

Building Your Child's IEP - A Quick Guide

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- Mother of a child with a history of drug-resistant epilepsy and epilepsy surgery



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Disclaimer: This presentation is for informational purposes only and should not be considered legal advice or relied upon in any way.

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STOP LETTING IEPs HAPPEN TO YOU

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KNOWLEDGE IS POWER
If you're going to advocate for something for your child, you must understand it.

4

SLOW DOWN

5

YOU'RE NOT GOING TO LEARN EVERYTHING TODAY

6

THE SYSTEM IS BROKEN

7

KNOW

Your Child's Disabilities

The IEP Process

Interventions/Teaching Strategies

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Before we begin building the IEP

ASSUME:

1. YOU WILL GO TO "DUE PROCESS"
2. EVERY MEMBER OF THE IEP TEAM WILL TESTIFY AGAINST YOU
3. YOU WILL NOT BE ABLE TO TESTIFY
4. THE HEARING OFFICER WILL BE BIASED AGAINST YOU

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THE IDEA

Individuals with Disabilities
Education Act

Federal law

- Statute "20 U.S.C. ..."
- Regulations "34 CFR ..."
- Case law
- OSEP letters

But then there's state law

- Federal law silent
- Federal law passes the issue to the state



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Have you read the IDEA?

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"Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. **Improving educational results** for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, **full participation**, **independent living**, and **economic self-sufficiency** for individuals with disabilities"

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“Over 20 years of research has demonstrated that the education of children with disabilities can be made more effective by (A) having **high expectations** for such children and ensuring their **access to the general education curriculum** to the **maximum extent possible**”

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“... **meet developmental goals** [and] **challenging expectations**
 ... to be prepared to lead **productive** and **independent adult lives** to the **maximum extent possible**
 ... **strengthening the role and responsibility of parents** ...”

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- SIX PRINCIPLES OF THE IDEA**
- | | |
|---|---|
| 1. Free appropriate public education (“FAPE”) | 4. Least restrictive environment |
| 2. Appropriate evaluation | 5. Parent participation |
| 3. Individualized education plan - meets child’s unique needs | 6. Procedural safeguards |

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- PROCEDURAL SAFEGUARDS**
- ASSURE THAT THE PARENTS OF A CHILD WITH A DISABILITY HAVE A **FULL AND MEANINGFUL OPPORTUNITY TO PARTICIPATE** ALONG WITH THE SCHOOL PERSONNEL IN DEVELOPING, REVIEWING, AND REVISING THEIR CHILD’S IEP
- | | |
|--|---|
| 1. School must provide you with a written explanation of your rights | 5. Parent participation |
| 2. Right to review child’s educational records | 6. Right to prior written notice |
| 3. Consent before evaluating or providing special ed the first time | 7. Dispute resolution |
| 4. Right to independent educational evaluations | 8. Confidentiality |
| | 9. Understandable language |
| | 10. Stay put |
- state*

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- PRIOR WRITTEN NOTICE - WHEN?**
- Proposes to **initiate** or **change** the **identification, evaluation, or educational placement** of your child;
- proposes to **initiate** or **change** the provision of **FAPE** to your child;
 - **refuses to initiate** or **change** the **identification, evaluation, or educational placement** of your child;
 - **refuses to initiate** or **change** the provision of **FAPE** to your child.

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ELEMENTS OF PRIOR WRITTEN NOTICE



- Description of the action proposed or refused by the district
- Explanation of why the district proposes or refuses to take action
- A description of each evaluation procedure, assessment, record, or report the district used as a basis for the proposed or refused action
- Other options considered by team and why rejected
- **Description of the factors considered by the IEP team and the reason why they were rejected**
- Notice of procedural safeguards
- Sources for parents to obtain assistance in understanding PWN
- (see model form)

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Real world examples

- when you've asked for your child to be evaluated and the school denies your request;
- when the school wants to begin or change your child's identification as a "child with a disability";
- when the school proposes or refuses a particular educational placement for your child;
- when the school wants to change your child's educational placement;
- when the school wants to change aspects of the special education or related services that your child is receiving; and
- when the school refuses a request from you, as parents, with respect to the educational services your child is receiving;

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THE IEP STEPS

1. REFERRAL
2. EVALUATION
3. IDENTIFICATION
4. DEVELOP THE IEP
5. PLACEMENT
6. REVIEW AND REVISE IEP
7. REEVALUATE

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STEP 1 - REFERRAL

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"CHILD FIND"

School must locate, identify, and evaluate every child in the district that has a disability.

