Key Terms and Concepts
- screening process
- pre-reading interventions
- intervention and referral team (IRT)
- accommodation plan
- Section 504 of the Rehabilitation Act
- auxiliary aids
- referral process
- multidisciplinary team (MDT)
- due process rights
- mediation
- informed consent
- evaluation plan
- least restrictive environment (LRE)
- related services
- resource center
- interpreter
- assistive technology device
- assistive technology service
- present level of performance (PLP)
- short-term objectives
- formative evaluation
- summative evaluation
- program review process

Introduction to the Special Education Process
Assessment is the focal point in the special education classification, placement, and programming process. Standardized testing has been the main tool used to determine eligibility. Legislative mandates, professional organizations, and state departments of education have increasingly emphasized the use of internal performance-based assessment and the keen observation of the classroom teacher for in-depth insight into the reasons for and solutions to the problems students face in school.

Teachers should have an understanding of how to proceed when they suspect a student is demonstrating learning and/or behavior problems. They need to be knowledgeable about how students qualify for a specific classification and on
what basis placements and programming are determined. They need to know who
does the testing, what tests are used, and how results factor into eligibility and
program decisions.

This chapter is an overview of the process from the initial step—the time that
a teacher or parent first recognizes that there may be a problem—to the final
step of monitoring students in their special education placements. Specific informa-
tion is included about who is involved in each step, what their involvement is,
and how their involvement contributes to the important decisions about students’
education.

Section 1 of the chapter provides the reader with information they need to un-
derstand about the screening process, including what to look for when observ-
ing, how to administer informal screening procedures, and how to document and
report their findings. This section also describes the types of screening methods
used, includes a repertory of strategies to use as pre-referral interventions, pre-
views information needed to contribute to the decision-making process, and dis-
cusses the impact that Section 504 of the Rehabilitation Act legislation has on in-
tervention services. Section 2 of the chapter deals with the referral and clas-
fication process. It explains referral and classification procedures, who par-
ticipates in assessment, what evaluation tools are used, and the criteria for clas-
sification eligibility. Section 3 deals with the placement processes and proce-
dures, including related service options and assistive technology services and
devices. Section 4 addresses programming considerations, specifically the com-
ponents and development of the IEP. Section 5 focuses on the program review
process, including the annual review, the triennial evaluation, and due process
procedures. This section explains how important it is for teachers to be commit-
ted to conducting ongoing, authentic assessment in order to monitor progress
and ensure that necessary program adjustments are made in a timely, efficient
manner. The reader will learn that the classroom teacher has a primary role in the
multiple decisions made during this process. Teachers can contribute pertinent
information about the student, but they must know the steps in the process, the
legal ramifications, and the role they play in each step in the process in order to
be effective participants. Recent legislation has emphasized the important role
of teachers and has mandated their active participation in all aspects of the classifi-
cation, placement, and programming of students with disabilities.

THE DECISION TO ASSIST

The primary purpose of assessment is to obtain information to facilitate effective
decision making. In the educational system, assessment is used to help teach-
ners, administrators, psychologists, parents, and students make at least five kinds
of decisions: (a) screening, (b) classification and placement, (c) student pro-
gress, (d) programming of instruction, and (e) program effectiveness (Salvia &
Ysseldyke, 1990). Each type of decision requires the collection of a variety of
data on students’ backgrounds, interests, and abilities as well as on the environ-
mental conditions and expectations of their families and school. The type of data
collected to make these decisions may be very similar. Academic achievement
Section 1: The Pre-referral Process

