

The ICTC Special Populations Handbook

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Note: Some of the information in this handbook has been sourced from the websites listed below. You are encouraged to visit these sites for more information.

- <http://nichcy.org/>
- <http://www.ed-center.com/504>
- <http://www.brainsteps.net/>

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The Goals

- 100% of the ICTC students will earn 100% of the competencies listed on the Program of Study at the Skilled or Proficient level (80% for a two year student; 60% for a one year student)
- 100% of the ICTC seniors who qualify to take the PA Skills exam will earn the Program of Study Certification
- 100% of the ICTC graduates will have earned all of the industry certifications that were available while attending
- 100% of the ICTC Graduates will go on to:
 - A. A job in a career related to the ICTC field of study that provides a life sustaining wage
 - B. Post-secondary Education for a career related to the ICTC field of study
and/or
 - C. Military service

The Challenge

A little over 30% of the students currently enrolled at the ICTC have been identified as having a disability or a life situation that can interfere with their ability to learn and/or master the academic and technical competencies necessary to achieve the above goals. In addition to the 13 recognized categories of disability identified by the Individuals with Disabilities Education Act (Page 4), we are also working with students experiencing socio/economic concerns; family crisis; and pregnancy.

Another consideration that needs attention is the non-traditional student: (Page 6)

- A student enrolled in Program of Study in which the opposite gender comprises more than 75% of the current student enrollment. These students often face unique challenges - discrimination, sexual harassment, isolation, role gender conflicts, fear of failure, or lack of self-esteem.
- A student with English as a second language
- An adult student

The Help

This handbook is one of the many resources available at the ICTC to help you deliver effective educational services to every student in your Program of Study. It may not answer every question you will have about meeting individual student needs, but it will be a good place to start looking for answers.

Terminology and Definitions

504

Section 504 of the Rehabilitation Act of 1973, as amended, is a civil rights law that prohibits discrimination on the basis of disability. Children with disabilities may be eligible for special education and related services under Section 504

504 Plan

Spells out the modifications and accommodations that will be needed for a student with a physical or mental impairment which substantially limits one or more major life activities to have an opportunity to perform at the same level as his/her peers

ABI – Acquired Brain Injury

Brain damage caused by events after birth, rather than as part of a genetic or congenital disorder

Accommodation

A change that helps a student overcome or work around the disability. Because each program at the CTC is bound to a standards based Program of Study, the IEP must reflect accommodations and *not* modifications in the Specially Designed Instruction.

Concussion – mild Traumatic Brain Injury (mTBI)

A concussion/mTBI is a type of brain injury that changes the way the brain normally works. There are four main categories of symptoms following concussion:

- Thinking and Remembering
- Physical
- Emotional
- Sleep

A concussion lasting more than four weeks may trigger the development of a 504 Plan or an IEP.

FAPE – Free Appropriate Public Education

IDEA defines this term as follows:

§300.17

Free appropriate public education

Free appropriate public education or *FAPE* means special education and related services that—

- (a) Are provided at public expense, under public supervision and direction, and without charge;
- (b) Meet the standards of the SEA, including the requirements of this part;
- (c) Include an appropriate preschool, elementary school, or secondary school education in the State involved; and
- (d) Are provided in conformity with an individualized education program (IEP) that meets the requirements of §§300.320 through 300.324.

IDEA – Individuals with Disabilities Education Act

IDEA was originally enacted by Congress in 1975 to ensure that children with disabilities have the opportunity to receive a free appropriate public education, just like other children. The law has been revised many times over the years.

IEP – Individualized Education Program

A written document listing, among other things, the special educational services that the child will receive. The IEP is developed by a team that includes the child's parents and school staff.

Incident Report—please see the Teacher's Handbook

Major Life Activities (as defined by Section 504)

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Modification

A change in what is being taught to or expected from the student.

SDI—Specially Designed Instruction

Adapting the content, methodology, or delivery of instruction, as appropriate to meet the needs of an eligible child - accommodations or modifications. Because the Program of Study at the Career and Technical Center is standards based, Specially Designed Instruction must be in the form of an accommodation and *not* a modification.

SSIP - Strategic Student Intervention Process

A three-tier intervention process to assist students who have any of the following:

- 1) failing grades or performance for more than two consecutive weeks
- 2) two or more disciplinary actions per nine weeks
- 3) consistent absences
- 4) significant decrease in progress (does not have to be failing at this point)
- 5) instructor concerns

This process is not a substitute for the **Incident Report** process which is accessed through the Discipline Tab in ProSoft. Guidelines for the **Incident Report** process are available in the Teacher's Handbook.

TBI - Traumatic Brain Injury

An injury to the brain caused by the head being hit by something or shaken violently. An injury to the brain caused by the head being hit by something or shaken violently.

Transition

The process and plan that moves a student toward the attainment of post-secondary goals related to education, employment, and community living.

The Thirteen Categories of Disability Identified by IDEA
(Trolley School Counselor’s Guide to Special Education Chapter 2)

Autism	<p>Part 300</p> <p>(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a student’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child’s educational performance is adversely affected primarily because the student has an emotional disturbance defined in paragraph (b)(4) of Part 300.7.</p> <p>(ii) A child who manifests the characteristics of “autism” after age 3 could be diagnosed as having “autism” if the criteria in paragraph (c)(1)(i) of Part 300.7 are satisfied.</p>
Intellectual Disability ID	<p>Part 300: Intellectual Disability means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a student’s educational performance</p>
Learning Disability LD	<p>Part 300: Specific Learning Disability is defined as follows:</p> <p>(i) <i>General</i>. The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.</p> <p>(ii) <i>Disorders not included</i>. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage.</p>
Emotional Disturbance ED	<p>Part 300 Emotional disturbance is defined as follows:</p> <p>(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:</p> <ul style="list-style-type: none"> A. An inability to learn that cannot be explained by intellectual, sensory, or health factors. B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; C. Inappropriate types of behavior or feelings under normal circumstances; D. A generally pervasive mood of unhappiness or depression; or E. A tendency to develop physical symptoms or fears associated with personal or school problems. <p>(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.</p>

Traumatic Brain Injury TBI	Part 300: Traumatic brain injury means an acquired injury to the brain caused by an external force, resulting in total or partial functional disability or psychosocial impairment, or both that adversely affect educational performance. The term includes open or closed head injuries or brain injuries from certain medical conditions resulting in mild, moderate or severe impairments in one or more areas, including 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 include injuries that are congenital or caused by birth trauma.
Visual Impairment VI	Part 300: Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. Legally blind: An individual with a visual acuity of 20/200 or less even with correction or has a field loss of 20 degrees or more. Low Vision: A person who is still severely impaired after correction, but whom may increase functioning through the use of optical aide, non-optical aids, environmental modifications and/or techniques.
Hearing Impairment HI	Part 300: Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects the child's educational performance but that is not included under the definition of deafness in Section 300.7.
Deafness	Part 300: Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.
Deaf-blindness DB	Part 300: Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.
Speech or Language Impairment SI	Part 300: Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment, that adversely affects a child's educational performance
Other Health Impairment OHI	Part 300: Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that (i) Is due to chronic or acute health problems such as, asthma, attention deficit disorder or attention deficit hyperactivity disorder, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever and sickle cell anemia; and (ii) Adversely affects a child's educational performance
Orthopedic Impairment OI	Part 300: Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputation, and fractures or burns which cause contractures).
Multiple Disabilities MD	Part 300: 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 a special education program solely for one of the impairments. The term does not include deaf-blindness.

The Non-Traditional Student

In addition to the Student with Special Needs, another consideration that needs attention is the non-traditional student:

- A student enrolled in Program of Study in which the opposite gender comprises more than 75% of the current student enrollment.
- A student with English as a Second Language (ESL)
- An adult student

Of the three types of non-traditional students, you are most likely to work with a student who has a different gender than the majority of the other students in your Program of Study. These students often face unique challenges - discrimination, sexual harassment, isolation, role gender conflicts, fear of failure, or lack of self-esteem. Keep in mind that how the instructor and the para-professional treat this non-traditional student sets the tone for the rest of the students in the classroom and in the lab. The ICTC has a “no tolerance policy” for any behavior that can be perceived as discriminatory or bullying in nature. It has been shown that the non-traditional student often enjoys greater financial success in the post-secondary world, so it is your obligation to make sure that he or she is academically, technically, and emotionally ready for the rigors of the work place.

English as a Second Language (ESL) isn’t as common in our part of Pennsylvania as it is in some other areas around the country. If you are working with a student in this category, the home school district will generally have procedures in place to address the student’s needs. Accommodations should have been discussed and put in place before the student arrives at our front door. If the student also has a need that requires an IEP or a 504 Plan, you will be given access to the file. In the instance where you haven’t been prepared ahead of time for the student’s arrival, please contact the guidance office and the ICTC administration.

You may find you have an adult student with special considerations. Although this information will come to you through the Adult Education Office, your daily dealings with the student should be marked with the same level of consideration and professionalism as expected for traditional students. Accommodations for an adult student will not be formalized through an IEP but should be diligently administered and documented.

Pregnant and Parenting Teen Program (PPT)

Program enabling pregnant and parenting teens to graduate from high school, and to ensure the good health and development of their children. Services are offered to both parents, but student participation is voluntary.

ARIN IU28 provides this service. When delivered here at the ICTC, the student/s meet with the ARIN staff in the guidance suite.