- Locate
- Evaluate
- Identify

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Who can request an initial evaluation?

- Parent of a child
- State educational agency
- Other state agency
- Local educational agency

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STEP 2 – EVALUATION

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The school's comprehensive evaluation plan assesses the child in all areas of suspected disability. Parents can disagree and request an independent educational evaluation at district expense.

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What Mommy Wants Doesn't Matter

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Evaluations are the most important part of the IEP


You need an expert to discuss strengths, weakness, interventions, etc.

Attorney will ask "what do the evaluations say?" before they take your case



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PARENTAL CONCERNS LETTER



Draft before the IEP meeting and send to the team

Spend time on this

Every concern **MUST** be addressed in the IEP

but make it short

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What worries you?

<u>MILD/MODERATE</u>	<u>SEVERE/PROFOUND</u>
Reading	Reading
Math	*Communication
Pragmatics of conversation	Functional skills - feeding, toileting
Behaviors - outbursts?	Independence in adulthood
Socialization - friendships?	Orientation and mobility
Functional skills	
Independence in adulthood	

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What assessments are needed for a child with a different brain?

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VISION

Acuity How sharp is the child's vision? School assessor	Oculomotor control, visual fields, processing CVI Optometrist, Ophthalmologist, Neuro-Ophthalmologist	Functional Vision How does the child use his/her vision? CVI Teacher of the Visually Impaired, Orientation and Mobility Specialist
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HEARING *"We don't do that here"*

Acuity Audiometer - hearing sensitivity School nurse, audiologist	Auditory Processing What the brain hears IQ 80? Audiologist - specialized Specialized audiologist
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ORIENTATION AND MOBILITY

Static, dynamic, familiar, unfamiliar environments	vision hearing mobility cognition O & M Specialist
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GROSS MOTOR

Strength Endurance Balance Coordination	Functional mobility Ambulation Transfers Physical therapist
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FINE MOTOR, SENSORY PROCESSING ACTIVITIES OF DAILY LIVING

Strength, dexterity, coordination Visual/motor integration	Self-care Toileting Dressing Eating Occupational therapist
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***SPEECH AND LANGUAGE**

SPEECH

Articulation
Prosody (intonation/stress)
*Pragmatics "give and take"/social

LANGUAGE

Expressive vocabulary
Receptive vocabulary
Language processing

AUGMENTATIVE ASSISTIVE COMMUNICATION

Replaces natural speech or writing
Device evaluation

Speech and language pathologist, AAC specialist

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EDUCATIONAL

Reading
Mathematics
Writing

Social studies

School psychologist

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Can children with intellectual disability learn to read?

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Exceptional Children

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DOI: 10.1177/0014013914262208

Is Scientifically Based Reading Instruction Effective for Students With Below-Average IQs?

JILL H. ALLOR
PATRICIA G. HATHES
J. KYLE ROBERTS
JENNIFER P. CREATHAR
STEPHANIE AL OTAIBA
Southern Methodist University

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ABSTRACT: *This longitudinal randomized-control trial investigated the effectiveness of scientifically based reading instruction for students with IQs ranging from 40 to 80, including students with intellectual disability (ID). Students were randomly assigned into treatment (n = 76) and contrast (n = 65) groups. Students in the treatment group received intervention instruction daily in small groups of 1 to 4 for approximately 40 to 50 min for 1 to 4 academic years. On average, students in the treatment group made significantly greater progress than students in the contrast condition on nearly all language and literacy measures. Results demonstrate the ability of students with low IQs, including students with mild to moderate ID, to learn basic reading skills when provided appropriate, comprehensive reading instruction for an extended period of time.*


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A child who cannot read by age 8 is an emergency

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Elements of Reading – THE BIG FIVE


- Phonological Awareness - ability to hear, identify, and manipulate individual sounds-**phonemes**--in spoken words. 100% auditory.
- Phonics
- Fluency = accuracy + prosody (not just speed)
- Vocabulary - expressive, receptive, reading, writing
- ***Comprehension and...**