General Screening Procedures

Screening is the first step in the overall assessment process. The purpose of the screening process is to collect data to determine whether more intensive or additional assessment should be conducted by educational, psychological, or medical specialists (Ysseldyke & Algozzine, 1985). Students can be screened individually or in an entire class can participate in the screening process. Screening generally entails some form of assessment. It frequently consists of group testing that is administered to entire populations of students to determine whether they have the basic abilities and skills to succeed in general education settings. Most school districts conduct a general screening that is administered to all students on a yearly basis and is used to measure academic growth. The test results are used as both a present (to determine the current functioning level of the student) and an indicator to compare this year's test results to the previous year's test results to determine progress. Schools generally use standardized group tests, such as the California Achievement Test (CAT), the Iowa Test of Basic Skills (ITBS), or the California Test of Basic Skills (CTBS), that can be administered to elementary- and secondary-level students to assess performance in reading, math, written language, science, social studies, and study skills. Test profiles of these screening measures provide standardized assessment results, including national and local (district) percentiles, grade equivalencies, and starline scores. School districts generally have set cutoff scores that serve as criteria for qualification for remedial services or to determine whether further, more comprehensive evaluation is needed.

Testing procedures used for screening should be brief, norm-referenced, inexpensive, standardized in administration, objectively scored, broadly focused in
all areas of development, reliable, and valid (Mortele & Wess, 1990). According to IDEA regulations, when individual students are screened, parental consent is required; but when screening is conducted on a large group basis, parental consent is not required (IDEA Regulations, 1990). See Chapter 2 for more detail regarding group, standardized achievement testing.

Identification of the Problem

Student problems may begin early in the school year, or they may slowly emerge over a period of months. Frequently, teachers will observe that particular students do not seem to be adjusting well to the class routine and procedures, that they are not able to complete assignments or do poorly on tests, or that they are not getting along with teachers or peers. When academic or behavioral adjustment problems do not subside after a few weeks, teachers need to begin the screening process.

Teachers first observe students' progress by identifying areas of concern. They determine areas of strengths and weaknesses by reviewing classroom and homework, noting students' work-study skills and classroom adjustment and monitoring students' work samples, attention, time on task, work pace, attention to detail, and work quality. The teacher also needs to determine whether students' functioning is significantly different from that of their classmates. It is important to ascertain whether there is a history of school problems; whether the problem has increased in intensity, and over what period of time, and whether the problem is more evident in particular circumstances, settings, times, and/or with certain people.

Informal diagnostic assessment for individual students may include teacher-made tests, skill inventories, behavior checklists, daily observations, and student interviews. These assessment measures are used to determine identified students' ability to function in relation to age and grade norms and the degree to which they are comprehending and retaining skills and concepts presented in class. During the assessment it is also important to identify any personal and/or environmental factors that may be inhibiting classroom adjustment and to determine which types of instructional materials and methods seem to be most effective. In addition to academic and behavioral screening procedures, speech, vision, and hearing specialists are routinely involved in screening since most school systems require routine health screenings for all students (Witt, Elliott, Daly, Gresham, & Kramer, 1996). All of these pre-referral assessment procedures are informal and therefore do not fall under the strict regulations mandated by IDEA.

Preschool Screening

Screening measures for preschool-aged children focus on assessing large numbers of children under age 5 in order to identify students who are experiencing developmental delays and require intervention before starting elementary school. Those found during the screening to be at risk are referred for more comprehensive evaluation to determine whether they qualify for early intervention (birth
Figure 1-1  Special Education Services Process Model

- General screening
  - Problem noted
    - Classroom intervention
      - Listening intervention success
      - Refer to IRT
      - Develop accommodation plan
      - Accommodation unsuccessful
        - Refer to MDI
      - Parent consent
        - No further action
        - MED reevaluation
          - Student not eligible for special services
          - Modify/continue previous/and/or interventions; student returns to general education
        - Student found eligible for special services
          - Hold classification conference; make decisions regarding:
            - Type of classification
            - Placement/program
          - Write IEP; place student
          - Annual review (1 year later)
          - Reevaluation (3 years later)
            - Continue classification
              - Change classification
              - Declassify
            - No further action
      - No parent consent
        - Due process proceedings
          - No further action

Teacher/Parent observation
through 2 years) or preschool (3 to 5 years) special education services. Community-based projects, such as Child Find, provide a physical examination, a developmental history attained through parent or guardian interview, vision and hearing acuity testing, and a general overview of children’s cognitive, physical, communicative, social-emotional, and adaptive development. Many school districts use a screening process to evaluate all students entering kindergarten to determine whether they are at risk for developing school learning or adjustment problems. The skill areas included in general preschool assessments include cognitive, adaptive, language/speech, fine and gross motor, self-help, behavioral, and visual and auditory acuity.