As you hear information about a student who may be pregnant or the father of a baby, please contact guidance verbally and through the Strategic Student Intervention Process (SSIP).

The Student with Traumatic Brain Injury (TBI)

Each year, over 4,000 of PA's children survive traumatic brain injuries significant enough to require hospitalization. Many of these children are left with life-altering difficulties in physical, cognitive, or behavioral functioning. Acquired brain injuries, especially concussions, have become a major topic in the America's healthcare discussion. While sports and “return to play” served as the initial focus, ongoing research has brought the issue of “return to school” to the same level of importance.

Because Career and Technical Centers offer a range of environmental and academic challenges not typically met in the sending schools, it is wise to include doctors, counselors, therapists, teachers, etc. – when making decisions about returning students with acquired brain injury to the Career and Technical setting.

The ICTC strives to be an active partner in the Return to CTE decision process which should include:

- Accurate identification and intervention by personnel already employed in the school system
- Coordinated training and consultation regarding identification, school re-entry planning, IEP development, intervention selection and implementation, long-term monitoring of students, and other concerns professionals face in supporting students with traumatic brain injury
- Consistent and familiar contacts for hospitals and rehabilitation personnel working to successfully transition children back into schools

A detailed presentation on TBI and Concussion Management can be found on Pages 36 - 46

The ICTC Guidance Suite and Additional Resources

School Counselor - The ICTC School Counselor works in partnership with the sending school counselors to provide support for and education in the following areas:

- Academic performance and planning
- Personal/Social/Career Counseling
- Coordinates and schedules parent conferences
- Schedules presentations by post secondary representatives
- Provides agency intervention as needed (i.e., CYS, Parenting & Pregnant Teen, Community Guidance Center, etc.)
- Enrollment and schedule changes
- IEP meeting attendance, as needed
- Transition planning for Career, Post-Secondary, and/or Military Service

Learning Facilitator - Coordinates and supports the delivery of services to all students at the ICTC with an Individualized Education Program, a 504 Plan, or a health need. The Learning Facilitator can provide direct services including:

- ICTC and the Program of Study representation at meetings for an IEP, a 504 Plan, or a health need
- Tutoring
- Academic test and homework support
- Instruction in study skills
- Student strengths/needs assessments
- Staff training for special population concerns

Cooperative Education - Cooperative Education gives qualifying ICTC students the opportunity to complete a portion of the Program of Study requirements at a local work site. The Instructor's responsibilities include:

- Determining student eligibility for Cooperative Education
- Locating appropriate work sites
- Developing and maintaining a healthy relationship with appropriate work sites
- Arranging and supervising student placements at appropriate work sites
- Maintaining records to document student competency completion as required by the POS

Mathematics Specialist - The ICTC Mathematics specialist provides:

- Program specific math instruction for all the ICTC juniors (1st semester) and sophomores (2nd semester) - one class period per week
- Individual mathematics support and tutoring on an as needed basis
- Implementation and supervision of the ICTC's internet based Career Education and Work Standards tutorial
- ICTC representation for all Pennsylvania Department of Education Mathematics initiatives

The Paraprofessional

Instructional paraprofessionals work under the guidance of both general and special education teachers to support educational programming. Paraprofessionals may be called classroom aides, teacher assistants, instructional aides, or job coaches. They provide multitier supports for students who are at risk because of learning or behavioral difficulties. Paraprofessionals also support students with disabilities in developing and strengthening their academic and social skills.

Paraprofessionals should understand:

- how educational teams can use instructional interventions and/or accommodations to increase grade-level content instruction for students who have complex support needs.
- the implementation of instructional strategies and the collection of data that will demonstrate the effectiveness of interventions.

The type of support paraprofessionals provide can greatly affect the degree of independence students reach in being able to use academic, behavioral, and/or social skills.

For students identified with special needs, the most recent IEP/504 Plan can be accessed via the Google Drive. In addition, Specially Designed Instruction/Accommodations mandated by the IEP /504 Plan have been consolidated on an SDI Report Form specific to each student with an identification. These forms are also stored on the Google drive. It is required that these report forms be completed daily or weekly to document that the mandated Specially Designed Instruction/Accommodations are being delivered.

Keep in mind that the IEP and 504 Plan are legally binding documents. As such, Specially Designed Instruction/Accommodations as defined in the IEP/504 Plan are not optional. The law requires that they be delivered as defined and that documentation be kept in a timely manner.

There is more information about the Paraprofessional's role and responsibilities on Pages 47 - 52.

Additional Resources

Although you will probably not be asked to work directly with the following agencies, it is important for you to recognize that they may play an important role in a student's transition into the workforce and/or post-secondary education.

Office of Vocational Rehabilitation

(http://www.portal.state.pa.us/portal/server.pt/community/vocational_rehabilitation/10356)

The Pennsylvania Office of Vocational Rehabilitation, or OVR, provides vocational rehabilitation services to help persons with disabilities prepare for, obtain, or maintain employment. OVR provides services to eligible individuals with disabilities, both directly and through a network of approved vendors. Services are provided on an individualized basis. The OVR counselor, during face-to-face interviews, assists customers in selecting their choice of vocational goals, services and service providers. An Individualized Plan for Employment (IPE) is developed, outlining a vocational objective, services, providers and responsibilities. Certain services are subject to a Financial Needs Test (FNT) and may require financial participation by the customer. Counseling and guidance, diagnostic services, assessments, information and referral, job development and placement, and personal services such as readers or sign language interpreters are provided at no cost to the individual. Also, by law OVR customers receiving Social Security benefits for their disability (SSI, SSDI) are exempt from OVR's Financial Needs Test.

PA Career Link

(<http://tricountycareerlink.org/>)

The PA CareerLinks are one-stop offices providing an array of services on site with staff from various state, federal, non-profit and other partner agencies. Our primary goal is to connect employers with qualified job seekers. The Tri-County area supports offices in Butler, Indiana and Kittanning for ease of access by our customers.

The professional staff in each of these locations can assist both job seekers and employers with a variety of personalized and market driven services to meet their needs. As with every PA CareerLink in Pennsylvania, our three sites are *locally* operated and designed to respond to the workforce needs of their individual counties. Through the statewide PA CareerLink website, www.pacareerlink.state.pa.us, we provide a comprehensive database of job listings for each county and links to a variety of resources.

As employment and training experts, we work with Economic Development, the local Chambers of Commerce, area schools and community agencies to help provide solutions to meet each county's workforce development and staffing needs. We want to be YOUR destination of choice!

Critical Forms

Successful interaction with all Career and Technical students enrolled at the ICTC requires a smooth flow of communication both within our building and with our partner schools. Communication is especially critical when working with a student that is experiencing any of the challenges outlined in this document.

Three forms are available to you through Google Docs to facilitate the communication process:

- The ICTC Present Education Level Report (Pages 13 - 15)
The role of Present Education Levels in the development of the IEP is discussed in greater detail on Pages 28 - 31
- The Specially Designed Instruction Daily Record (Pages 16 - 17)
Accommodations, Modifications, and Specially Designed Instruction are discussed in greater detail on Pages 22 - 27
- The Strategic Student Intervention Process Report (Page 18)

ICTC Present Education Levels

Due: End of Day

Please comment on: Academic Performance; Technical Performance; Certifications; Attendance; Behavior; Competencies, Comments

Your username {**bpiccirillo@ictc.edu**} will be recorded when you submit this form. Not **bpiccirillo**? [Sign out](#)

***Required**

Academic Performance *

- ☐ Student demonstrates exceptional academic performance (94- 100%)
- ☐ Student demonstrates above average academic performance (85- 93%)
- ☐ Student demonstrates average academic performance (77- 84%)
- ☐ Student demonstrates below average academic performance (70- 76%)
- ☐ Student demonstrates unsatisfactory academic performance (0- 69%)

Academic Strengths *

Academic Weaknesses and/or Concerns *

Overall Technical Performance *

- ☐ Skilled
- ☐ Proficient
- ☐ Basic
- ☐ Unsatisfactory

Technical Strengths ***Technical Weaknesses and/or Concerns *****Is this student on track to be a completer? ***

- ☐ Yes
- ☐ No
- ☐ Too early to tell

If "No", please discuss your observations and concerns.**Behavior - Check all that apply ***

- ☐ On task, on time, excellent student
- ☐ Average student- No concerns at this time
- ☐ Disruptive
- ☐ Disengaged
- ☐ Defiant
- ☐ Outbursts of anger
- ☐ Physically aggressive
- ☐ Verbally aggressive
- ☐ Attention seeking behavior
- ☐ Shows signs of depression

- ☐ Erratic behavior
- ☐ Other - see comments

Attendance *

- ☐ Excellent
- ☐ Acceptable
- ☐ Missing enough to have concerns
- ☐ Missing too much. I have serious concerns
- ☐ Too early to tell

Certifications available this school year and/or already earned**Behavior - Comments****How might the student's disability affect the student's ability to be successful in his/her post-secondary goals ***

- ☐ Send me a copy of my responses.

| Submit |

Never submit passwords through Google Forms.

As an educator, you are mandated to deliver and document the Specially Designed Instruction that is listed in the IEP or a 504 Plan. The reproduced form on the next two pages can be found in Google Docs. There is one form for each student in your program area that has Specially Designed Instruction listed in an IEP or in a 504 Plan.

