

NEW HANOVER TWP. SCHOOL CHILD STUDY TEAM HANDBOOK

2012 – 2013



SPECIAL EDUCATION SERVICES

Evaluation and intervention services are provided to students at our school by a group of trained special education instructional professionals and related services specialists who comprise our Child Study Team.

Public schools are required by law to develop a process to identify potentially educationally disabled students. An educationally disabled student is one who may be experiencing difficulties of a physical, emotional, academic, intellectual, or social nature to the extent that the student is not able to function effectively in a regular education program. A Child Study Team evaluation may be necessary to determine the basis of the difficulties and whether the student is eligible for special services. If determined eligible for special education and related services, an Individualized Educational Program (IEP) is developed.

With federal passage of the Individuals with Disabilities Education Improvement Act (IDEIA) in December 2004, parents/guardians have become an integral part of the Child Study Team that plans the appropriate school program and develops an IEP for the educationally disabled child. Parents and school personnel work together throughout this process to develop an appropriate program to meet the unique student needs. The district provides the full continuum of program options as outlined in the New Jersey Administrative Code (NJAC 6A:14). The complete rules and regulations pertaining to Child Study Team procedures and students with disabilities are contained in the New Jersey Administrative Code, Title 6A, Chapter 14, Special Education. Parents/guardians may obtain this document by contacting the Child Study Team at 609-723-2139 or by accessing the website www.state.nj.us/education and clicking on "Special Education" under "Overview".

ABOUT THE CHILD STUDY TEAM

The Child Study Team (CST) is a multi-disciplinary educational team that is responsible for identifying, evaluating, determining eligibility, and developing an Individualized Education Program (IEP) for students suspected of having educational disabilities. The team provides diagnostic services to children from age 3 to 21 that have been identified as having a potentially disabling condition. The purpose of the Child Study Team is to provide educational supports to compliment the overall academic programming of our special education students. However, the team also works together with the districts' teachers, administrators, and I&RS committee members to provide educational resources and to offer assistance with purposed modifications to promote academic success for all students. The Child Study Team consists of a school psychologist, learning disabilities teacher-consultant, school social worker, and speech & language specialist and is supplemented by occupational and physical therapists when needed.

School Social Worker

The social worker contributes to the CST evaluation process by conducting a “social history evaluation.” The social history evaluation is an assessment of biopsychosocial factors (social, emotional, physical, behavioral and cultural) that may impact a child’s adjustment to and performance in school. The school social worker also provides counseling, crisis intervention and consultation services.

Learning Disabilities Teacher/Consultant (LDT/C)

The Learning Disabilities Teacher-Consultant is a master teacher who functions in the school environment as an educational diagnostician, instructional programmer, Child Study Team member, and educational consultant. The LDT/C must have the professional preparation to conduct assessments, analyze, and classify students’ learning differences; understand and implement special education law; plan and facilitate delivery of programs for children with learning differences; transfer specific and successful instructional techniques to classroom teachers through consultation, collaboration, and in-service education; and effectively communicate and consult with parents, counselors, teachers, and administrators. An educational assessment shall be the responsibility of a learning disabilities teacher consultant. It shall include a review of the student’ educational history, conferences with the student’s teacher(s), and an evaluation and analysis of the student’s academic performance and learning characteristics. This report includes observations of the student in other than a testing session, unless this observation was done by another team member.

School Psychologist

The school psychologist consults with the student’s teachers and assesses the student’s current cognitive (thinking and learning), social, adaptive and emotional status. The activities involved in the evaluation vary at times from student to student but, in general, most children are given an intelligence test to determine a child’s likelihood for success within the academic arena. For certain students the school psychologist provides counseling, crisis intervention or consultation services.

Case Manager

In addition to their respective roles, the social worker, school psychologist, and learning consultant also serve as case managers for students receiving special education services. Students are assigned a case manager at the time of the referral; however, periodically there are changes in assignments. The case manager coordinates the evaluation process and IEP development, as well as the monitoring and evaluation of the effectiveness of the IEP. He or she facilitates communication between home and school, and coordinates the annual review and reevaluation process. The case manager is knowledgeable about the student’s educational needs and program, about special education procedures and procedural safeguards, and is responsible for transition planning. A speech/language therapist and/or the director of special education may also serve as a case manager.