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Measures reading ability/difficulty of the text

Grade	Reader Measures, Mid-Year 25th percentile to 75th percentile (IQR)
1	Up to 280L
2	230L to 560L
3	360L to 720L
4	480L to 830L
5	620L to 950L
6	690L to 1020L
7	780L to 1090L
8	820L to 1140L
9	880L to 1170L
10	920L to 1200L
11	940L to 1210L
12	950L to 1220L



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- The Cat in the Hat* – 260L
- Clifford the Big Red Dog* – 330L
- Charlotte's Web* – 680L
- Harry Potter and the Sorcerer's Stone* – 880L
- The Hobbit* – 1000L
- Pride and Prejudice* – 1100L
- Walden* – 1340L
- The Declaration of Independence* – 1480L



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Psychological/ Neuropsychological

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What's the difference?

"We don't do that here!"

<p>PSYCHOLOGICAL</p> <ul style="list-style-type: none"> • evaluates general cognitive and personality functioning • lacks the specificity to understand what underlying neurological process is causing the symptoms 	<p>NEURO-PSYCHOLOGICAL</p> <ul style="list-style-type: none"> • comprehensive assessment of cognitive processes • understand the etiology and evolution of a disorder • Attention and concentration • Verbal and visual memory • Auditory and visual processing • Visual spatial functioning • Language and reading skills • Sensory development and sensory integration • Gross and fine motor development • Social skill development • Executive functioning • Emotional and personality development
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Functional Behavior Assessments

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ARE THERE PROBLEM BEHAVIORS?

<p>EVALUATION</p> <ul style="list-style-type: none"> • Define the behavior • Where is this behavior happening? • Where is it not happening? • How often is the behavior occurring? • Who is around when it occurs? • What tends to happen right before and right after the behavior? • What is a more acceptable behavior that can be used as a replacement? 	<p>BEHAVIOR INTERVENTION PLAN (BIP)</p> <ul style="list-style-type: none"> • Changes to the physical environment • Changes to the way information is taught or presented • Changes to your child's routine or events that happen before the inappropriate behavior • Changes to the consequences for a behavior • Teaching different, more appropriate behaviors that serve the same purpose (such as asking for help or taking a break when frustrated with math)
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IEP Evaluation Procedures

- ✓ All areas of suspected disability addressed;
- ✓ Variety of assessment tools and strategies used; information on functional, developmental, and academic information gathered (including from parent);
- ✓ Administered by trained and knowledgeable personnel;
- ✓ Technically sound instruments used that assess cognitive, behavioral, physical, and developmental factors;
- ✓ Addresses the content of the child's individual education program.

Source: IDEA Section 1414(b) brainrecoveryproject.org

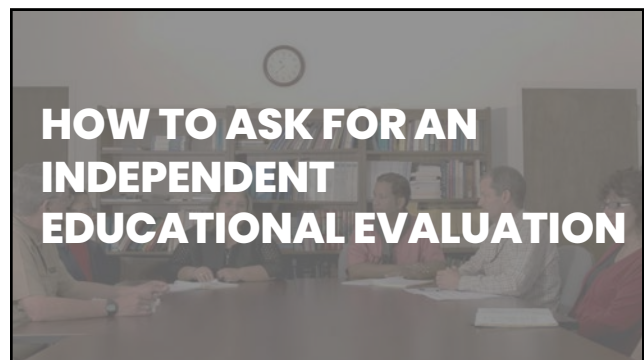
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Remember an evaluation = many *different* assessments

IF YOU DISAGREE WITH EVEN ONE ASSESSMENT, YOU'RE ENTITLED TO AN "INDEPENDENT EDUCATIONAL EVALUATION"



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HOW TO ASK FOR AN INDEPENDENT EDUCATIONAL EVALUATION

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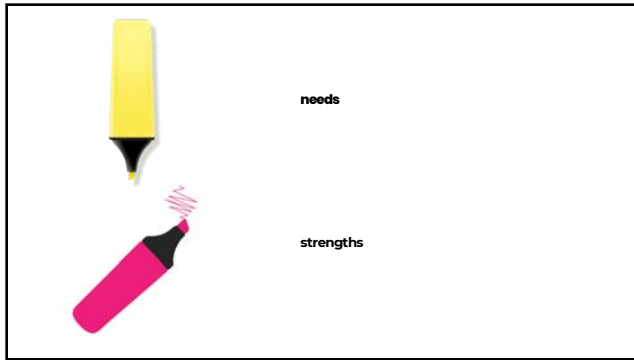
"I disagree with the _____ evaluation(s) and request an independent evaluation ..."

