

The Roman Catholic Diocese of
Nashville

Loving and Proclaiming the Good News of Jesus Christ, Welcoming All!

Catholic Schools

Building Kind Hearts, Strong Minds and Confident Leaders in Faith.

Student Support Manual

“WE AS CHRISTIANS AND CITIZENS ARE CALLED TO A MORE DIVERSE,
WELCOMING, AND INCLUSIVE SOCIETY.” —POPE FRANCIS

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Acknowledgements

The Diocese of Nashville Catholic Schools is committed to providing an exceptional education to all of our students. I am hopeful this manual will be a valuable resource and help support all of the talented and professional educators who touch the lives and teach our students each day.

— Kathy Boles, Director of Exceptional Learners, August 2021

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HIHO Board of Trust and Committee Members

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Karen Buckner

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Elaine Humes

Brittany Meriwether

Gabrielle Nardone

Dr. Becky Savage

Heather Steigerwald



Section 1: Mission and Vision, Catholic Identity and General Information

- HIHO Mission and Vision
- Overview of Hand in Hand Options
- Key Features of Hand in Hand Options for Students with Intellectual and Developmental Disabilities
- Key Features of Hand in Hand Options for Students with Learning Differences, Social Emotional and Behavioral Deficits
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MISSION

Provide an inclusive Catholic education that empowers students with intellectual and developmental disabilities as well as those with learning differences to reach their fullest potential.

VISION

Provide an exceptional faith-based education in all Catholic schools with highly trained educators. All children will have accessibility to a nurturing and fully inclusive culture that celebrates the God given dignity of all, fostering life-long success. Students within the Diocese will gain understanding, appreciation, and joy of all people.

OVERVIEW OF HAND IN HAND OPTIONS

Hand in Hand Options, began in 2004 at Pope John Paul II High School for students with intellectual disabilities and is now in three elementary schools, as well. The initial goal of the HIHO was to make education in a Catholic school community available to students who would not be able to pursue a traditional educational program without intensive special education support.

Students in the Hand in Hand Options benefit from continuing their education in a Catholic community, which provides them with the resources, culture, and environment where they can grow intellectually, spiritually, and morally. The Diocese believes that it is a matter of justice and provides all students with an example of a living Catholic community that places the dignity of the individual and the call to human relationship at the center of the educational experience. Each student's curriculum is driven by his or her individualized goals, which is developed from testing provided by psychologists, speech-language pathologists, occupational therapists, and other professionals. Students receive a mixture of instruction in general education classes, small groups and one-on-one.

Upon finishing the four-year high school program at Pope John Paul II, students enrolled in the Hand in Hand Options Program receive a certificate of completion. Students often choose to participate in vocational training or post-secondary education programs on college campuses after graduation.

In 2020, the position Director of Exceptional Learners was created to work with schools to develop a more cohesive support program throughout the Diocese of Nashville. Now, in addition to serving students with developmental and intellectual disabilities, the Hand In Hand Options mission broadened to strengthen the support for students with learning differences such as dyslexia, ADHD, language deficits, etc. Support varies from school to school, based on available resources, so it is essential testing is completed and shared to ensure student needs can be met. A school representative will work with families to determine the best plan for each student needing support.

Key Features of Hand in Hand Options for Students with Intellectual and Developmental Disabilities

CURRICULUM STRUCTURE: The content of Hand in Hand Options is based on the individual goals of the student and is not contingent upon adherence to the diocesan curriculum standards. Support professionals will provide direct services for Mathematics, Reading, Language, and Study Skills. HIHO students will be immersed in their grade-level classes for the other subject areas and will engage in modified lessons relative to the same content studied by their peer group.

INCLUSION: Students will navigate the school without ongoing and direct support from the support professional. At minimum, HIHO students attend Homeroom, Mass, Religion, Special Area classes, lunch and recess with their grade-level peers. It is important to note that neither aides nor HIHO teachers regularly accompany students to class during these courses. HIHO students will attend grade level field trips with their peers; parents may be required to attend off campus functions with their child, especially in the event of overnight stays.