Child Study Team Members

Kenneth Hall CST Director	kenhall@newhanover.k12.nj.us
Juliet Ireland Psychologist	jireland@newhanover.k12.nj.us
Carin Brown LDT/C	cbrown@newhanover.k12.nj.us
Nancy O'Neill CST Secretary	noneill@newhanover.k12.nj.us
Joanne Reges Speech Therapist	*please contact through CST secretary

The First Step in the Referral Process

The Intervention and Referral Service (I&RS) team serves as a resource for teachers and is an integral part of the pre-referral process. I&RS members typically include, but are not limited to, the school principal, nurse, counselor, CST members and teachers. The purpose of the I&RS is to address any possible concerns teachers may have regarding their student's academic, social, or emotional functioning. Based on meetings with teachers, the I&RS team develops case-specific strategies for use in regular education classrooms. Teachers then implement these strategies according to I&RS recommendations. Parents are informed about their child's progress through contact with the teacher. **If the strategies are not effective, they may be revised or, if it is suspected that the student is potentially educationally disabled, a referral will be made to the Child Study Team.**

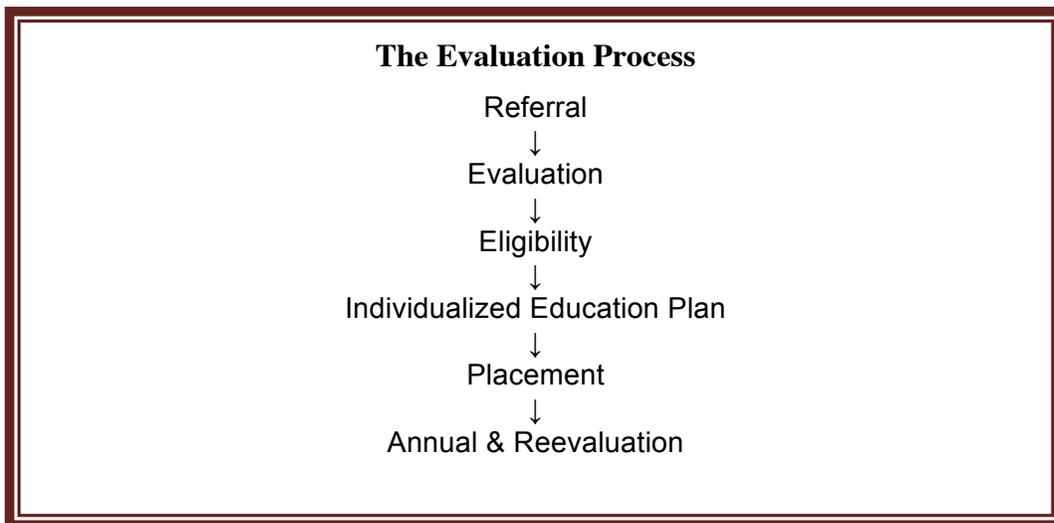
Procedural Safeguards

Handbook on Parents' Rights

IDEA requires school districts to provide parents of a child with a suspected disability with a notice containing a full explanation of the procedural safeguards (legal rights) available under IDEA and other state and federal regulations. This handbook is called, "Parental Rights in Special Education" (PRISE). Parents can obtain a copy of PRISE from the Child Study Team office or by visiting www.state.nj.us/njded.

You will receive the *Procedural Safeguards*:

- When your child is first referred for evaluation or when you request an evaluation
- When you request a copy of the *Procedural Safeguards*
- When your child is removed for disciplinary reasons and the removal results in a change in placement
- Upon receipt of the first state complaint and/or the first due process petition in a school year, if you should file a state complaint or request a due process hearing; and
- Upon revision to the *Procedural Safeguards*



The Identification and Placement Process: Description

Referral

A student is generally referred for evaluation by school personnel through the I&RS. The referral should be made in writing, addressing the specific presenting concerns and the child's current strengths and needs. The referral is presented to the director of the Child Study Team who assigns the referral to a designated case manager. The assigned case manager has the responsibility of managing the referral process. At the initial meeting, parents are given the name of their child's case manager. They can also obtain this information by calling the Child Study Team at 723-2139. Any changes to the case manager status will be provided in writing to the parents/guardians.

Evaluation

Signed parental consent must be received in order for the school to proceed with the evaluation. It is important for the parent to understand the components of the evaluation and how the results of the evaluation shall consist of a multi-disciplinary assessment in all areas of suspected disability. Such evaluation shall include at least two assessments and shall be conducted by at least two members of the Child Study Team in those areas in which they have appropriate training or are qualified

through their professional licensure or educational certification and other specialists in the area of disability as required or as determined necessary. The specific kind of evaluations a child needs is decided on an individual basis and will include professionals trained to assess specific areas. Persons from varying disciplines, including a school psychologist, learning consultant, speech and language therapist, physical therapist, audiologist and/or occupational therapist may conduct evaluations.