<ul style="list-style-type: none"> • If failed to evaluate in area of suspected disability • If assessment insufficient, wrong, inaccurate • District can limit cost, location, level of qualification <ul style="list-style-type: none"> ◦ But ... if unavailable in immediate area, location can be far away • List of evaluators - beware <ul style="list-style-type: none"> ◦ Parent decision even if not on list 	<p>WHAT ABOUT YOUR OWN EVALUATIONS?</p> <p>District must only "consider" outside evaluations</p>
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Always request assessments ahead of IEP meeting

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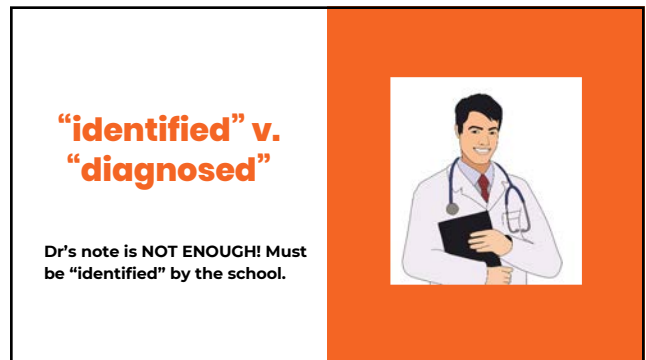
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Need	Goal	Special Education	Supplementary aids and services	Related services	Progress report	Progress report	Progress report	Goal met? (Y/N)

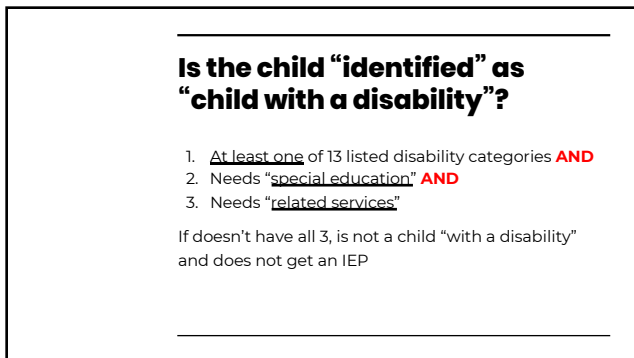
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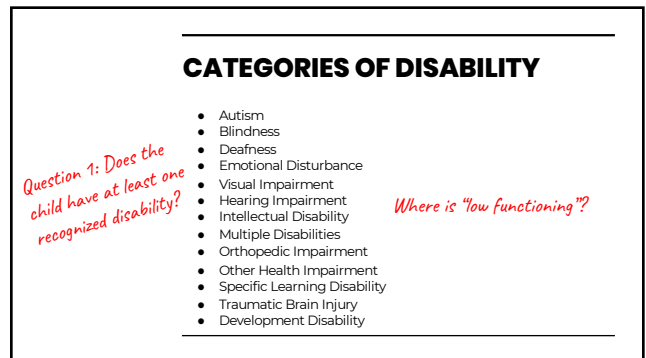
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“Multiple disabilities”

“concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-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.”

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**STEP 4
DEVELOP THE IEP**

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**PARENTAL
CONCERNS
LETTER**

- draft *before* the IEP meeting and send to the team
- every concern **MUST** be addressed in the IEP
- Attach to IEP
- Tip: top concerns

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**STEP
04**

Develop the IEP



IEP Team meets to discuss all assessments, write present levels of academic achievement and functional performance, draft goals, determine related services and accommodations to help meet the goals.

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WHO MUST ATTEND IEP MEETING?