When teachers have determined through the screening process that particular students are having difficulty performing within age or grade expectancy levels—whether due to academic, behavioral, communicative, adaptive, fine/gross motor, or social/emotional adjustment problems—they need to initiate intervention procedures. Possible interventions include behavior management systems, curricular and testing modifications, and instructional strategy adaptations.

Information Gathering for the Referral

Before referring the specific student experiencing academic, behavioral, or social-emotional problems to the school’s professional evaluation staff for more comprehensive evaluation, teachers are expected to implement and document pre-referral interventions, specifically, strategies and accommodations used in an attempt to ameliorate the problem. This documentation must clearly state that referred students have not responded sufficiently to the curricular and/or behavior management techniques implemented in the general education classroom (Noll, Kamps, & Seaborn, 1983). The purpose of documenting pre-referral interventions is that they provide the following: (a) useful information to be considered in the comprehensive evaluation of students to determine eligibility and to help in establishing factors that contribute to or alleviate the problem; (b) documentation to parents of the attempts made to deal with the problem in the classroom and further clarify the reason for the teacher’s concern, which is resulting in the referral; and (c) a record of which interventions have or have not been successful and to what degree. It is helpful to keep a record of students’ daily progress that includes the following information:

- Specific concerns you have about the student
- Documentation regarding when (date and time), where (e.g., in the classroom during reading period), and what caused the problem to occur (e.g., while working in small group, cooperative activities)
- Modifications made, strategies used, and interventions put in place to resolve the problem
- Individuals (e.g., professional school staff, teacher assistants, parents, the student’s peers) who have assisted in devising, implementing, and/or monitoring the intervention plan
Reerral and Intervention Teams

Although not mandated in every state, most State Departments of Education are requiring that school districts have a formal process to address and document interventions attempted before students are referred for testing to determine eligibility for classification and special education services. Many states have mandated or recommended that school districts implement a team approach in which teachers, school staff, and parents work together to support the teacher and ultimately help the student. This intervention and referral team (IRT), referred to by various names, (e.g., School Resolution Committee or Pupil Assistance Team), is formed in schools as a systematic collaborative effort to assist general education teachers who are experiencing difficulty in dealing effectively with the at-risk students in their classrooms. The purpose of this team is twofold: (a) to reduce the need for special education services by providing assistance to students in general education classrooms and (b) to decrease the over-identification of students who are experiencing learning and/or behavioral problems in the classroom. Many schools have begun to institute these IRTs, which are generally composed of school administrators (typically principals or their designees), school nurses, guidance counselors, remedial specialists, and several classroom teachers who have experience at various grade levels. The team convenes periodically to discuss the student and the difficulties that the student is experiencing in the general education classroom, to define the key issues, and to suggest remedial strategies and/or accommodations that can be implemented in the general education classroom to ameliorate the student's problems. Progress is closely monitored and reviewed at upcoming IRT meetings as the team continues to track the student and modify recommendations as needed.

IRTs have proven to be productive in several ways. At team meetings, the teacher has the opportunity to share any concerns and frustrations regarding students' academic, behavioral, and social-emotional difficulties in a safe, non-threatening environment. The problems may become clearer and can be prioritized through the sharing process or by discussion and questions among IRT members. During the team meeting, the teacher discusses which instructional, curricular, and environmental modifications have already been attempted and reports on how successful or unsuccessful these modifications have been in alleviating the problem. The team brainstorms ideas, not only on the possible etiology of the problem but, more importantly, on possible solutions. Team members may have experienced similar situations in the past, and they may know about—or have successfully used—innovative remedial strategies. They can share ways that they dealt with the problem and suggest a series of options or services that the referring teacher can try. These suggestions are written into a plan of action.
Figure 1–2  Student Accommodation Plan