THERAPY/INTERVENTION: Students needing speech-language, occupational, behavioral, and or physical therapy may be able to access support from the public-school setting; however, if additional interventions are necessary to best assist the student, outside support may be requested at the expense of the family.

PEER BUDDY SYSTEM: Student mentors, grade level peers, are trained to understand the requirements and responsibilities of serving in this capacity and commit to regular meetings throughout the school year. Student mentors must secure the consent of their parent/guardian, a teacher recommendation, and a student mentor contract to be considered for the Peer Buddy Program.

EXTRACURRICULAR ACTIVITIES: Students in the Hand in Hand Options have access to clubs, teams, and activities (tryouts may be required, in some instances). While the HIHO teachers are not required to support students during these activities, they are encouraged to work with activity coordinators to ensure the student is supported as needed.

Key Features of Hand in Hand Options for Students with Learning Differences, Social Emotional and Behavioral Deficits

CURRICULUM STRUCTURE: The content is contingent upon adherence to the diocesan curriculum standards. Students may be provided accommodations, when determined necessary; however, curriculum will not be modified without permission from the Superintendent.

INCLUSION: Students will navigate the school without ongoing and direct support from the support professional. Students may receive support services for Mathematics, Reading, Language, Study Skills, etc. as determined necessary by the Student Support Team.

THERAPY/INTERVENTION: Students needing speech-language, occupational, behavioral, and or physical therapy may be able to access support from the public-school setting; however, if additional interventions are necessary to best assist the student, outside support may be requested at the expense of the family.

History and Introduction of Special Education and Catholic Schools

- There are two laws that relate to children with special needs in American schools. The first, the Rehabilitation Act of 1973, was passed to ensure that public schools make reasonable accommodations for children with health problems or other disabling conditions. This law did not require that a child receive any services – it simply requires that the child be accommodated. If the child cannot be accommodated under this law, then very likely the child needs more than just accommodations, and therefore will qualify as having a disability under the second law, IDEA 2004.
- In 1975, public law 94-142 was passed, mandating that all public schools in America must offer a free and appropriate public education (FAPE) to all children. This was an historic occasion, which more than thirty-five years later has culminated in a clear understanding among the general population that *all* children deserve an education. However, to accomplish this mission, the original law (reauthorized in 1997 and 2004, and now referred to as **IDEA 2004** or **IDEIA 2004 – Individuals with Disabilities Education Improvement Act**), postulated 13 categories of disabling conditions. These disabilities were defined, and *children who met the legal criteria for the definition of a disability were able to obtain special services in school.*
- While such categorization is necessary in a public system to clarify services each student will receive, *there is no necessity for a Catholic school system to utilize the same system.*
- Over time it has become customary to differentiate between children who receive special services under IDEA 2004 and children who receive only accommodations under section 504 of the Rehabilitation Act of 1973. Children who receive services under IDEA 2004 are given a written plan called an Individual Education Program (IEP) if they attend public school. Children who receive accommodations only are given a 504 plan if they receive accommodations under the Rehabilitation Act of 1973.

- *Catholic schools are not required to provide accommodations or services under either of these laws. However, it is useful to understand this information as we work to become a more inclusive diocese.*
- It is important to clarify why children receive accommodations and/or services, and to design structures for delivering these that are equitable and educationally sound.
- It is important that the procedures which a school uses fit well with the practices of other outside agencies, such as the College Boards, so that parents (and older students) can understand commonly used terminology and obtain needed documentation.
- It is useful to identify syndromes, conditions, disorders, delays, etc. common to many children to have a precise professional vocabulary. This enables research to be clearly understood and ensure intervention plans are effectively implemented.
- All educators are strongly encouraged to use the terms “learning difference” or “learning need” whenever possible, and to avoid terms that refer to disabling conditions except when it is necessary to do so for educational clarity.