Specially Designed Instruction (Student Name)

1. Accommodations listed on the IEP or a 504 Plan MUST be documented as they are delivered. These mandatory accommodations are clustered at the top of the form.
2. There is a box at the bottom of the form for extended comments.
3. Any additional accommodations that you may be using with the student can be checked off on the second half of the form.

Insert Date

IEP Mandated Accommodations

Services must be documented as delivered

- 2a. Extended time – assignments
- 2b. Extended time - tests

IEP or 504 Mandated Accommodations: Before the first day of school, the ICTC Learning Facilitator will review a student's IEP or 504 and record an abbreviated version of all the Specially Designed Instruction that is listed. To view the full SDI wording, the original document can be accessed in the Guidance Suite. The program instructor/paraprofessional must document that SDI is being delivered according to the IEP or 504 specifications. If a student is offered an SDI and refuses to use it, this must also be documented. Delivery and documentation of SDI is mandated by state law and the CTC, instructor, and paraprofessional can be held liable if there is a failure to

Other Accommodations

Document any accommodations that are not on the IEP but that are effective with this student

- 1. Retesting
- 2a. Extended time – assignments
- 2b. Extended time – tests
- 3a. Calculator
- 3b. Kurzweil
- 3c. Computer
- 3d. Large print
- 3e. Headphones
- 3f. Digital recording
- 3g. Augmentated communication
- 4a. Review before assignments
- 4b. Review before tests
- 5a. Study for assignments
- 5b. Study guide for tests
- 6a. Read aloud text
- 6b. Read aloud directions
- 6c. Read aloud tests
- 7a. Reword directions
- 7b. Reword assignments

Other Accommodations: As an educator, you may be using SDI that is not listed in the IEP or 504 but that you have found is beneficial to the student. Use this area of the report form to document these additional services. There is a place for comments at the bottom of the report form.

Please go to the

Next Page

for the rest of this document.

Please Note: In Google Docs, this report is one page.

- 7c. Reword test questions
- 8a. Alternate seating – instruction
- 8b. Alternate seating – study
- 8c. Alternate seating – testing
- 9. Monitor Organizational Strategies
- 10. Peer support
- 11a. Highlight study material
- 11b. Highlight text
- 11c. Highlight tests
- 12a. Chunk assignments
- 12b. Chunk study material
- 12c. Chunk tests
- 13a. Advanced Organizer
- 13b. Graphic Organizer
- 14. Repeated practice
- 15. Visual/Verbal cues
- 16. Mask test
- 17. Other - Specify in the comments box

Comments: This area can be used to

- Provide a narrative summary of SDI services provided
- Report concerns about the effectiveness of an SDI
- Report SDI being used that is not listed on the IEP or 504 Plan

Comments

Submit: This button will file your report into the student's SDI spread-

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Strategic Student Intervention Process (SSIP)

This is a three-tier intervention process to assist students who have any of the following:

- 1) failing grades or performance for more than two consecutive weeks
- 2) two or more disciplinary actions per nine weeks
- 3) consistent absences
- 4) significant decrease in progress (does not have to be failing at this point)
- 5) instructor concerns



Three Tiers:

1. Documentation and Referral
2. Staff (Guidance; Principal; Learning Facilitator) Intervention
3. Team Meeting

To start the SSIP process, please complete and submit the referral form below.

Your username (xxxxxx@ictc.edu) will be recorded when you submit this form. Not xxxxxx? [Sign out](#)

Date:

Student Name:

Grade:

10 th

11 th

12 th

Program Area:

Strategic Student Intervention Process: This process is not a substitute for the **Incident Report** Process found under the discipline tab in ProSoft. Guidelines for **Incident Reports** are found in the Teacher's Handbook.

The link for this form should be on your computer's desktop. Please submit an **ICTC Work Request** ticket to the Technology Department if it is not there.

It is important to use this form to develop a documentation trail. When you hit the submit button, this information will be entered into the database. Once submitted, it will be forwarded to the appropriate staff for follow up.

Reason/s for referral

Failing grades or performance for more than two consecutive weeks

Two or more disciplinary actions per nine weeks

Consistent absences

Significant decrease in progress (does not have to be failing at this point)

Instructor concerns (please explain below)

Other (please explain below)

Concerns/Comments:

Send me a copy of my responses.

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Special Education

(<http://nichcy.org/schoolage/iep/iepcontents/specialeducation>)

The IEP must also contain a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child. That's three separate, distinct, and critical elements—special education, related services, and supplementary aids and services—and each is worthy of a book on its own.

Don't worry! We won't write a book-length article about any of these, but we will split up the discussion of each into separate articles. Here, the focus will be on **special education**.

IDEA's Exact Words

Special education is individualized to address a student's needs.

It's helpful to see IDEA's full requirement for specifying a child's special education in his or her IEP. This appears at §300.320(a)(4) and stipulates that each child's IEP must contain:

(4) A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child—

(i) To advance appropriately toward attaining the annual goals;

(ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and

(iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section... [§300.320(a)(4)]

In its entirety, this provision is the heart and soul, meat and potatoes, bricks and mortar (choose your analogy!) of the IEP. When taken off paper and operationalized in school, it becomes the education that a child with a disability receives. The part we've put in bold is the focus of this article, but you'll want to read the next two articles as well, so you can integrate the information here about special education with what's presented separately about related services and supplementary aids and services.

Special Education, in Brief

Special education is instruction that is specially designed to meet the unique needs of a child with a disability. This means education that is individually developed to address a *specific* child's needs that result from his or her disability. Since each child is unique, it is difficult to give an overall example of special education. It is individualized for each child.

Some students may be working at the pre-kindergarten grade level, others at the first, second, or third grade level. There may be students whose special education focuses primarily on speech and language development, cognitive development, or needs related to a physical or learning disability. Special education for any student can consist of:

- an individualized curriculum that is *different* from that of same-age, nondisabled peers (for example, teaching a blind student to read and write using Braille);
- the *same* (general) curriculum as that for nondisabled peers, with adaptations or modifications made for the student (for example, teaching 3rd grade math but including the use of counting tools and assistive technology for the student); and
- a combination of these elements.

It is also important to remember that the education, services, and supports outlined in a child's IEP do not necessarily cover that child's *entire* education. **The IEP only addresses those educational needs resulting from the child's disability.** If a child needs special education support throughout the school day, for all activities, the IEP will cover all these needs. If the child doesn't need special education support in one or more areas (for example, physical education, music, or science), then the IEP will not include these subjects. The child accesses them through the general curriculum/ class, with no additional special education services.

Where is special education provided?

Special education instruction can be provided in a number of settings, such as: in the classroom, in the home, in hospitals and institutions, and in other settings (§300.26). Schools must ensure that a **continuum of alternative placements** is available to meet the needs of children with disabilities. This continuum must include the placements just mentioned (instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions). Unless a child's IEP requires some other arrangement, the child must be educated in the school he or she would attend if he or she did not have a disability [§300.552(c)].

Special education instruction must be provided to students with disabilities in what is known as the ***least restrictive environment***, or LRE. IDEA includes provisions that ensure that children with disabilities are educated with nondisabled children, to the maximum extent appropriate. Each state must also ensure that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily [§300.550(b)(2)].

Accommodations, Modifications, and Specially Designed Instruction

The individualization of instruction is an important part of special education. Instruction and schoolwork are tailored to the needs of the child. Sometimes a student may need to have changes made in class work or routines because of his or her disability. Modifications can be made to:

- *what* a child is taught, and/or
- *how* a child works at school.

Sometimes people get confused about what it means to have a *modification* and what it means to have an *accommodation*. Usually a *modification* means a *change in what is being taught to or expected from the student*. Making an assignment easier so the student is not doing the same level of work as other students is an example of a modification. An *accommodation* is a *change that helps a student overcome or work around the disability*. Allowing a student who has trouble writing to give his answers orally is an example of an accommodation. This student is still expected to know the same material and answer the same questions as fully as the other students, but he doesn't have to write his answers to show that he knows the information. You can read more about the differences between accommodations and modifications in NICHCY's March 2013 blog on the subject.

What is most important to know about modifications and accommodations is that both are meant to help a child to learn. For example:

Jack is an 8th grade student who has learning disabilities in reading and writing. He is in a regular 8th grade class that is team-taught by a general education teacher and a special education teacher. Modifications and accommodations provided for Jack's daily school routine (and when he takes state or district-wide tests) include the following:

1. Jack will have shorter reading and writing assignments.
2. Jack's textbooks will be based upon the 8th grade curriculum but at his independent reading level (4th grade).
3. Jack will have test questions read/explained to him, when he asks.

Defining special education

Special education. Sometimes, when the term is used, it means “special education” as defined by IDEA at §300.39, and other times it’s a reference to the field at large—teachers, offices, knowledge base, professional practice, the system.

However, when IDEA uses the term, its meaning is *never* mixed or ambiguous. Every single time “special education” is used in the law and the final Part B regulations, its meaning is the same—the definition below.

§300.39 Special education.

- (a) *General.* (1) *Special education* means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including—
- (i) Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and
 - (ii) Instruction in physical education.
- (2) *Special education* includes each of the following, if the services otherwise meet the requirements of paragraph (a)(1) of this section—
- (i) Speech-language pathology services, or any other related service, if the service is considered special education rather than a related service under State standards;
 - (ii) Travel training; and
 - (iii) Vocational education.

And that’s just the “general” part of the definition! The next part is called “**individual special education terms defined**,” where the definition goes on to define:

- at no cost;
- physical education;
- specially designed instruction;
- travel training; and
- vocational education.