The common elements of a comprehensive assessment generally include the following:

- a) A psychological evaluation, which includes a standardized aptitude test that measures cognitive functioning, a clinical interview, observation, and as needed social-emotional and adaptive behavior rating scales;
- b) A social history, which includes developmental, medical, and educational histories, and parent, teacher and student interviews;
- c) An educational evaluation, which includes standardized achievement testing, informal assessments, and a classroom observation; and
- d) A medical evaluation/health appraisal, which includes a physical examination and visual and auditory acuity testing.

Persons trained in the area of hearing or visual impairment may also provide assessment services, if needed. At this step of the process, parents should receive *Parental Rights in Special Education* (PRISE). After parental consent for initial evaluation of a preschool age or school age student has been received, the evaluation, determination of eligibility, and, if eligible, development and implementation of the IEP for the student shall be completed within 90 calendar days.

In the event that a parent does not give permission for the school to evaluate the child and the school personnel believe that the child is in need of special education, the school system may, but it not required to, pursue the initial evaluation of the child by utilizing due process procedures.

Eligibility

After the required evaluations are completed and summary reports are written, the Individualized Education Program Team (IEP Team) conference is held to determine if a child has a disability and needs special education and/or related services. The IEP team includes the child's parents and professionals who are knowledgeable about the child's learning and behavior in the school environment. The team should discuss every area of physical, behavioral and academic functioning that affects the child's educational performance. The team must decide if the student (a) meets the eligibility criteria for a disability area as outlined in the New Jersey Special Education Administrative Code, Chapter 14, Title 6A; (b) if the disability adversely affects educational performance; and (c) is in need of specially-designed instruction and related services. As long as a student is found eligible, the school district is responsible for his/her education until he/she graduates or turns 21 years of age.

According to IDEA 2004, a student may not be deemed eligible for special education services if he/she does not meet the eligibility criteria of the law, or if their eligibility is based on a lack of instruction in reading and math. A student may also be deemed not to be eligible if the disability does not adversely affect the child's educational performance.

Initial Eligibility requires parental consent in writing. The parents may participate via a phone conference if they are unable to physically attend the meeting to determine eligibility; however, it is not effective until after written parental consent is obtained.

The Individualized Educational Plan (IEP)

Upon completion of the evaluation, an eligibility conference will be held to discuss whether the student meets the code criteria making him/her eligible for special education and/or related services. A copy of the collaborative Child Study Team finding report will be given to the parents. Subsequently, but usually immediately following the conference, an Individualized Education Plan (IEP) conference will be held.

At this meeting, the student's educational strengths and needs will be considered. Goals and objectives will be developed that address those strengths and needs. The team will then determine the appropriate program, with consideration of the least restrictive environment as a priority. The evaluations, determination of eligibility for services, and (if eligible), the development and implementation of the IEP shall be completed within 90 calendar days of the district's receipt of parental permission to evaluate.

The implementation of a child's individual educational program should be within 15 days of the IEP team's completion of the plan. There are instances, however, when implementation time may vary, such as: if a child is assigned to another school for services and transportation must be arranged; if supplemental aids must be acquired, or if staff must receive specialized training in order to fully implement the IEP. The IEP document should state: the projected date for the beginning of the services, modifications described in the plan, and the frequency, educational placement and duration for each service.

Required Elements of an IEP

For a comprehensive list of the required elements of an IEP, see Special Education NJ Administrative Code, Chapter 14:3.7 (e) 1-17, pg. 62-68.

IEP Team Attendance

According to Individuals with Disabilities Education Act (IDEA), the Individualized Education Program team or IEP team must include the following persons:

- The parent(s) of the child;
- At least one regular education teacher of the child;
- At least one special education teacher or, where appropriate, at least one special education provider of the child;
- Case manager, or other member of the CST who has knowledge of the student's needs;
- An individual who can interpret evaluation results (*can also be the case manager);
- When appropriate, service providers (speech, counseling, OT/PT) who have knowledge or special expertise regarding the child;
- The child, when appropriate.