- Parents
- The child, where appropriate
- Regular education teacher
- Special education teacher
- Someone who can interpret the instructional implications of the evaluation results
- At the parents' or district's choice, someone with **"knowledge or special expertise regarding the child"** including **"related services personnel"**
- Representative from the district who
 - Is qualified to provide or supervision to provision of specially designed instruction to meet the unique needs of the child
 - Is knowledgeable about the gen ed curriculum
 - **Is knowledgeable about the availability of resources of the district**
Principal/district rep

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Present Levels of Academic Achievement and Functional Performance

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PLAAFP OVERVIEW

- Child's levels **TODAY. RIGHT NOW. PRESENTLY.**
 - Must be updated every year. Cutting and pasting last year's PLAAFP is a violation
- Must include how the child's disability **affects involvement** and **progress** in the **general education curriculum.**
- Includes **strengths** and **weaknesses**

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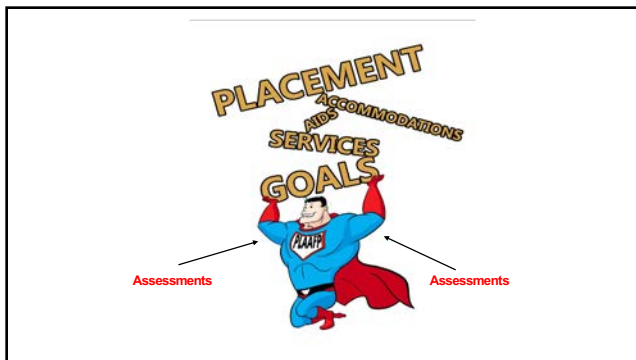
Does your present levels statement pass the stranger test?

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Joey's present levels statement

█████ started receiving specialized instruction through █████ in 2017. The data collected on 1/10/18 during three sessions. Supports the growth that █████ has demonstrated with support of his arm. This data also shows the progress █████ has made with using the provided switch with his Ipad and a lighted device. █████ averaged 43% Independent, 22% Verbal, 12% Physical and Verbal, and Full Physical 21%. Compared to the data of 4/9/18, 70 % Independent, 17.5% Verbal Prompt, 10% for Partial Physical less than 1. There was a gain of 27% for independent access to switch from January to April in 2018. This information was also reported on his third quarter progress report.

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What's wrong with this present levels statement?

"Henry is a happy and joyful child. He greets the teachers and staff every day.... Henry loves to play with his classmates. He enjoys playing catch with them, and running and kicking the ball during recess...."

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ACADEMIC ACHIEVEMENT

- Reading, language arts, science, history
- Math
- Writing

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Elements of Reading

- Phonemic Awareness
 - **Phonological Awareness**
- Phonics
- Fluency
- **Vocabulary - expressive, receptive, reading, writing**
- **Comprehension and....**



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Grade	Reader Measures, Mid-Year 25th percentile to 75th percentile (IQR)
1	Up to 280L
2	230L to 580L
3	360L to 720L
4	480L to 830L
5	620L to 950L
6	690L to 1020L
7	780L to 1090L
8	820L to 1140L
9	880L to 1170L
10	920L to 1200L
11	940L to 1210L
12	950L to 1220L

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Elements of Math

- Numeracy
- Math computation
- Problem solving
- Fluency

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FUNCTIONAL PERFORMANCE

- Cognitive
- Communication/Speech
- Hearing
- Vision/Functional Vision/Orientation and Mobility
- Gross/Fine Motor
- Social/Emotional/Behavior
- Self Help
- Activities of Daily Living
- Transition Need

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SIX SIGNS OF A BAD PLAAPF STATEMENT

1. Remains the same year after year.
2. Lists test scores that are not self-explanatory.
3. Uses highly technical language ("confidence interval", "at risk", "atypicality", "t-score", "clinically significant").
4. Uses imprecise language ("borderline", "low average", "below average").
5. Uses terms and references that cannot be interpreted without the use of test manuals.
6. Uses vague terms or phrases ("student has a sense of humor, likes to help teacher, enjoys his peers").

Source: In re J.M. v. Lyon County School District brainiacsproject.org

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Goals

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THE NEEDS FROM THE ASSESSMENTS DRIVE THE GOALS

DON'T BE AFRAID OF THE CAN'TS

However...

EVERY CAN'T DOESN'T HAVE TO BE A GOAL

ASK "SO WHAT"?