Happily, the 20 opening words of special education’s definition—specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability—contain the *core* of the term’s meaning. You’ll see we’ve used those 20 words in the short story of special education. The 362 other words in the definition (which includes the definitions of the individual terms), while still very critical, add detail to that core and further clarify it.

When an abbreviated definition of the term *special education* is called for, you’re most likely to hear its core: **“Special education is specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability.”**

In the definition’s full form, examples roll out and take away gray areas about the some of the scope and substance of special education. Special education can be, for example:

- travel training (which has its own definition);
- vocational education (also defined on its own); and
- services that may be listed in IDEA as a related service but that a state may consider as special education—which makes them “special education” in that state.

As you can see from IDEA’s definition of special education, it can also occur in a variety of settings: in the classroom, in a home, in a hospital or institution, and in other settings. This is why you might also hear that “special education is not a place.” It’s not. *Where* it is provided for a specific child with a disability will depend on that child’s unique needs as determined by the group of individuals (which includes the parents) that makes the placement decision.

So what does “specially designed instruction” mean?

Given the importance of “specially designed instruction” in the core of special education’s definition, it’s useful to take a closer look at how *that* term is defined:

- (3) ***Specially designed instruction*** means adapting, as appropriate to the needs of an eligible child under this 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. [§300.39 (b)(3)]

Thus, as part of designing the instruction to fit the needs of a specific child, adaptations may be made in the content, methodology, or delivery of instruction. This is a strong point of pride within the special education field and a considerable accomplishment that’s come from 30 years of practice: the individualization of instruction.

As the provisions above show, adaptations can take many forms in response to the child’s needs; the field is replete with guidance on this critical part of special education. You’ll find a wealth of connections to that guidance here at NICHCY. Visit us often and see what you find!

Modifications or accommodations are most often made in the following areas:

Scheduling. For example:

- giving the student extra time to complete assignments or tests
- breaking up testing over several days

Setting. For example:

- working in a small group
- working one-on-one with the teacher

Materials. For example:

- providing audiotaped lectures or books
- giving copies of teacher's lecture notes
- using large print books, Braille, or books on CD (digital text)

Instruction. For example:

- reducing the difficulty of assignments
- reducing the reading level
- using a student/peer tutor

Student Response. For example:

- allowing answers to be given orally or dictated
- using a word processor for written work
- using sign language, a communication device, Braille, or native language if it is not English.

Examples of Specially Designed Instruction for Students Attending the ICTC

***Note** - Because the Program of Study at the Career and Technical Center is standards based , Specially Designed Instruction must be in the form of an accommodation.

1. Re-testing (once for grade and competency; for competency only after first retest) when grades fall below proficient and when allowed by the curriculum
2. Provide Extended Time for
 - a. Assignment
 - b. Written academic tests when allowed by the curriculum
3. Provide Assistive Technology when allowed by the curriculum
 - a. Calculator
 - b. Scanner/Reader (Kurzweil)
 - c. Computer
 - d. Large Print
 - e. Headphones
 - f. CD/DVD/Tape
 - g. Augmented Communication - alternative way to help students with language disorders use expressive language or receptive language. This can be accomplished through assistive technology devices such as computers or hand held devices. Low technology such as picture communication systems can also be used.
 1. Expressive language-communication of thoughts using spoken and sometimes basic written language
 2. Receptive language ability to understand spoken and sometimes written language.
4. Provide Review Before
 - a. Assignments
 - b. Tests
5. Provide Study Guide and/or Notes for
 - a. Assignments
 - b. Tests
6. Read Aloud by staff or via assistive technology
 - a. Text
 - b. Directions
 - c. Tests
7. Re-word
 - a. Directions
 - b. Assignments
 - c. Test Questions when allowed by the curriculum
8. Provide Alternate Seating/Environment for
 - a. Instruction
 - b. Study upon
 - c. Testing
9. Monitor Organizational Strategies daily/weekly - include flash cards, flow, charts, matrices, and compare-contrast organizers.
10. Peer Support daily

11. Highlight daily
 - a. Study Material
 - b. Text
 - c. Tests
12. Chunk daily
 - a. Assignments
 - b. Study Material
 - c. Tests
13. Provide Organizers daily
 - a. Advanced – cognitive strategies that help to make complex concepts or tasks clear, and also to relate known information to new or unknown information
 1. Can be an introduction to a new topic
 - a. giving student an overview
 - b. connecting new information to what the students already knows
 - c. illustrating the organization of the new concept or information to be processed and learned.
 2. Can be a task planner designed to orient the learner to a task by providing organizational cues
 - a. sequence of steps to complete the task
 - b. list of components of the task
 - c. actual models of finished products
 - b. Graphic – examples:
 1. Flow diagram
 2. Pictographs
 3. Diagrams
 4. Charts
 5. Photographs
14. Provide Opportunities for Repeated Practice daily
15. Provide Visual and/or Verbal Cues daily
16. Mask Test – examples:

Have students cover one column with a paper so they are not overwhelmed by the amount of text, or so they can focus on the important stuff.

Cut a window in a paper or file folder so the student can move the mask from question to question. Works well for students whose eyes wander and need help filling in the correct test bubbles.
17. Other

Present Levels

(<http://nichcy.org/schoolage/iep/iepcontents/present-levels>)

IDEA requires that each IEP must include a statement of the child’s present levels of academic achievement and functional performance.

This part of the IEP is commonly referred to as the “**present levels statement**.” For short, we’re just going to call it “present levels.”

If you’d like to know more about it– the information to include, where to get it from, and the importance of this statement overall to the IEP that’s developed– keep reading!

IDEA’s Exact Words

It’s always helpful to know exactly what the IDEA says. So here’s the verbatim requirement for this component of the IEP, with the lead-in that...

Each child’s IEP must contain...

- (1) A statement of the child’s present levels of academic achievement and functional performance, including—
 - (i) How the child’s disability affects the child’s involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children); or
 - (ii) For preschool children, as appropriate, how the disability affects the child’s participation in appropriate activities...

And what does this *mean*—present levels of academic achievement and functional performance? Let’s take a closer look, because a lot of the other information in the IEP will rise out of this “present levels” statement.

A Closer Look at “Present Levels”

The “present levels” statement is crafted by **considering the areas of development in which a child with a disability may need support**. These are roughly divided into the two areas of development: academic and functional. Neither of these terms—academic achievement, functional performance—is defined in IDEA. However, both are discussed by the Department of Education as follows.

Academic achievement. According to the Department:

“Academic achievement” generally refers to a child’s performance in academic areas (e.g., reading or language arts, math, science, and history). We believe the definition could vary depending on a child’s circumstance or situation, and therefore, we do not believe a definition of “academic achievement” should be included in these regulations. (71 Fed. Reg. at 46662)

Thus, when we're talking about "academic achievement," we're talking about the academic subjects a child studies in school and the skills the student is expected to master in each: reading and language arts, writing, math and the various skills expected there, science, history, and so on.

Children's circumstances will vary, as the Department notes, which means that the examination of the child's academic achievement and performance is an individualized consideration. Where does that child stand academically, and—a critical question—how does the child's disability affect his or her involvement and progress in the general education curriculum? The "present levels" statement must contain a description that answers these questions.

Functional performance. With respect to the meaning of "functional performance," the Department of Education points to how the term is generally understood as referring to "skills or activities that are not considered academic or related to a child's academic achievement." This term "is often used in the context of routine activities of everyday living." The reason that examples of functional skills were not included in IDEA was because "the range of functional skills is as varied as the individual needs of children with disabilities" (71 Fed. Reg. at 46661). But we can understand that "routine activities of everyday living" refer to skills and activities of daily living skills such as:

- dressing, eating, going to the bathroom;
- social skills such as making friends and communicating with others;
- behavior skills, such as knowing how to behave across a range of settings; and
- mobility skills, such as walking, getting around, going up and down stairs.

All of these types of skills are important to consider when writing the child's "present levels" statement, asking questions such as: Where does the child stand in terms of functional performance? How does the child's disability affect functional performance and, from there, his or her involvement and progress in the general education curriculum?

As with academic achievement, consideration of a child's functional performance is highly individualized.

You also won't find a description in IDEA of how functional skills are measured, "because this is a decision that is best left to public agencies, based on the needs of their children." (*Id.*) However, the Department goes on to note that:

The evaluation procedures used to measure a child's functional skills must meet the same standards as all other evaluation procedures [described in IDEA at §300.304(c)(1)]. (71 Fed. Reg. at 46661)

When all is said and done, then, the IEP Team must talk about the impact of the child's disability on his or her ability to learn and do the kinds of things that typical, nondisabled children learn and do. This is the information that is then included in the IEP as the "present levels" statement.

Examples

Examples can be very illustrative, so we have included several below. None is a complete "present levels" statement, of course. These snippets are provided to suggest the range of information and detail you might find in a "present levels" statement.