The following defines each area of disability included in New Jersey Special Education Administrative Code, Chapter 14, Title 6A:

- **Auditorily Impaired:** an inability to hear within normal limits due to physical impairment or dysfunction of auditory mechanisms. An audiological evaluation by a specialist qualified in the field of audiology and a speech and language evaluation by a certified speech-language specialist are required.
- **Autistic:** a pervasive developmental disability, which significantly impacts verbal and nonverbal communication and social interaction that adversely affects a student's educational performance. Onset is generally evident before age three.
- **Cognitively Impaired:** a disability that is characterized by significantly below average general cognitive functioning existing concurrently with deficits in adaptive behavior.
- **Communication Impaired:** a language disorder in the areas of morphology, syntax, semantics and/or pragmatics/discourse, which adversely affects a student's educational performance and is not due primarily to an auditory impairment.
- **Emotionally Disturbed:** a condition exhibiting one or more of the following characteristics over a long period of time to a marked degree that adversely affects a student's educational performance:
 - i. an inability to learn that cannot be explained by intellectual, sensory or health factors;
 - ii. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - iii. inappropriate types of behaviors or feelings under normal circumstances;
 - iv. a general pervasive mood of unhappiness or depression; or
 - v. a tendency to develop physical symptoms or fears associated with personal or school problems.
- **Multiply Disabled:** is the presence of two or more disabling conditions, the combination of which cause such severe educational needs that they cannot be accommodated in a program designed solely to address one of the impairments.
- **Deaf/Blindness:** a combination of hearing and visual impairments which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for students with deafness or students with blindness.
- **Orthopedically Impaired:** a disability characterized by a severe orthopedic impairment that adversely affects a student's educational performance.
- **Other Health Impaired:** a disability characterized by having limited strength, vitality or alertness, including a heightened alertness with respect to the educational environment, due to chronic or acute health problems.
- **Preschool Child With A Disability:** a child between the ages of three and five experiencing developmental delay, as measured by appropriate diagnostic instructions and procedures, in one or more of the following areas:
 - i. physical, including gross motor, fine motor and sensory (vision and hearing);
 - ii. cognitive
 - iii. communication
 - iv. social and emotional
 - v. adaptive
- **Social Maladjustment:** a consistent inability to conform to the standards for behavior established by the school. Such behavior is seriously disruptive to the education of the student or other students and is not due to emotional disturbance as defined above.

- **Specific Learning Disability:** a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- **Traumatic Brain Injury:** an acquired injury to the brain caused by an external physical force or insult to the brain, resulting in total or partial functional disability or psychosocial impairment, or both.
- **Visually Impaired:** an impairment in vision that, even with correction, adversely affects a student's educational performance.

Other Definitions Included in IDEA

- **Adaptive Physical Education:** a diversified program of activities specially designed for an individual who meets eligibility criteria for special education and/or related services and is not able to participate safely and/or successfully in the regular physical education program.
- **Assistive Technology:** any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

Accommodations & Modifications in the Classroom and for Testing

The IEP team determines whether accommodations, modification of curriculum or testing or alternative testing are needed. When the decision is made it must be documented in the student's IEP. The decision regarding the need for special consideration is based on the student's evaluation test results, the current level of functioning, and the student's unique learning characteristics. Below are examples of accommodations seen in some students' IEPs:

- v Timing Accommodations
 - Allow extended timing
 - Allow unlimited timing
 - Allow frequent breaks during testing
- v Setting Accommodations
 - Administer tests in a separate room
 - Administer tests in a small group
 - Use a study carrel
 - Provide distraction-free environment
- v Scheduling Accommodations
 - Adjust the time of day for administering tests
 - Administer tests over shorter sessions
- v Presentation Accommodations
 - Modified format: enlarged print, test format change (e.g. multiple choice vs. essay; few items on a page)
 - Procedure modification: orally explain direction, read questions aloud; give response orally, simplify language
 - Assistive devices: computer, tape recorder, video, magnification, or amplification device
- v Response Accommodations
 - Modified format: allow verbal vs. written response

- Procedure modifications: respond into a tape recorder, on a computer; respond using pointing or sign language; write answers rather than make multiple-choice selections
- Assistive devices: computer, calculator, spell-checker, tape recorder, magnification/amplification device, markers, place holders, templates, graph paper, dictionary, Thesaurus, math facts sheet

Placement

The New Jersey Administrative Code for special education and the federal Individuals with Disabilities Education Act (IDEA) ensure that children with disabilities receive a free, appropriate, public education in the least restrictive environment.