Student Accommodation Plan

Name: Jane Doe  Grade: 7th  Date: 7/1/89  Date Of Conference: 7/14/2001

1. Describe the present concerns:
   Difficulty staying on task
   Inattentiveness
   Failure to complete assignments consistently

2. Describe the type of disorder (if known): Attention Deficit Disorder (ADD)

3. List the reasonable accommodations that are necessary:
   Seat moved near teacher's desk
   Workspace cleared
   Modified assignments
   Student study buddy
   Homework assignment book signed

4. Designate in which classes accommodation will be provided: All
   Review/Reassessment date: April 21, 2002

Participants:
   Mrs. Smith  teacher
   Mr. Clark  guidance counselor
   Ms. Black  reading teacher
   Mr. Blank  principal
   Mr. and Mrs. Doe  parents

cc: Student's cumulative file attachment. Information regarding Section 504 of the Rehabilitation Act of 1973
   Attachment: Information regarding Section 504 of the Rehabilitation Act of 1973

which is generally referred to as an accommodation or intervention plan. This plan serves as an outline of recommended strategies and modifications that can be referred to for monitoring purposes (see Figure 1–2 for a sample accommodation plan).

Pre-referral intervention strategies may not always generate the successes anticipated. At times they can result in successful management of the student, thus eliminating the need to initiate the referral process and, ultimately, special education placement (Noll et al., 1995). However, even when the most efficient and effective strategies and accommodations are used, these interventions may not be sufficient to effectively alleviate the problem. The referral process will then be ini-
Provisions of Section 504 of the Vocational Rehabilitation Act

Students who are disabled are classified according to IDEA criteria and are eligible to receive special services. However, many students do not fit the IDEA categories yet may be entitled to special education services and procedural safeguards (Hackola, 1992). Often these students are diagnosed as having “disorders” by professionals (e.g., physicians, private psychologists, psychologists, psychiatrists) who use diagnostic systems such as the Diagnostic and Statistical Manual of the American Psychiatric Association, fourth edition (DSM-IV). Common diagnoses that can affect the learning process but are generally not classifiable categories under IDEA include the following: attention deficit/hyperactivity disorder (AD/HD), depression, epilepsy, dyslexia, orthostatic/severe allergies, diabetes, Tourette’s syndrome, AIDS/HIV, sleep disorders, alcohol and drug dependency problems (if not currently engaging in the illegal use of drugs), mental illness, anorexia, and obesity. Students whose main problem is poor impulse control, antisocial behavior, or poor judgment are not covered under Section 504 unless they have a physical or mental impairment that substantially limits their learning (Yell, 1994). Students who require modifications in the standard program in order to function in school may qualify for services under Section 504 of the Vocational Rehabilitation Act.

Section 504 of the Rehabilitation Act is a civil rights law that protects against discrimination and grants equal access for all. Section 504 affects all students with a physical or mental impairment that substantially limits one or more major life activity (Section 504 of the Rehabilitation Act, 1973). Learning is considered to be a major life activity; therefore, educators are mandated to provide reasonable accommodations for students who are eligible for services according to Section 504 (OCR Senior Staff Memorandum, 1992). All students protected under IDEA are also protected under Section 504; however, all students who are eligible under Section 504 will not necessarily meet the IDEA criteria to be classified. Under Section 504 mandates, accommodations are provided primarily in the general education classroom (Katsiyannis & Conderman, 1994). Although an official list of reasonable accommodations does not exist, the following academic adjustments are noted specifically in the law: a) modifications to the method of instruction, b) extended exam time, c) alternative testing formats, and d) increased time to complete a course (Section 504 of the Rehabilitation Act, 1973). Also, auxiliary aids, such as calculators, tape recorders, word processors and spell checkers may be considered reasonable accommodations (OCR Senior Staff Memorandum, 1992). This law also covers structural and environmental modifications, such as building ramps and widening access doors for students using wheelchairs and furnishing air-conditioned classrooms for students.
with serious allergies. Section 504 protections extend to extracurricular and nonacademic activities (e.g., recess, teams, clubs, sports activities, field trips, graduation ceremonies).

