 days of request.
- Copies of the record must be provided upon request; however, a reasonable fee (not to exceed cost of reproduction) may be charged.
- A fee may not be charged if such fee effectively prevents the parent from exercising their right to access their child's record.

School Records

Sample Letter: Requesting School Records

[Parent's Address]
[Parent's Phone Number]

[Date]

[Name], Principal
[School]
[School's address]
[City, MA Zip]

Re: [Child's Name]
[Child's Date of Birth]

Dear Principal [Name]:

I am writing to request copies of my child, [name]'s, entire student record during the time [he/she] has been enrolled in [school district]. This includes, but is not limited to, records regarding regular education, special education, discipline, and health records, as well as report cards, progress reports, notes, correspondence, and test scores.

I understand that this information will be made available as soon as practicable but within no later than ten (10) days of this request.

Thank you for your prompt attention to this matter.

Very truly yours,

[Parent's Name]

cc: [Name], Team Chairperson (if child receiving special education services)

School Records

- Boston
 - Requests should be sent to Special Education Coordinator
 - Office of Special Education (Fax 617.635.8014)
 - Requests for psychological or behavioral records should be sent to the Office of Behavioral Health (Fax 617.635.8033)
- Other districts
 - Special Education Office

Questions?