- Elise is essentially non-verbal and uses many ways to communicate including: gestures, facial expression, eye gaze, vocalizations, word approximations, head nods for yes, head shakes for no, and use of a Dynavox 3100 augmentative communication device which she accesses with a head switch.
- Lawrence needs a quiet, separate place to do individual work.
- Terri learns quickly when working in a small group.
- Zung understands and remembers what he hears about a subject. Learning by reading or looking at pictures is difficult for him and doesn't work as well.
- Kim imitates other children and learns from them.
- Results of standardized testing using the Woodcock-Johnson Revised (WJ-R) show Mario's basic reading skills are at a beginning-4th grade level (standard score = 89). His basic writing skills are at a 3.7 grade level (standard score = 81).
- David's performance in basic reading and writing is significantly below his ability. David makes errors when he reads and has trouble decoding long words, but his comprehension skills are strong. He uses context cues and picture cues to help him understand what he is reading.

Where does the information for a child's present levels come from?

If the child is new to special education, the information used to craft the "present levels" statement will come from the tests and observations done during the child's evaluation for eligibility. If the child's IEP is being revised, the information may come from evaluations done during the year (by the school or from an Independent Educational Evaluation or IEE). Teachers and others who work with the child may offer information gained during the child's day-to-day school routine. Parents also share information that help shape the child's "present levels" statement.

Summary

The “present levels” statement is intended to comprehensively describe a child’s abilities, performance, strengths, and needs. It is based on, and arises out of, all the information and data previously collected and known about the child, most especially the full and individual evaluation of the child that must be conducted in accordance with IDEA’s evaluation/eligibility provisions of §§300.301 through 300.311. A well-written present level will describe:

- the child’s strengths and weaknesses,
- what helps the child learn,
- what limits or interferes with the child’s learning,
- objective data from current evaluations of the child, and
- how the child’s disability affects his or her ability to be involved and progress in the general curriculum.

A fully developed, well-written “present levels” is the foundation upon which the rest of the IEP can be developed to specify appropriate goals, services, supports, accommodations, and placement for the child.

Section 504 of the Rehabilitation Act of 1973

(<http://nichcy.org/laws/section504>)

April 2012

No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . .

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973, as amended, is a civil rights law that prohibits discrimination on the basis of disability. This law applies to public elementary and secondary schools, among other entities.

Eligibility Under Section 504

Children with disabilities may be eligible for special education and related services under Section 504. That's because Section 504's definition of disability is broader than the IDEA's definition. To be protected under Section 504, a student must be determined to:

- have a physical or mental impairment that substantially limits one or more major life activities; *or*
- have a record of such an impairment; *or*
- be regarded as having such an impairment.

Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities, regardless of the nature or severity of the disability. Under Section 504, FAPE means providing regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.

As explained in *Protecting Students With Disabilities: Frequently Asked Questions About Section 504 and the Education of Children with Disabilities*:

What is a physical or mental impairment that substantially limits a major life activity?

The determination of whether a student has a physical or mental impairment that substantially limits a major life activity must be made on the basis of an individual inquiry. The Section 504 regulatory provision...defines a physical or mental impairment as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The regulatory provision does not set forth an exhaustive list of specific diseases and conditions that may constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of such a list.

Major life activities, as defined in the Section 504 regulations...include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This list is not exhaustive. Other functions can be major life activities for purposes of Section 504. In the Amendments Act... Congress provided additional examples of general activities that are major life activities, including eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating. Congress also pro-

vided a non-exhaustive list of examples of “major bodily functions” that are major life activities, such as the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions... the Section 504 regulatory provision’s list of examples of major life activities is not exclusive, and an activity or function not specifically listed in the Section 504 regulatory provision can nonetheless be a major life activity.

Office for Civil Rights

Protecting Students With Disabilities: Frequently Asked Questions About Section 504 and the Education of Children with Disabilities

<http://www2.ed.gov/about/offices/list/ocr/504faq.html>

Two important differences between the 504 and the IEP

1. The first difference is in the details of the laws.

504	IEP
The 504 plan offers <u>all</u> children with disabilities equal access to an education. In some cases this may include special education services, but for a child in a wheelchair it may mean a ramp or elevator to access the classroom.	<ul style="list-style-type: none"> • The IEP is only for children who require special education services. • The individualized program must meet each child's unique needs. • It must provide educational benefit.
The 504 is documented in a written plan.	The IEP documents contain very specific language and parts such as goals and objectives that are not included in the 504.
Specific timelines for the 504 do not exist.	Timelines for an IEP are very specific and important.
There are no requirements stating who must attend the 504 plan meeting.	A minimum number of IEP participants and who they are, such as administrator, general education teacher, and special education teacher, are stipulated.
Reports of noncompliance and the request for a hearing are made to the Office for Civil Rights.	Reports of noncompliance and the request for due process are made to the State's Department of Education.
The 504 does not offer as many specific procedural safeguards as the IEP.	IEP specific procedural safeguards include, but are not limited to: <ul style="list-style-type: none"> • the right to request an independent assessment at public expense • the student may "stay put" until a dispute is resolved

2. The second difference is based on my experience and opinion. Districts don't follow the laws. Both parents and school personnel aren't familiar with the laws so compliance is a major concern. Parents believe the district personnel as the experts, and school staff treats parents as incapable of understanding the process.

504	IEP
<p>Most of the time assessments are not performed for 504 plans. For example, if a child has been diagnosed with ADHD, the school will ask for the doctor's written diagnosis and upon receipt, will offer accommodations with a 504 plan.</p>	<p>While assessments may be performed within the timelines for an IEP, if a child has a diagnosis of ADHD, the school will ask the parent to prove it with the doctor's written diagnosis. This is a problem for two reasons:</p> <ol style="list-style-type: none"> 1. Nowhere does the law say that a child must have a diagnosis of ADHD in order to qualify for an IEP. In fact it says, "suspected or diagnosed." 2. Since the school must provide FAPE, and it costs money to see a doctor, if the school wants a diagnosis, it would have to pay for the doctor's visit.
<p>Often the schools will not provide related services, program placement, behavior support plans, etc. when the student does not qualify for an IEP, although the law clearly states that these services may constitute FAPE under a section 504 plan.</p>	<p>Some schools still tell parents that a child cannot have an IEP unless he or she is 2 years behind academically, which is not true. Other schools are stuck on the test scores. No matter what the disability is, if there isn't a 22 point discrepancy between the student's cognitive ability and achievement scores, the student won't be qualified. Eligibility is never based on assessments scores alone and certainly not on a 22 point discrepancy. Even a child with straight A's in a gifted program could qualify for an IEP.</p>
<p>Most of the time districts do not provide procedural safeguards and if they do, the safeguards are deficient and/or contain misinformation.</p>	
<p>Section 504 plans and the school staff who write them usually use a check-off list of available accommodations. The staff then checks off a few which may or may not be relevant to the student's needs, but they are on the list and simple to implement. If the child needs something different, the school may respond, "We can't do that," which would not necessarily be true.</p>	<p>IEP's are not written to meet the child's unique needs.</p> <ul style="list-style-type: none"> • Goals are taken from a computer drop-down menu based on state standards and have very little or nothing to do with the child's needs. • Accommodations are written based on teachers' convenience and not the student's needs. • State testing is changed to an easier form so that the student's scores will not negatively impact the school's and district's performance

Traumatic Brain Injury

(<http://nichcy.org/disability/specific/tbi>)

Susan's Story

Susan was 7 years old when she was hit by a car while riding her bike. She broke her arm and leg. She also hit her head very hard. The doctors say she sustained a traumatic brain injury. When she came home from the hospital, she needed lots of help, but now she looks fine.

In fact, that's part of the problem, especially at school. Her friends and teachers think her brain has healed because her broken bones have. But there are changes in Susan that are hard to understand. It takes Susan longer to do things. She has trouble remembering things. She can't always find the words she wants to use. Reading is hard for her now. It's going to take time before people really understand the changes they see in her.

What is Traumatic Brain Injury?

A traumatic brain injury (TBI) is an injury to the brain caused by the head being hit by something or shaken violently. (The exact definition of TBI, according to special education law, is given below.) This injury can change how the person acts, moves, and thinks. A traumatic brain injury can also change how a student learns and acts in school. The term TBI is used for head injuries that can cause changes in one or more areas, such as:

- thinking and reasoning,
- understanding words,
- remembering things,
- paying attention,
- solving problems,
- thinking abstractly,
- talking,
- behaving,
- walking and other physical activities,
- seeing and/or hearing, and
- learning.

The term TBI is not used for a person who is born with a brain injury. It also is not used for brain injuries that happen during birth.

How is TBI Defined?

The definition of TBI below comes from the Individuals with Disabilities Education Act (IDEA). The IDEA is the federal law that guides how schools provide special education and related services to children and youth with disabilities.

IDEA's Definition of "Traumatic Brain Injury"

Our nation's special education law, the Individuals with Disabilities Education Act (IDEA) defines traumatic brain injury as...

"...an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psycho-social behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma." [34 *Code of Federal Regulations* §300.8(c)(12)]

How Common is Traumatic Brain Injury?

Approximately 1.7 million people receive traumatic brain injuries every year. (1) Of children 0-19 years old, TBI results in 631,146 trips to the emergency room annually, 35,994 hospitalizations, and nearly 6,169 deaths. (2)

What Are the Signs of Traumatic Brain Injury?

The signs of brain injury can be very different depending on where the brain is injured and how severely. Children with TBI may have one or more difficulties, including:

Physical disabilities: Individuals with TBI may have problems speaking, seeing, hearing, and using their other senses. They may have headaches and feel tired a lot. They may also have trouble with skills such as writing or drawing. Their muscles may suddenly contract or tighten (this is called spasticity). They may also have seizures. Their balance and walking may also be affected. They may be partly or completely paralyzed on one side of the body, or both sides.