Section 504 has been used increasingly in schools. As they become aware of the opportunities for accommodations, parents and teachers are requesting that students who are experiencing difficulty with the learning process be considered under Section 504. Districts are putting procedures in place to screen students who are brought to their attention. Frequently, RTI review is considered to be the screening option. Students who are eligible for accommodations under section 504 must go through an assessment process in the school to determine what modifications or accommodations they need.

Both IDEA and Section 504 mandate that schools inform parents whether their child is eligible for special services. When parents disagree with the classification of services recommended, or if the school does not provide evaluation or services in a timely or appropriate manner, the complaint becomes a civil issue. If the school is found to be at fault, the district is liable for civil damages and risks losing federal funding. If the school and the parents agree that Section 504 accommodations will be provided to the student, a detailed intervention program and schedule are developed, such as the accommodation plan discussed earlier in this section.

SECTION 2: THE REFERRAL AND CLASSIFICATION PROCESS

Initiation of the Referral Process

When teacher interventions and accommodations have been attempted and documented yet students continue to experience academic, behavioral, and/or social-emotional difficulties that are seriously affecting school progress, a formal referral for evaluation to determine eligibility for classification and special services is made. The referral process is the initial phase in the evaluation procedure that ultimately determines whether the student is eligible for classification and, therefore, qualifies to receive special services. The referral process is generally initiated by the classroom teacher and/or student's parents or guardians, who define their concerns regarding the student's school difficulties.

Referral requests are directed to the school district's professional assessment team, referred to by most states as the multidisciplinary team (MDT). The role of the MDT is to comprehensively evaluate students, to determine eligibility for classification, and to decide on appropriate placement and programming. Referral requests generally lead to evaluation. Although the MDT may review the referral documentation and decide not to conduct an evaluation under either IDEA or Section 504 if there is no reasonable basis to suspect that a disability exists (Gom, 1996). In such cases, the referral problem is judged as not significant enough to warrant consideration for classification, or the MDT feels that insufficient attempts were made at making modifications in the classroom. When the
MOT declines to evaluate a student who was referred due to parental request, the parents must be given written notification that the referral was denied, including the reason for the denial. They must also be informed of their due process rights (OSEP, 1994). Due process may also be initiated at any step in the process, from the referral to the delivery of special services.

Parents who are dissatisfied with the services—or lack of services—that their child is receiving may choose to pursue their due process rights. The due process procedures first involve mediation. Mediation is a process in which the parents/guardian and school district personnel meet to discuss their concerns. At this meeting, a mediator from the State Department of Education tries to help both parties either compromise or agree on a way to resolve the issue. If no resolution is reached, then the next level of intervention is an administrative hearing that involves a court case. An administrative judge hears both sides of the case, including statements from expert witnesses. The judge considers both sides and will make a decision. If a court-ordered evaluation takes place and the student is found to be eligible for special services, the school district may be in violation of IDEA and/or Section 504.

In most cases, referrals will lead to a full MOT evaluation. According to IDEA, informed consent—which means that students' parents/guardians have knowledge of the eligibility, classification, and placement process—are made aware of their due process rights, and have signed a form indicating their permission for the referral process to be initiated. Informed consent must be obtained before the testing process can proceed. As part of the informed consent, referred students' parents/guardians must be notified regarding the reason for the referral (the identified problem). They must also receive documentation indicating the strategies the teacher has attempted to ameliorate the problem before initiating the referral (see Figure 1–3 for a sample referral form). All documentation, including a copy of their due process rights, must be provided in the family's primary language.

Evaluation Procedures

Once the referral form is signed and returned by the parent, the evaluation, eligibility, and placement decision-making process must begin and be completed—

from determining classification to the initiation of special services—within a designated period of time. Although this process must be completed in a timely manner, federal statutes and regulations do not establish a specific time limit, although many states have done so with general timelines ranging from 30 to 120 days (Guerrero & Klara, 1993). The referral process begins with testing by the MOT. The evaluation must include all suspected areas of need, including, when appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities (IDEA Regulations, 1990). An assistive technology evaluation must be conducted, when needed.