As noted above, in accordance with the least restrictive environment, the first placement option considered is the regular education classroom with the necessary supplemental aids and supports to enable the student to meet his/her educational goals. Other programs include, but are not limited to:

- **Collaborative Programs:** Collaborative programs take place in the regular education classroom. Two or more teachers work in a co-active and coordinated fashion during part of the day to jointly teach all students in the regular education classroom. Some examples of the services provided by the special education teacher include:
 1. Consulting with regular education teacher regarding the unique needs of the students with IEPs;
 2. Providing individualized instruction to students identified as having learning difficulties;
 3. Helping students to access the general education curriculum;
 4. Providing organizational and study skills;
 5. Monitoring the progress of students toward the goals in their IEPs.
- **Resource Center Programs at the Elementary and Secondary Levels:** Resource programs offer small group instruction in a general education classroom or in a separate room for a short period of time each day. Resource programs can either replace or support regular education instruction.

Replacement instruction takes the place of instruction in the classroom. Alternative teaching strategies are used to meet the learning needs of each student.

Support instruction provides students with instruction in study skills and assistance in organizing and/or understanding material that is being taught in the regular education classroom.

- **Special Classes at the Elementary Level and Secondary Levels:** Special classes offer small group instruction in a self-contained special education classroom. Students remain in this class for a major portion of the day.

ANNUAL REVIEW AND REEVALUATION

The IEP team will meet once a year, or more if necessary, to review and revise the IEP. The team will discuss strengths, weaknesses, and progress of the student and plan for the following year accordingly.

In addition to annual reviews, The Child Study Team must complete a reevaluation of the student once every three years. The IEP team determines the scope of the reevaluation by reviewing existing data. Further assessments are not conducted if the IEP team finds that continued eligibility could be determined from existing data. However, if a reevaluation is warranted, the IEP team will determine the assessments needed and obtain parental consent. Once testing is complete, the IEP team meets to discuss findings and plan programming.

About Related Services

Related Services Programs serve students age three through twelfth grade in regular classrooms, resource centers, special classes, home instruction, and occasionally programs out of district. Related services in K-12 grade include speech/language, occupational and physical therapies, counseling, special transportation, etc. The district also works with parents to place students in out-of-district programs when we are unable to provide appropriate services in our school. Students with disabilities are educated to the maximum extent possible with non-disabled students.

Occupational Therapy: services provided within a school setting are designed to adapt the classroom environment, assist in the development of performance components that are prerequisites for academic learning, and facilitate functional daily living skills within a child's current educational setting. Current models of best practice suggest that intervention should be integrated into the naturally occurring events of the student's day, rather than in isolated settings; however, there may be situations when certain skills may warrant more direct therapeutic interventions. Collaborative efforts may be pursued with a combination of teachers, other related service providers, parents and others pertinent to the student's program to support classroom functioning. Qualifying students are those who have an IEP and require the therapy ***in order to access their education***. The process of determining the need for occupational therapy intervention must include observing the student within the educational environment and assessing his or her ability to meet the demands of the current educational program. If environmental adaptations and modifications are in place and teaching staff are trained to meet the goals of the IEP, then services may not be required.

What skills do occupational therapists typically address?

- Fine motor skills; managing classroom tools and other manipulatives
- Visual perceptual skills: providing strategies for interpreting visual information
- Sensory processing skills; helping to effectively process and organize information from all senses so that the student can effectively interact with the environment
- Self-care skills: dressing, grooming, hygiene, and feeding
- Pre-vocational skills: addressing prerequisite skills such as organization, sequencing, and time management

Speech:

The development of age-appropriate speech and language skills is essential to the learning process and to a student's social and emotional growth. Children must be able to comprehend

the language, express their thoughts, request explanations from the teacher and produce speech that others can easily understand.

Speech disorders include the following problems:

- Articulation disorders, which include difficulties producing sounds in syllables or saying words incorrectly to the point that other people can't understand what's being said.
- Fluency disorders which include problems such as stuttering, the condition in which the flow of speech is interrupted by abnormal stoppages, repetitions, or prolonging sounds and syllables.
- Resonance or voice disorders which include problems with the pitch, volume, or quality of a child's voice and distract listeners from what is being said. These types of disorders may also cause pain or discomfort for the child when speaking.
- Language disorders can be either receptive or expressive. Receptive disorders refer to difficulties understanding or processing language. Expressive disorders include difficulty putting words together, limited vocabulary or inability to use language in a socially appropriate way.

What is remediation?