Difficulties with thinking: Because the brain has been injured, it is common that the person's ability to use the brain changes. For example, children with TBI may have trouble with short-term memory (being able to remember something from one minute to the next, like what the teacher just said). They may also have trouble with their long-term memory (being able to remember information from a while ago, like facts learned last month). People with TBI may have trouble concentrating and only be able to focus their attention for a short time. They may think slowly. They may have trouble talking and listening to others. They may also have difficulty with reading and writing, planning, understanding the order in which events happen (called sequencing), and judgment.

Social, behavioral, or emotional problems: These difficulties may include sudden changes in mood, anxiety, and depression. Children with TBI may have trouble relating to others. They may be restless and may laugh or cry a lot. They may not have much motivation or much control over their emotions.

A child with TBI may not have all of the above difficulties. Brain injuries can range from mild to severe, and so can the changes that result from the injury. This means that it's hard to predict how an individual will recover from the injury. Early and ongoing help can make a big difference in how the child recovers. This help can include physical or occupational therapy, counseling, and special education.

It's also important to know that, as the child grows and develops, parents and teachers may notice new problems. This is because, as students grow, they are expected to use their brain in new and different ways. The damage to the brain from the earlier injury can make it hard for the student to learn new skills that come with getting older. Sometimes parents and educators may not even realize that the student's difficulty comes from the earlier injury.

Is There Help Available?

Yes, there's a lot of help available, beginning with the free evaluation of the child. The nation's special education law, IDEA, requires that all children suspected of having a disability be evaluated without cost to their parents to determine if they do have a disability and, because of the disability, need special services under IDEA. Those special services are:

Early intervention | A system of services to support infants and toddlers with disabilities (before their 3rd birthday) and their families.

Special education and related services | Services available through the public school system for school-aged children, including preschoolers (ages 3-21).

To access early intervention: To identify the EI program in your neighborhood, consult NICHCY's *State Organizations* page (online at: <http://nichcy.org/state-organization-search-by-state>). Early intervention is listed under the first section, State Agencies. The agency that's identified will be able to put you in contact with the early intervention program in your community. There, you can have your child evaluated free of charge and, if found eligible, your child can begin receiving early intervention services.

To access special education and related services: We recommend that you get in touch with your local public school system. Calling the elementary school in your neighborhood is an excellent place to start. The school should be able to tell you the next steps to having your child evaluated free of charge. If found eligible, he or she can begin receiving services specially designed to address your child's needs.

In the fall of 2011, nearly 26,000 school-aged children (ages 3-21) received special education and related services in our public schools under the category of “traumatic brain injury.” (3)

What About School?

Although TBI is very common, many medical and education professionals may not realize that some difficulties can be caused by a childhood brain injury. Often, students with TBI are thought to have a learning disability, emotional disturbance, or an intellectual disability. As a result, they don’t receive the type of educational help and support they really need.

When children with TBI return to school, their educational and emotional needs are often very different than before the injury. Their disability has happened suddenly and traumatically. They can often remember how they were before the brain injury. This can bring on many emotional and social changes. The child’s family, friends, and teachers also recall what the child was like before the injury. These other people in the child’s life may have trouble changing or adjusting their expectations of the child.

Therefore, it is extremely important to plan carefully for the child’s return to school. Parents will want to find out ahead of time about special education services at the school. This information is usually available from the school’s principal or special education teacher. The school will need to evaluate the child thoroughly. This evaluation will let the school and parents know what the student’s educational needs are. The school and parents will then develop an Individualized Education Program (IEP) that addresses those educational needs.

It’s important to remember that the IEP is a *flexible* plan. It can be changed as the parents, the school, and the student learn more about what the student needs at school.

Tips for Parents

Learn about TBI. The more you know, the more you can help yourself and your child. The resources and organizations listed below will connect you with a great deal of information about TBI.

Work with the medical team to understand your child’s injury and treatment plan. Don’t be shy about asking questions. Tell them what you know or think. Make suggestions.

Keep track of your child’s treatment. A 3-ring binder or a box can help you store this history. As your child recovers, you may meet with many doctors, nurses, and others. Write down what they say. Put any paperwork they give you in the notebook or throw it in the box. You can’t remember all this! Also, if you need to share any of this paperwork with someone else, make a copy. Don’t give away your original!

Talk to other parents whose children have TBI. There are parent groups all over the U.S. Parents can share practical advice and emotional support. Call NICHCY (1-800-695-0285) or find resources in your state, online at (www.nichcy.org/state-organization-search-by-state) to locate parent groups near you.

If your child was in school before the injury, plan for his or her return to school. Get in touch with the school. Ask the principal about special education services. Have the medical team share information with the school.

When your child returns to school, ask the school to test your child as soon as possible to identify his or her special education needs. Meet with the school and help develop a plan for your child called an Individualized Education Program (IEP).

Keep in touch with your child’s teacher. Tell the teacher about how your child is doing at home. Ask how your child is doing in school.

Tips for Teachers

Find out as much as you can about the child’s injury and his or her present needs. Find out more about TBI through the resources and organizations listed below. These can help you identify specific techniques and strategies to support the student educationally.

Give the student more time to finish schoolwork and tests.

Give directions one step at a time. For tasks with many steps, it helps to give the student written directions.

Show the student how to perform new tasks. Give examples to go with new ideas and concepts.

Have consistent routines. This helps the student know what to expect. If the routine is going to change, let the student know ahead of time.

Check to make sure that the student has actually learned the new skill. Give the student lots of opportunities to practice the new skill.

Show the student how to use an assignment book and a daily schedule. This helps the student get organized.

Realize that the student may get tired quickly. Let the student rest as needed.

Reduce distractions.

Keep in touch with the student's parents. Share information about how the student is doing at home and at school.

Be flexible about expectations. Be patient. Maximize the student's chances for success.

Teachers' Desk Reference: Practical Information for Pennsylvania's Teachers

Concussion (Mild Traumatic Brain Injury)

This *Teachers' Desk Reference* provides information about traumatic brain injury (TBI), specifically concussion, and the potential effects of TBI on a student's behavior and academic performance. According to the Centers for Disease Control and Prevention (CDC), during the last decade, emergency department visits for sports- and recreation-related TBIs, including concussions, among children and adolescents increased by 60 percent. Children and adolescents are among those at greatest risk for concussion, and they take longer to recover from brain injury than adults. At some point during your teaching career, it is likely that you will teach at least one student who has sustained this type of mild traumatic brain injury (mTBI).

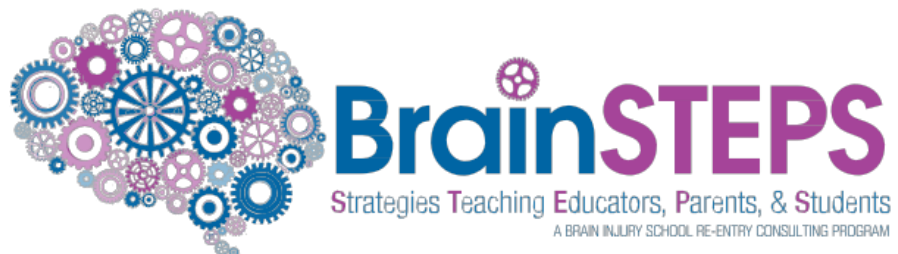
Signs and Symptoms of Concussion

A concussion/mTBI is a type of brain injury that changes the way the brain normally works. The term concussion is derived from the Latin word *concutere*, which means, "to shake violently." Following a concussion, the brain's cells undergo chemical and metabolic changes, called the "neurometabolic cascade of concussion," which interrupts normal brain function. The CDC reports that almost 4 million sports- and recreation-related concussions occur every year. Concussions can occur during contact and noncontact activities, such as organized sports, play time, recess, or physical education class. Concussions can also occur if there is enough external force to jolt the body, without directly hitting the head, causing the brain to move rapidly inside the skull. An example of this is the jolting caused by seatbelt restraint as a result of a car accident. Even an apparent mild hit to the head can be very serious.

Signs and symptoms of concussion can show up immediately or may not appear until hours or days after the injury. Many students report experiencing diminished mental energy, becoming cognitively fatigued more easily. This is because the concussed brain has to work hard to recover.

There are four main categories of symptoms following concussion:

- Thinking and Remembering
- Physical
- Emotional
- Sleep



Teachers, school professionals and parents should be alert for any of the following signs or symptoms that were **not present prior** to the student hitting or jolting his or her head. The presence of one symptom can signify a concussion.