The elements of a typical assessment procedure are (a) a psychological evaluation, which includes a standardized aptitude test that measures cognitive
### Multidisciplinary Team Referral

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: John Brown</td>
</tr>
<tr>
<td>Date of Birth: 1/20/90</td>
</tr>
<tr>
<td>Teacher: Mrs. Smith</td>
</tr>
<tr>
<td>Date of Evaluation: 5/27/01</td>
</tr>
<tr>
<td>Age: 10-11 years</td>
</tr>
<tr>
<td>Grade: 5th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Average Grades:</td>
</tr>
<tr>
<td>Standardized Test Scores:</td>
</tr>
<tr>
<td>408 CATS: Reading: 20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>John had transferred to this district at the beginning of the 2000-2001 school year. Records indicate that he had been retained in second grade and his is a history of below-average grades. John has been functioning below average in all studied areas, he has not been completing assignments, and he has been easily frustrated. He was brought to the attention of the School Referral and Intervention Committee during the second marking period of the school year. Interventions were employed but did not prove to be sufficient to ameliorate the problem.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse's Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>John does not wear his prescribed glasses to class. His asthma condition is controlled by medication.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principal's Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>John is in jeopardy of failing all five academic subjects at the third-quarter point of the final marking period. He has not been completing school or homework assignments. He seems to lack motivation, is easily frustrated, and refuses to participate in many class activities. Mr. and Mrs. Brown have been very concerned about their son's poor progress and have requested NDT evaluation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interventions Attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly work with a peer</td>
</tr>
<tr>
<td>Homework assignment paid signed between parents and teacher</td>
</tr>
<tr>
<td>Extended time for tests</td>
</tr>
<tr>
<td>Extra support from the classroom aide</td>
</tr>
<tr>
<td>Modified assignments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principal's signature</th>
</tr>
</thead>
</table>

| Has the parent been advised of the referral to the Child Study Team, and been given a copy of Parental Rights in Special Education? | Yes | No |
|-----------------------------|------------------|
| I, the parent(s) of John Brown, give permission for my son to be evaluated by the NDT. | Parents signature |

Sincerely,

[Signature]

[Name]
functioning, a clinical interview, observations, behavior rating scales, and possibly some form of projective testing that assesses social-emotional and adaptive functioning; (b) a social history, which includes a developmental, medical and educational history and a parent, teacher, and student interview; (c) an educational evaluation, which includes achievement testing and a classroom observation; and (d) a medical evaluation/heath appraisal, which includes a physical examination and visual and auditory acuity testing. The exact assessment procedures and measures used depend on the individual concerns that initiated the referral process. When the student's profile suggests possible traumatic brain injury or central nervous system impairment, a neurological assessment may be completed. In situations where emotional, social, or behavioral problems are evident, a psychiatric evaluation may be suggested. If communication problems are detected, a speech and language evaluation is necessary. When there is evidence of poor fine or gross motor development, an occupational or physical therapy evaluation may be needed. Pupils who have difficulty processing orally presented information often require a central auditory processing evaluation.

The Evaluation Plan

Since the implementation of IDEA-97, the MDT is no longer the sole determinant of which areas are to be tested and which tests will be used in the evaluation process. It is now mandated that parents be included in the development of the evaluation plan. This plan specifies the methods of evaluation—specifically, which tests, interviews, inventories, observations, and reviews will be done, and by which member of the MDT—and what type of other evaluating specialists, if any, will be called on to complete the assessment process (see Figure 1-4 for a sample evaluation plan). When developing the evaluation plan, the following
Figure 1-1 Sample Evaluation Plan

CONFLICTIAL
The information in this report is for use by the professional staff only. It must not be published to or disclosed to any person or agency without prior authority.

Evaluation Plan

The Multidisciplinary Team has met and developed the following evaluation plan for your child. If you have any questions about the evaluation plan, please contact the Case Manager as designated below.