FOCUS ON THE IMPORTANT NEEDS

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Need	Goal	Special Education	Supplementary aids and services	Related services	Progress report	Progress report	Progress report	Goal met? (Y/N)

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What are your child's main needs?

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What worries you?

<p><u>MILD/MODERATE</u></p> <ul style="list-style-type: none"> Reading Math Behaviors - outbursts? Socialization - friendships? Pragmatics of conversation 	<p><u>SEVERE/PROFOUND</u></p> <ul style="list-style-type: none"> Communication Functional skills - feeding, toileting Independence in adulthood Orientation and mobility
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GOALS MUST BE

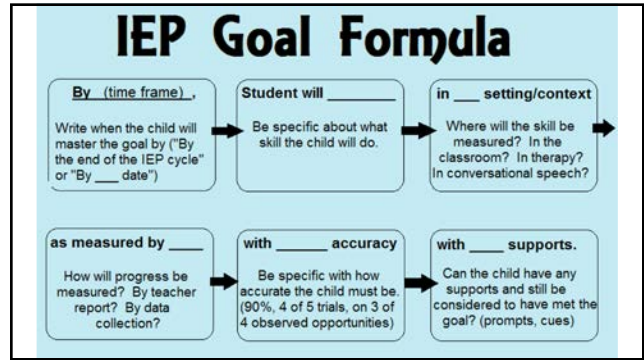
- Measurable
- Can be reached in **one year**
- **"Every child should have the right to meet challenging objectives"** (Andrew F. - unanimous decision)
- Includes **academic** and **functional** goals
 - Reading - Big 5
 - Self care
- Enable the child to **make progress in the general education curriculum**
- Meets other educational needs

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Goals drive services

More goals in a functional area, the more services and service time...

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Example: AAC goal for child using communication device for first time

Each day during structured activities such as circle time, with full assistance from child's 1:1 dedicated aide, child will request "more" on his communication device at least twice per preferred song in 1/5 consecutive days in a one-week period, as measured by teacher charting.

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Special education
.. (to help child meet the goals)

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Need	Goal	Special Education	Supplementary aids and services	Related services	Progress report	Progress report	Progress report	Goal met? (Y/N)

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“Specially-designed instruction, at no cost to parents, to meet the **unique needs** of the child ... including ... instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings [and] instruction in **physical education**”

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Physical education

- The development of
 - physical and motor fitness;
 - fundamental motor skills and patterns; and
 - skills in **aquatics, dance,** and individual and **group games** and sports (including **intramural** and **lifetime sports**)
- Includes
 - special physical education
 - **adapted physical education**
 - movement education
 - motor development

34 CFR 300.30

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“Specially designed instruction”

Modified classwork?

Linda-Mood Bell?

Quiet room?

adapting, as appropriate to the needs of an eligible child under this part, the **content, methodology, or delivery** of instruction -

- Intensive academic remediation
 - 1:1 instruction (tutoring)
 - Orton-Gillingham
 - Linda-Mood Bell
- Behavior therapy
 - 40-hr ABA
- Variety of settings, including the home

(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**

Graduate with a real diploma!

34 CFR 300.30

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Supplementary Aids and Services ..

(to help child meet the goals)

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“..aids, services, and other supports that are **provided in regular education classes** or other education-related settings (such as extra curricular or non-academic settings) to enable children with disabilities **to be educated with non-disabled children**” to the maximum extent appropriate in the least restrictive environment

1:1 aide!

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Accommodations do not lower expectations

Timing and Scheduling: extended time for written or verbal response, classwork, assignments, tests; multiple breaks throughout a student's work period or across work day, preferential scheduling to accommodate a student's needs.

Setting: setting that reduces distractions; special equipment that may be necessary in a classroom or that may only be provided in a particular school;

Presentation: materials in large print or Braille, books on tape, visual cues, or notes; a "human reader," someone who reads all written texts.

Response: scribe, a graphic organizer, calculator, electronic note taker, or speech-to-text equipment.

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Modifications do lower expectations

Modifications **increase the gap** between achievement of students with disabilities and expectations of proficiency;

Course materials are modified to a lower level year after year, the gap widens between modified work and on-grade-level work;

Beware of programmatic modifications, "getting all As/honors".