Symptoms Commonly Reported by School Professionals

Initial Signs or Symptoms Observed After Trauma to the Head

The student:

- Appears dazed or stunned
- Can't recall events **prior** to the hit, bump, or fall
- Can't recall events **after** the hit, bump, or fall
- Loses consciousness (even briefly)
- Moves clumsily

In-class Behaviors

The student:

- Exhibits behavior or personality changes
- Answers questions slowly
- Repeats himself/herself
- Is forgetful
- Displays confusion about daily schedule, assignments, environment
- Is unable to cope with stress or stressful events
- Is more emotional than usual

Symptoms Commonly Reported by the Student

Physical Changes

The student:

- Experiences a headache or "pressure" in the head
- Becomes dizzy or lightheaded
- Vomits or has nausea
- Loses balance, drops things, trips
- Feels worn out or exhausted, tires easily
 - Becomes sensitive to light or noise
 - Experiences blurry or double vision
 - Experiences ringing in the ears
 - Does not "feel right"
 - Experiences numbness or tingling

Thinking and Remembering Changes

The student:

- Feels confused or "foggy"
- Mixes up time and/or place
- Has lower attention or concentration
- Is daydreaming more than usual
- Has difficulty completing homework
- Has difficulty organizing thoughts, words, materials
- Misunderstands
- Reacts and responds slowly
- Thinks slowly
- Is forgetful, has difficulty with memory
- Has trouble remembering to do things on time
- Experiences difficulty learning new concepts or ideas
- Has difficulty making decisions
- Has difficulty planning, starting, doing, and finishing a task

Emotional Changes

The student:

- Feels restless or irritable
- Is impulsive
- Becomes easily upset and/or loses temper
- Feels sad or depressed
- Feels anxious or nervous
- Experiences mood swings
- Feels more stressed than usual

Sleep Changes

The student:

- Feels drowsy during the day
- Sleeps **less** than usual
- Sleeps **more** than usual
- Has trouble falling asleep
- Experiences restless sleep

Potential Impact on Class Performance

Concussions/mTBIs are invisible* injuries that suddenly impact a student's typical thinking, learning, and behavior. Classroom teachers and school nurses are often the first educational professionals to notice these changes in a student. The symptoms a student experiences that impact thinking and recall, as well as physical and emotional well-being, may impact the student's academics temporarily, and in some cases permanently. It is important to recognize the signs of concussion and to understand how to assist a student's recovery while at school by utilizing proper accommodations across all settings.

The student should be medically evaluated and follow treatment recommended by a physician who has experience in managing concussions. This treatment may include remaining at home on total rest for the first several days after concussion occurs. The risk of sustaining a second concussion before the first concussion has healed can have devastating long-term consequences, such as long-term disability.

The majority of concussions resolve within 4 weeks; however, many symptoms may linger for months or even last a lifetime. If a student does not recover within the typical 4-week trajectory, the student should be referred to the BrainSTEPS Program for local educational agency (LEA) assistance with individualized accommodation selection, consultation, and training. If the student continues to remain symptomatic past 4 to 8 weeks, the LEA should consider whether the student's academic or behavioral needs warrant ongoing adjustments and accommodations, or whether an evaluation should be conducted by the LEA to determine the need for more formal, intensive accommodations and/or modifications. If further formal educational supports are thought to be necessary, a referral for a multi-functional evaluation should be made.

Once the concussed student returns to school, the LEA should employ academic accommodations to enable the student to remain successful at school. Encouraging the student to "push through" symptoms, rather than managing symptoms, can prolong recovery and intensify symptom severity. Over time, it is crucial to gradually increase a student's cognitive activity while monitoring the student to ensure that he

or she remains below the individual symptom threshold. For example, if the student becomes symptomatic with an increase in cognitive activity, cognitive activity should be reduced.

Annually in Pennsylvania, approximately 4,000 children sustain moderate to severe traumatic brain injuries, which are significant enough to require hospitalization. Each year, over 20,000 children sustain concussions in Pennsylvania. Acquired brain injuries include any injury to the brain that is sustained after birth, and includes all traumatic brain injuries (injury is caused by an external force and includes concussions) and nontraumatic brain injuries (e.g., strokes, tumors, seizures, aneurysms).

Pennsylvania's BrainSTEPS (Strategies Teaching Educators, Parents, and Students) Brain Injury School Re-Entry Program has been designed to consult with school teams and families in the development and delivery of educational services for students who have experienced any type of acquired brain injury. BrainSTEPS is funded jointly by the Pennsylvania Department of Health and the Pennsylvania Department of Education, Bureau of Special Education. BrainSTEPS is implemented through the Brain Injury Association of Pennsylvania to work with students who have sustained a new brain injury, as well as with students who have been previously identified as having a brain injury and who may begin to develop educational effects over the years as the brain matures and develops.

Continued . . .

*Concussed individuals tend to look physically normal; however, each person is unique in their recovery and manifestation of symptoms. It is important to remember one cannot "see" symptoms such as a headache, fatigue, light and noise sensitivity.

BrainSTEPS

continued . . .

- BrainSTEPS teams are based out of the intermediate units across the state and several large school districts. BrainSTEPS consultants are available to provide various brain injury presentations to educational professionals in Pennsylvania. Training opportunities offered include:
 - Student specific brain injury training for district teams
 - LEA in-service training on all severities of acquired brain injuries and resulting educational impacts
- BrainSTEPS consultants provide training and consultation to school teams and families pertaining to:
 - Identification and management of acquired brain injury symptoms within the school setting, utilizing accommodations and modifications
 - School re-entry planning
 - IEP and 504 development
 - Intervention selection and implementation
 - Ongoing monitoring of students

The BrainSTEPS Program: www.brainsteps.net

Typical Accommodations Based on Presenting Symptoms

The following are common concussion accommodations that should be considered during the initial weeks of recovery to alleviate cognitive fatigue and facilitate the cognitive rest needed for recovery.

- The student should be medically managed by a physician who is experienced in the management of concussions.
- The student should not participate in physical education, sports, or physical activity during recess until the student is medically cleared.
- Mental work should never be substituted for physical activity (such as during physical education or recess).
- Standardized tests should be avoided during the initial weeks post-concussion, while the student is symptomatic.
- Tests should be delayed if scheduled during the initial 1 to 2 week(s) post-concussion.
- The student should be required to complete only

one test or quiz per day, as tolerated.

- Rest periods in a quiet area may need to be added to the student's daily schedule.
- Additional time should be provided for the student to complete homework and classwork.
- All assignments should be provided to the student in writing.
- Assignments should focus on essential key content while student is recovering. Remove nonessential classwork/homework.
- Assignments should not be repetitious. Once a concept has been mastered, grade the work that the student has completed. Fifty percent of the student's typical workload is often times recommended during recovery (for example, the student would be responsible for completing 25 of the 50 math problems assigned).
- Provide the student with alternatives to written output for tests, assignments, projects.
- Encourage the student to use word banks, timelines, calculators, and open notes/book.

Sensitivity to Light, Sensitivity to Noise, and Headaches

- Allow the use of sunglasses or ball caps to shield light.
- Seat the student in a dim area of the classroom, away from windows.
- Allow the use of headphones/earbuds to block noise.
- Temporarily excuse the student from loud classes (e.g., music, shop, band).
- Provide a quiet environment for the student to eat lunch (e.g., nurse's office, guidance office).
- Give the student prior notice for a fire drill, tornado drill, etc.

- Provide the student with teacher notes when notes are presented using Power Point, a pro-jector, or a SmartBoard.

Dizziness

- Allow the student extra time to get to class before the halls become busy.
- Ask a peer to walk with the student.
- Have a peer carry the student's books to and from class.
- Allow the student to use the elevator, if available.
- Provide the student with teacher notes to pre-vent up and down shifting of the student's eyes; and, have the student follow along with a highlighter for key concept recognition.

Fatigue

- Build strategic rest breaks into the student's schedule, not just as needed. Provide a 5 to 10 minute break every 30 to 45 minutes, initially, to alleviate fatigue. Allow the student to put his or her head down on desk or rest his or her eyes.
- The student may initially require a half-day modified schedule in the morning or after-noon, dependent upon the level of fatigue.
- The student may only be able to attend school for 1 to 2 core classes or 1 to 2 specials initially.

The Local Educational Agency's Role in Student Recovery

- Ensure that teachers have a solid understanding of how concussions impact classroom performance. BrainSTEPS consultants are available to conduct LEA training and student-specific training.
- Establish an LEA response to concussion by adopting the BrainSTEPS *Returning to School After Concussion: Recommended Protocol* and establishing a Concussion Management Team with the assistance of the regional BrainSTEPS team.
- Allow the student to use accommodations to alleviate cognitive fatigue and facilitate cognitive rest, so the brain can heal.
 - Facilitate consistent contact with the family, student, teachers and physician during recovery.
 - Make a referral to the BrainSTEPS Program if a student is 4 weeks post-concussion and is still experiencing symptoms or if the student's classroom performance and/or attendance has been impacted. Referrals to BrainSTEPS can be made earlier if a student has

a concussion that is not progressively resolving during the first several weeks, or if the student has a history of any of the follow-ing "concussion modifiers":

- Past concussion(s)
- Migraine headaches
- Depression or other mental health issues
- Attention deficit hyperactivity disorder (ADHD)
- A learning disability
- Sleep disorders

How to Make a BrainSTEPS Student Referral for Consultation and Training

The BrainSTEPS Program works with students who have sustained any severity of acquired brain injury. Students can be referred to the BrainSTEPS Program at any point until graduation, if the injury is causing educational impacts by following these steps:

1. Go to the BrainSTEPS website: www.brainsteps.net
2. Click on "Make a Student Referral" link on the top right side of the page.
3. A document will open. Choose the correct BrainSTEPS Team in your region by county.
4. Call or email the appropriate team leader to make a student referral.