Students Name: Mary White
Date of Birth: 10/20/99
Chronological Age: 12 yrs, 4 mo.
Parent(s) Name(s): Mr. & Mrs. Henry White

REFERRAL INFORMATION
Date of Referral: 3/5/2001
Referral Source: PARMA Making Referral
Summary of Referral Information: Mary has been working below average in all academic subjects.

STUDENT'S NATIVE LANGUAGE AND COMMUNICATION SKILLS

<table>
<thead>
<tr>
<th>Language</th>
<th>Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>X</td>
</tr>
<tr>
<td>Spanish</td>
<td>X</td>
</tr>
<tr>
<td>Sign Language</td>
<td>X</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

Comment on student's communication skills: Satisfactory

INFORMATION/EVALUATIONS TO BE OBTAINED AND PROCEDURES TO BE USED

<table>
<thead>
<tr>
<th>Procedure</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Appraisal</td>
<td></td>
</tr>
<tr>
<td>Psychological Assessments</td>
<td>X</td>
</tr>
<tr>
<td>Educational Assessment</td>
<td></td>
</tr>
<tr>
<td>Social History Assessment</td>
<td></td>
</tr>
<tr>
<td>Speech &amp; Language Assessment</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Evaluation</td>
<td></td>
</tr>
<tr>
<td>Neurological Evaluation</td>
<td></td>
</tr>
<tr>
<td>Otological Assessment</td>
<td></td>
</tr>
<tr>
<td>Ophthalmologic/Optomotoric Evaluation</td>
<td></td>
</tr>
</tbody>
</table>

If other assessment procedures are indicated after review of data gathered, the case manager will notify the parent to explain and gain consent for additional evaluations.

Case Manager: Debra Greene
Date: 3/10/2001
Admin. Evaluator: Debra Merchant

Parent's Name: Mary White
Parent's Address: 123 Main St., Anytown, USA

Case Manager's Signature: Debra Greene

IDEA-97 assessment guidelines must be followed: (a) assessments must be comprehensive and multidisciplinary, (b) assessments must be conducted by individuals trained to administer and interpret tests and other assessment tools used, (c) assessments must be nondiscriminatory and instruments must be free of cultural bias, (d) student performance must be evaluated in a way that takes into account the potential disability, and (e) the rights of students and their parents must be protected during assessment.

IDEA-97 has mandated that certain individuals need to be part of the team that decides whether the student is eligible for classification and what specific classification category is appropriate. This classification team must consist of the following: (a) the referring teacher in the case of the initial evaluation process— or for the annual review or the 3-year reevaluation, the special education teacher (if the student is receiving special education services) and the general education teacher, (b) representative(s) from the MDT or a representative from the school who is knowledgeable about the student’s disabling condition; (c) one or both parents, if the student is a minor; (d) the student, when appropriate; (e) other participants at the discretion of the parents and school personnel. Each member of the classification team has a specific role and function.

Multidisciplinary Team Membership

The psychologist administers and interprets batteries of psychological assessments. A comprehensive psychological evaluation typically consists of several components, including formal and informal testing, clinical interview, and observation. Students’ cognitive functioning is determined through an intelligence test, to obtain a full-scale intelligence quotient (IQ) score comprised of a verbal intelligence score and a nonverbal intelligence score. Two commonly used intelligence tests are the Wechsler Intelligence Scales and the Stanford Binet. Social-emotional status is also assessed in a comprehensive psychological evaluation.

The psychologist determines students’ personal adjustment, whether they are experiencing problems with self-esteem, depression, anxiety, suppressed anger, etc. by means of a clinical interview, observations, checklists, rating scales, and so on. An additional method of assessing psychological status is through projective measures that explore emotional adjustment. Projective measures may include interpreting students’ drawings (e.g., a person, tree, house), having students analyze inkblots or pictures (e.g., the Foreschach Test, the Thematic Apperception Test), or by having students finish a sentence designed to provide insight into their thoughts and feelings. Adaptive/self-help skills are typically ascertained through an interview format. Teachers and parents are questioned regarding students’ ability to deal with change, such as transitions; their ability to care for basic needs; and their work-study, organization, and planning ability. The school psychologist can plan and implement a program of psychological services for students and their families.