Speech-language therapy involves having a speech-language specialist work with a child on a one-to-one basis, in a small group or directly in a classroom, to overcome difficulties involved with a specific disorder. Speech-language therapy uses a variety of therapeutic strategies, including:

- Ø Language intervention activities – involve having a speech-language specialist interact with a child by playing and talking. The therapist may use pictures, books, objects, or ongoing events to stimulate language development. The therapist may also model correct pronunciation and use repetition exercise to build speech and language skills.
- Ø Articulation therapy – articulation, or sound production experiences involve having the therapist model correct sounds and syllables for a child, often during play activities. The level of play is age-appropriate and related to the child's specific needs. Articulation therapy involves physically showing a child how to make certain sounds, such as the "r" sound. A speech-language therapist may demonstrate how a child should move his tongue to produce specific sounds.

Referral for Speech Services

There are two ways in which our district identifies which children may be eligible for speech and language services:

1. A child can be referred for evaluation by the child's teacher.
2. A child can also be referred by the child's parent, who may send a letter to the Child Study Team.

Within 20 days of receipt of a referral, a meeting will be convened to discuss the need for a speech evaluation between the parent(s), classroom teacher and speech therapist. If an evaluation is warranted, the speech therapist will have 90 days to complete the evaluation and reconvene with the parent(s) and teacher to hold an initial eligibility meeting to discuss the assessment results and subsequent therapy, if necessary.

Counseling:

Counseling services are provided to classified students who require it as part of their Individualized Educational Programming (IEP). The purpose of counseling *in the school setting* is to help students address issues or conflicts that may be interfering with their academic progress (i.e. bullying, peer acceptance, organizational skills, time management, behavior modification, importance of following school rules, etc). Counseling in the school setting is **not intended** to replace intensive and/or therapeutic counseling, which may or may not be prescribe by a medical professional, that a student may require to address social, environmental, or personal matters that are far reaching and may exceed the scope in which the school counselor can address.

Paraprofessional:

As the IEP team plans out the educational programming for a student, they may decide that a paraprofessional is needed to provide supplemental support. The supports the paraprofessional is to address should be clearly identified by the IEP team and may need to be revisited and altered in order to continue to meet the needs of the student. These responsibilities may include:

- ∅ Assisting the student with organizational skills/tasks
- ∅ Assisting the student with classroom work
- ∅ Keeping the student on task
- ∅ Providing safe escort to and from classes
- ∅ Reinforcing proper behavior and the following of school rules where needed

**EXPLANATION OF COMMON ACRONYMS****ADA**

Americans with Disabilities Act

ADHD	Attention Deficit Hyperactivity Disorder
AI	Auditory Impairment
AT	Assistive Technology
AU	Autism
BD	Behavioral Disabilities
BIP	Behavior Intervention Plan
CI/Mild	Cognitively Impaired - Mildly
CI/Mod	Cognitively Impaired - Moderately
CI/Severe	Cognitively Impaired - Severely
COTA	Certified Occupational Therapist Assistant
CST	Child Study Team
DB	Deaf-Blindness
DDD	Division of Developmental Disabilities
DOE	Department of Education
DYFS	Division of Youth and Family Services
ED	Emotionally Disturbed
ESERS	Eligible for Special Education & Related Services
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavior Assessment
HI	Hearing Impaired
ICR	In-Class Resource (w/Special Education Teacher)
ICTT	In-Class Team Teaching (Regular & Special Ed. Teachers)
IDEA	Individual with Disabilities Education Act
IEP	Individual Education Program
INTPS	Integrated Preschool
LD	Learning and/or Language Disabilities
LDTC	Learning Disabilities Teacher / Consultant
LEA	Local Education Agency (School District)
LI	Language Impaired
LPT	Licensed Physical Therapist
LRE	Least Restrictive Environment
MCI	Moderately Cognitively Impaired
MD	Multiple Disabilities
OCD	Obsessive Compulsive Disorder
OCR	Office of Civil Rights
ODD	Oppositional Defiant Disorder
OHI	Other Health Impaired
OI	Orthopedically Impaired
OT	Occupational Therapist
OTR	Occupational Therapist Registered
POR	Pull-Out Replacement (Special Education Teacher)

POS	Pull-Out Support (Special Ed. Teacher)
PSD	Pre-school Disabled
PT	Physical Therapy
RTI	Response to Intervention
SC	Self-contained
SCI	Severely Cognitively Impaired
SI	Supplemental Instruction (taught by Regular Ed. Teacher)
SLD	Specific Learning Disabilities
SM	Socially Maladjusted
TBI	Traumatic Brain Injured
TTM	Team Teaching Model
VI	Visual Impairment