Review

As a classroom teacher, you should be aware of the basic facts about concussions and mTBIs, as well as the physical, cognitive, and emotional signs that may become apparent in a student who has sustained a concussion/mTBI:

- All concussions are serious.
- Concussions can occur without directly hitting the head.
- Chemical and metabolic changes occur in the brain during a concussion, interfering with normal brain activity.
- Most concussions (90 percent) occur without loss of consciousness.
- Concussions are not like short-term illnesses (e.g., the flu). Initially, if a student is home for a period of time following concussion, it is to ensure that total rest occurs. No cognitive activity such as television, texting, video games, studying, homework or reading should occur. During this acute period of total rest, teachers should not send missed work home.
- Expecting a student with a concussion to complete typical school work and homework can result in a significant increase in symptoms and delay the recovery process. Cognitive overload causes cognitive fatigue.
- Upon return to school, it is critical that the student focus on new learning and not missed work, due to the potential for prolonging recovery by inducing cognitive fatigue.
- Prior conditions such as attention disorders, learning disorders, and emotional disorders tend to become exacerbated by a concussion.
- Be aware that many students with lingering concussion symptoms may develop symptoms of depression and/or anxiety.
- Pushing through concussion symptoms such as headache and fatigue can prolong recovery and increase symptom severity.
- The Pennsylvania Department of Education, Bureau of Special Education, in conjunction with the BrainSTEPS Program, has created a step-by-step *Returning to School After Concussion: Recommended Protocol*, which is available to assist LEAs in Pennsylvania

Information included in this *Teachers' Desk Reference* was adapted from published work by the U.S. Department of Health and Human Services: Centers for Disease Control and Prevention. www.cdc.gov/concussion/HeadsUp/schools.html

For further BrainSTEPS Program information or to discuss setting up a Concussion Management Team supported by BrainSTEPS within your district, please contact:

Brenda Eagan Brown, M.S.Ed., CBIS Brain Injury School Re-Entry Program Coordinator
Brain Injury Association of Pennsylvania
aeaganbrown@biapa.org (724) 944-6542

COMMONWEALTH OF PENNSYLVANIA

Tom Corbett Governor

DEPARTMENT OF EDUCATION

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Patricia Hozella

Assistant Director, Bureau of Special Education





COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF EDUCATION

Division of Federal Programs

Title I Paraprofessional Standards of Quality For Local Assessment Programs

November, 2004

Section 1119 of the No Child Left Behind Act of 2001 established new criteria for Title I instructional paraprofessionals. These new requirements require school districts to ensure that Title I instructional paraprofessionals be properly qualified to assist teachers in instructing Reading, Mathematics and Writing.

Title I instructional paraprofessionals meet new NCLB requirements if they hold an Associate's Degree or higher or have earned at least 48 college-level credits. Affected paraprofessionals who do not hold the required degree/credits can meet NCLB requirements by taking and passing a local assessment that measures their knowledge and ability to assist in the instruction of Reading, Mathematics and Writing.

Local assessments developed for the purpose of meeting NCLB requirements in Pennsylvania must be of high quality and must accurately measure the abilities of instructional paraprofessionals. The Pennsylvania Department of Education, in conjunction with a paraprofessional standards committee of paraprofessionals, has developed standards of quality that all local paraprofessional assessments are to be measured against.

These standards of quality are not law or regulation; rather they are guidelines to be used by local educational agencies, intermediate units, colleges & universities and other agencies when developing local paraprofessional assessments intended to address NCLB requirements. Agencies interested in developing assessments or updating current assessments to meet these standards of quality should use the attached checklist to ensure that all standards are addressed.

The Pennsylvania Department of Education does NOT approve local paraprofessional assessments. However, if local educational agencies, intermediate units, etc., wish to submit assessments to the Division of Federal Programs for review to ensure compliance with federal legislation, they may do so.

Any questions regarding the standards of quality for local paraprofessional assessments should be directed to the Division of Federal Programs, 333 Market Street, 7th Floor, Harrisburg, PA 17126-0333, (717) 783-2193.

Standards of Quality

Local Paraprofessional Assessment Checklist**

_____, the local paraprofessional assessment
(Assessment Name)
developed by the _____ and utilized by the
(SD/IU/College/Agency)
_____ contains the following:
(SD to Use Assessment)

Components that assess knowledge and skills described by the
Pennsylvania Academic Standards for Mathematics;

Components that assess knowledge and skills described by the Pennsylvania Academic Standards for Reading, Writing, Speaking and Listening;

Components that assess the knowledge and skills that reflect the professional standards developed for paraprofessionals and para-educators by such groups as the Council of Exceptional Children;

A sufficient number of components necessary to measure the knowledge and skills needed to provide affective instructional assistance in the classroom (see Appendix B for example) and,

Multiple methods of assessment that allow a variety of opportunities for instructional paraprofessionals to demonstrate their skills and abilities (i.e. written tests, oral tests, demonstrations, performance assessments, portfolios, etc.).

The above referenced local assessment should also meet criteria and/or standards that reflect those that have been collaboratively developed by professional associations—for example, the Code of Fair Testing Practices in Education and The Standards for Educational and Psychological Testing. (See the following web sites for information about these criteria and standards: <https://www.apa.org/science/fairtestcode.html> and <https://www.apa.org/science/standards.html>).

**This form should be completed during a review of the local assessment and maintained in local educational agency files to document that standards of quality have been met.

Appendix B

EXAMPLES OF CONTENT STANDARDS FOR “ABILITIES TO ASSIST IN IN-STRUCTING”

Criteria # 1 – Characteristics of Learners

Essential Knowledge (K):

- K1 - Impact of differential characteristics on the student's life and family in the home, school, and community.
- K2 - Indicators of abuse and neglect that put students at risk.
- K3 – Knowledge of basic educational terminology regarding students, programs, roles, and instructional activities.

Essential Skills (S):

- S1 - Demonstrate sensitivity to the diversity of individuals and families.

Criteria # 2 – Assessment and Evaluation

Essential Knowledge: (K)

- K1 - Rationale for assessment.

Essential Skills (S):

- S1 - Demonstrate basic data collection techniques.
- S2- With direction from a professional, make and document objective observations appropriate to the student.

Criteria # 3– Instructional Content and Practice

Essential Knowledge: (K)

- K1 - Demands of various learning environments on students' learning needs.
- K2 - Basic instructional and remedial methods, techniques, and materials.
- K3 - Basic technologies appropriate to learning needs.

Essential Skills (S):

- S1 - Establish and maintain rapport with students.
- S2 - Use developmentally and age-appropriate strategies, equipment, materials, and technologies, as directed, to accomplish instructional objectives.
- S3 - Assist in adapting instructional strategies and materials according to the needs of the student.
- S4 - Follow written plans, seeking clarification as needed.

Criteria # 4 – Supporting the Teaching and Learning Environment

Essential Skills (S):

- S1 - Assist in maintaining a safe, healthy learning environment that includes following prescribed policy and procedures.
- S2 - Use basic strategies and techniques for facilitating the integration of students in various settings.
- S3 - Prepare and organize materials to support teaching and learning, as directed by a certified/licensed professional,
- S4 - Use strategies that promote the students' independence.

Criteria # 5 – Managing Student Behavior and Social Interaction Skills

Essential Knowledge (K):

K1 - Rules and procedural safeguards regarding the management of behaviors.

Essential Skills (S):

S1 - Demonstrate effective strategies for the management of behavior.

S2 - Use appropriate strategies and techniques to increase the student's self-esteem, self-awareness, self-control, self-reliance, and self-advocacy.

S3 - Assist in modifying the learning environment to manage behavior.

S4 - Collect and provide objective, accurate information to professionals, as appropriate.

S5 - Use appropriate strategies and techniques in a variety of settings to assist in the development of social skills.

Criteria # 6 – Communication and Collaborative Partnerships

Essential knowledge (K):

K1 - Characteristics of effective communication with children, youth, families, and school and community personnel.

K2 - Common concerns of parents.

K3 - Roles of students, parents, teachers, paraeducators, and other school and community personnel in planning programs.

K4 -Ethical practices for confidential communication.

Essential skills (S):

S1 - Use constructive strategies in working with students, parents, and school and community personnel in various learning environments, under the direction of a certified/licensed professional

S2 - Follow the instructions of the professional.

S3 - Foster respectful and beneficial relationships between families and other school and community personnel.

S4 - Use appropriate basic educational terminology regarding students, programs, roles, and instructional activities.

S5 - Demonstrate sensitivity to diversity in cultural heritages, lifestyles, and value systems among children, youth, and families.

S6 - Function in a manner that demonstrates the ability to use effective problem solving, engage in flexible thinking, employ appropriate conflict management techniques, and analyze one's own personal strengths and preferences.

Criteria # 7 – Professionalism and Ethical Practices

Essential Knowledge (K):

K1 - Personal cultural biases and differences that affect one's ability to work effectively with children, youth, families, and other team members.

K2 - The paraeducator as a role model.

Essential Skills (S):

- S1 - Demonstrate commitment to assisting students in achieving their highest potential.
- S2 - Function in a manner that demonstrates a positive regard for the distinctions among roles and responsibilities of paraeducators, professionals, and other support personnel.
- S3 - Function in a manner that demonstrates the ability to separate personal issues from one's responsibilities as a paraeducator.
- S4 - Demonstrate respect for the culture, religion, gender, and sexual orientation of individuals.
- S5 - Promote and maintain a high level of competence and integrity.
- S6 - Exercise objective and prudent judgment.
- S7 - Demonstrate proficiency in oral and written communication skills.
- S8 - Engage in activities that promote paraeducators' knowledge and skill development.
- S9 - Accept and use constructive feedback.
- S10 - Practice within the context of the code of ethics and other written standards and policies of the school or agency where they are employed.