The special educator works directly with the family and may serve as a liaison between the home, school, and community. This individual conducts interviews with
The school psychologist administers norm-referenced aptitude tests along with informal assessment measures such as behavior rating scales, adaptive functioning interviews, and observations.

the parents in order to gain a home and community perspective of referred students. The social interview consists of a developmental history, including any pre- or postnatal complications, timelines of developmental milestones, preschool and early school adjustment, significant medical or physical factors (e.g., surgeries, injuries, illnesses), critical family issues and stresses (e.g., parental divorce or separation, job loss, changes in lifestyle), home environmental issues, extracurricular activities, peer influences, home responsibilities, problems apparent in the home, and so forth. Parents may also be asked to share what they view as their child’s strengths or weaknesses and their expectations for their child as an adult. The social worker may also administer adaptive behavior scales that consist of parent interview questions specifically focused on students’ ability to function within their environment. The interaction between the social worker and the family can be critical in establishing and maintaining positive rapport and good communication between home and school. Once a relationship is established, the social worker can be instrumental in assisting the family in working through problems in students’ living situations and community involvement that can affect their overall adjustment and ability to learn.

The educational diagnostician, also referred to as the learning disabilities consultant, is often the specialist who evaluates students’ academic functioning levels. However, in many school systems, the special education teacher administers the educational assessment. As part of the process to determine eligibility for classification and special services, the educational tests administered are gener-
ally standardized and norm-referenced. These tests are used to determine whether students have a discrepancy between their aptitude (IQ) and achievement (academic test standard scores). The academic testing generally includes word recognition and reading comprehension; mathematical calculation and applied problems; written language, including spelling, grammar, and writing samples; general knowledge of science, social studies, and humanities; work-study skills; and perceptual processing abilities (see Figure 1-5 for a sample educational evaluation). The achievement tests commonly used are the Woodcock-Johnson Revised Test of Achievement (WJ-R), the Wechsler Individual Achievement Test (WIAT), and the Kaufman Test of Educational Achievement (K-TEA).

The educational diagnostician can recommend remedial interventions and modifications to teachers and support staff.

The school physician visits the school periodically to conduct a basic physical examination assessing students’ physical development, sensory abilities, medical problems, and central nervous system functioning. When specific medical problems are detected, students are referred to the appropriate specialist. When vision impairments are evident, a referral is made to an ophthalmologist, who specializes in the treatment of conditions affecting the eye. When auditory impairment is suspected, a referral is made to an audiologist, a physician who deals with auditory disorders.

The school nurse is responsible for monitoring students’ general health status and screening sensory and physical problems. The typical nurses’ evaluation consists of visual and auditory acuity screening and weight and height measurements. Nurses can provide pertinent data regarding students’ school attendance, allergies, the frequency of their trips to the nurse’s office for minor accidents (e.g., bruises, cuts), medical complaints (e.g., headaches, stomach pains) or for major accidents (e.g., fall from a tree, head injury). They are knowledgeable about health conditions, including major illnesses (chronic medical conditions such as asthma or progressive diseases like AIDS or cancer). They can also provide explanations of medical records, monitor the effects of pharmacological interventions, check the fit, maintenance, and functioning of prosthetic and adaptive devices, and assist parents in obtaining medical and dental services.

The speech-language therapist is the specialist who evaluates speech and language development and will frequently evaluate for auditory or communication problems. These therapists assess students’ language development, specifically their expressive (speaking) and receptive (understanding) use of words, concepts, sentences, and stories. They check for physiological abnormalities—including atypical use of the muscles of the mouth, tongue, and throat that permit speech—and for unusual speech habits such as breathiness in speaking or noticeable voice strains.

The guidance counselor may provide pertinent information regarding students’ overall adjustment. This team member focuses on students’ social and emotional development, including self-concept, attitudes toward school, social interactions, and family situation.