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Related Services (...to help child meet the goals)

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- ### “RELATED SERVICES”
- transportation
 - speech-language pathology
 - audiology services
 - interpreting services
 - psychological services
 - physical therapy
 - occupational therapy
 - recreation therapy
 - therapeutic recreation
 - orientation and mobility services
 - social work services
 - school nurse services
 - counseling services
 - medical services “for diagnostic and evaluation purposes only”
 - “..and such developmental, **corrective**, and support services ... as may be required to assist a child with disability to benefit from special education”
- tutoring*

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Progress Monitoring

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- ### What is progress?
- Minimal progress not enough - must be “appropriate” given the child’s unique circumstances

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- ### IEP must
- Describe how the child’s progress toward meeting annual goals **will be measured**
 - **When** periodic reports on the progress the child will be provided
 - Reading - every six weeks? Is progress sufficient? If no progress, is that expected?

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- ### How to monitor progress right
- DATA, DATA, DATA, DATA, DATA, DATA, DATA, DATA
 - Present levels should have baseline data
 - Must be objective
 - Who will measure the progress?
 - How will it be measured?
 - Beware of subjective measurement (e.g. teacher charting)
 - Checklist?
 - Rubric?
 - ~~Opinions?~~
 - ~~Grades?~~
 - Beware of goals that cannot be measured
 - Feelings, moods

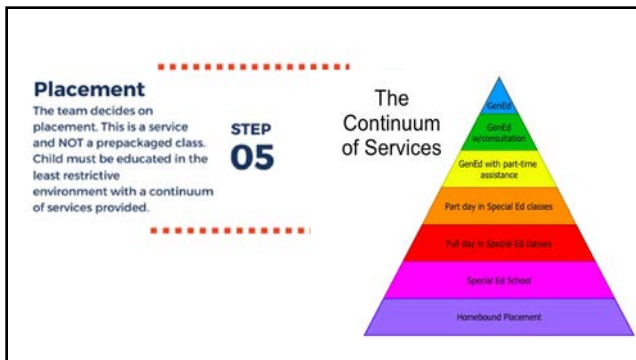
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Frequency, Duration, and Location of Supports

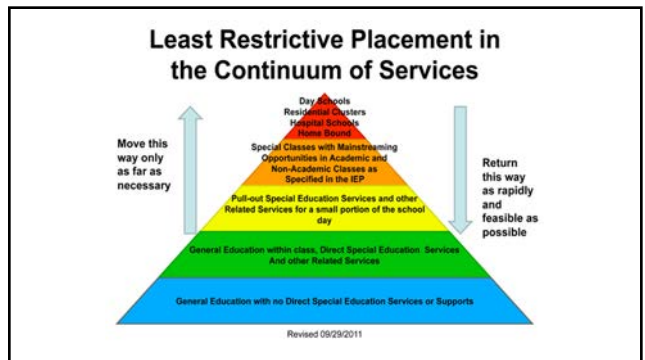
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STEP 5 PLACEMENT

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The Gen Ed/"mainstream" test

- (1) the educational benefits available in the regular classroom;
- (2) the non-academic benefits of interaction between a student with disabilities and those without disabilities;
- (3) the impact of the student with disabilities on the teacher and other children in the regular classroom; and
- (4) the cost of supplementary aids and services required for mainstreaming the student

Sacramento City Unified Sch. Dist. Bd. of Educ. v. Rachel H.

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STEP 6 REVIEW

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REVIEW THE IEP

Must be reviewed at least annually

Are the goals being achieved?

 Increase services?

Data from parents?

Revise the IEP as necessary

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STEP 7 RE-EVALUATE

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WHEN DO WE RE-EVALUATE?

- If the **parent** or teacher requests it
 - Change in medical status?
 - Behaviors?
 - If educational needs change
 - If the district determines that the educational or related service needs warrant a re-evaluation
 - No more than once a year
 - At least every three years (triennial)
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Great info

- A Day In Our Shoes Parentcenterhub.org
 - Your Special Education Rights [Your state's parent center](#)
 - Practical AAC
 - Kathleenwhitbread.com
 - Your state's protection and advocacy agency
 - [Council of Parent Attorneys and Advocates \(\\$50\)](#)
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