*The students who struggle in our schools and their parents thank you
for taking time to read this.*

1999 US Bishops Statement



Doctrine and Pastoral Practices

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

From

<http://www.usccb.org/doctrine/disabilities.htm>

Welcome and Justice for Persons with Disabilities

A Framework of Access and Inclusion A Statement of the U.S. Bishops

Twenty years ago we issued a statement calling for inclusion of persons with disabilities in the life of the Church and community. In 1982 the National Catholic Office for Persons with Disabilities was established to promote this ministry. And in 1995 we strengthened our commitment with passage of the *Guidelines for the Celebration of the Sacraments with Persons with Disabilities*.

This moral framework is based upon Catholic documents and serves as a guide for contemplation and action. We hope that the reaffirmation of the following principles will assist the faithful in bringing the principles of justice and inclusion to the many new and evolving challenges confronted by persons with disabilities today.

1. We are a single flock under the care of a single shepherd. There can be no separate Church for persons with disabilities.
2. Each person is created in God's image, yet there are variations in individual abilities. Positive recognition of these differences discourages discrimination and enhances the unity of the Body of Christ.
3. Our defense of life and rejection of the culture of death requires that we acknowledge the dignity and positive contributions of our brothers and sisters with disabilities. We unequivocally oppose negative attitudes toward disability which often lead to abortion, medical rationing, and euthanasia.
4. Defense of the right to life implies the defense of all other rights which enable the individual with the disability to achieve the fullest measure of personal development of which he or she is capable. These include the right to equal opportunity in education, in employment, in housing, and in health care, as well as the right to free access to public accommodations, facilities and services.
5. Parish liturgical celebrations and catechetical programs should be accessible to persons with disabilities and open to their full, active and conscious participation, according to their capacity.
6. Since the parish is the door to participation in the Christian experience, it is the responsibility of both pastors and laity to assure that those doors are always open. Costs must never be the controlling consideration limiting the welcome offered to those among us with disabilities, since provision of access to religious functions is a pastoral duty.
7. We must recognize and appreciate the contribution persons with disabilities can make to the Church's spiritual life, and encourage them to do the Lord's work in the world according to their God-given talents and capacity.
8. We welcome qualified individuals with disabilities to ordination, to consecrated life, and to full-time, professional service in the Church.
9. Often families are not prepared for the birth of a child with a disability or the development of impairments. Our pastoral response is to become informed about disabilities and to offer ongoing support to the family and welcome to the child.
10. Evangelization efforts are most effective when promoted by diocesan staff and parish committees which include persons with disabilities. Where no such evangelization efforts exist, we urge that they be developed.

We join the Holy Father in calling for actions which "ensure that the power of salvation may be shared by all" (John Paul II, *Tertio Millennio Adveniente*, n. 16). Furthermore, we encourage all Catholics to study the original U.S. bishops and Vatican documents from which these principles were drawn.

For consultation and assistance contact:
National Catholic Partnership on Disability 415
Michigan Avenue, NE
Washington, DC 20017-4501
(202) 529-2933 telephone
(202) 529-4678 fax (202) 529-2934 tty
e-mail: ncpd@ncpd.org

NCPD Board Statement on the Provision of Catechetical and Academic Instruction to Catholics with Disabilities

“All persons with disabilities have the capacity to proclaim the Gospel and to be living witnesses to its truth [.]”¹ Christ calls the Church to provide for the spiritual, intellectual, and emotional needs of all her people as they journey toward maturity in the faith. Catechetical and academic instruction are essential components of that journey. Catholics with disabilities are equally entitled with all the faithful to such instruction appropriate to their needs.

Our Gospel values and Church teaching call us to address the catechetical and instructional needs of persons with disabilities within the Catholic community. Often our efforts do not measure up to this calling. Too frequently, children and youth with disabilities are missing from catechetical classes or parochial classrooms. For example, those with unique learning styles or emotional difficulties are often misperceived as posing challenges surpassing the capacity of the faith community to address. Thus, they tend to be excluded from those efforts to foster the education of children and youth that is called for by our Catholic faith. Catechetical programs and parochial classrooms bereft of such individuals are symptomatic of a culture that denies children and youth with disabilities their rightful place within the faith community.

Catechetical programs vastly under serve the needs of adults with disabilities. The U.S. bishops have ranked the catechesis of adults as a priority the Church must address. Only rarely, however, do adults with disabilities receive the attention and tailored catechetical services that will enhance their faith lives. It is imperative that the Church address these needs as it seeks to enrich the parish experience for all its members.

The foundational basis for responding to these needs is a realization that each individual is a unique gift of God to the faith community, imposing responsibilities for nurturing and care that cannot be ignored or minimized. Recognizing each person as a unique gift, NCPD commits to the following:

- To increase awareness of the unique catechetical and academic needs of children and adults with disabilities within diocesan and parish communities.

- To identify and promote best practices that most effectively address such needs.

- To share success stories of parishes and Catholic educational institutions around the country, to demonstrate that progress in this area can be achieved without highly specialized knowledge, extensive training, and significant financial investment;

- To promote catechetical and academic instruction tailored to address unique learning needs through differentiated instruction and other appropriate modifications utilizing adaptation, innovation, and flexibility.

- To demonstrate that providing instruction through a variety of methodologies and delivery systems, rather than following one educational ideology or methodology, best serves the needs of all; and

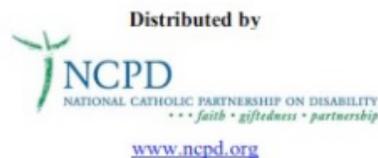
- To advocate that people with disabilities and their families be included in the discussions and decision making to implement these programs and services.

Ultimately, what is essential is a commitment to one body, one baptism, one Church, and one God. When persons with disabilities are excluded from catechetical and academic programs, a piece of the Body of Christ is missing. NCPD is committed to fulfill its mission to make the Body whole by ensuring that Catholics with disabilities receive the catechetical and academic instruction essential for their full and equal membership in the Church community.

Approved

NCPD Board of Directors

May 14, 2010



Called to Inclusion

As Catholic educators we are called to inclusion. This timeline outlines inclusion efforts promoted by the Church over the past six decades and outlines for us a call to action.



1965

Gravissimum Educationis promulgated by Pope Paul VI, "All children, in virtue of their dignity as human persons, have an inalienable right to education, adapted to their ability."

1978

NCCB issued a Pastoral Statement on the Inclusion of Persons with Disabilities calling "for a broader integration of persons with disabilities into the full life of the Church."

1982

Establishment of the National Catholic Partnership on Disability to implement the 1978 Pastoral Statement in parishes and dioceses throughout the United States.

1988

US Catholic Bishops reaffirm the 1978 Pastoral Statement "call to fully and actively participate in the sacramental life of the Church."

2004

Pope John Paul II - "... Integration must become an attitude and a culture..." Apostolic Letter for the 40th Anniversary of Spiritus et Spansa

1998

USCCB Publication - A Welcome and Justice for Persons with Disabilities highlights "there can be no separate Church for persons with disabilities."

1995

Guidelines for the Celebration of the Sacraments for Persons with Disabilities provides guidance on "providing fuller access to the sacraments."

2005

USCCB publication - National Directory of Catechesis as a Companion to the General Directory for Catechesis: "They [persons with disabilities] are not just the recipients of catechesis - they are also its agents" (par. 49).

2008

Pope Benedict XVI - "No child should be denied his or her right to an education in faith, which in turn nurtures the soul of a nation." Pope Benedict's Address to Catholic Educators at CUA

2015

Pope Francis - "... I called for inclusive education which makes room for everyone and avoids elitism in selecting the beneficiaries of its commitment." Pope Francis' Address to the Association of Catholic School Parents in Italy

2017

Seven Themes of Catholic Social Teaching @ www.USCCB.org



 **NCEA.**
National Catholic Educational Association

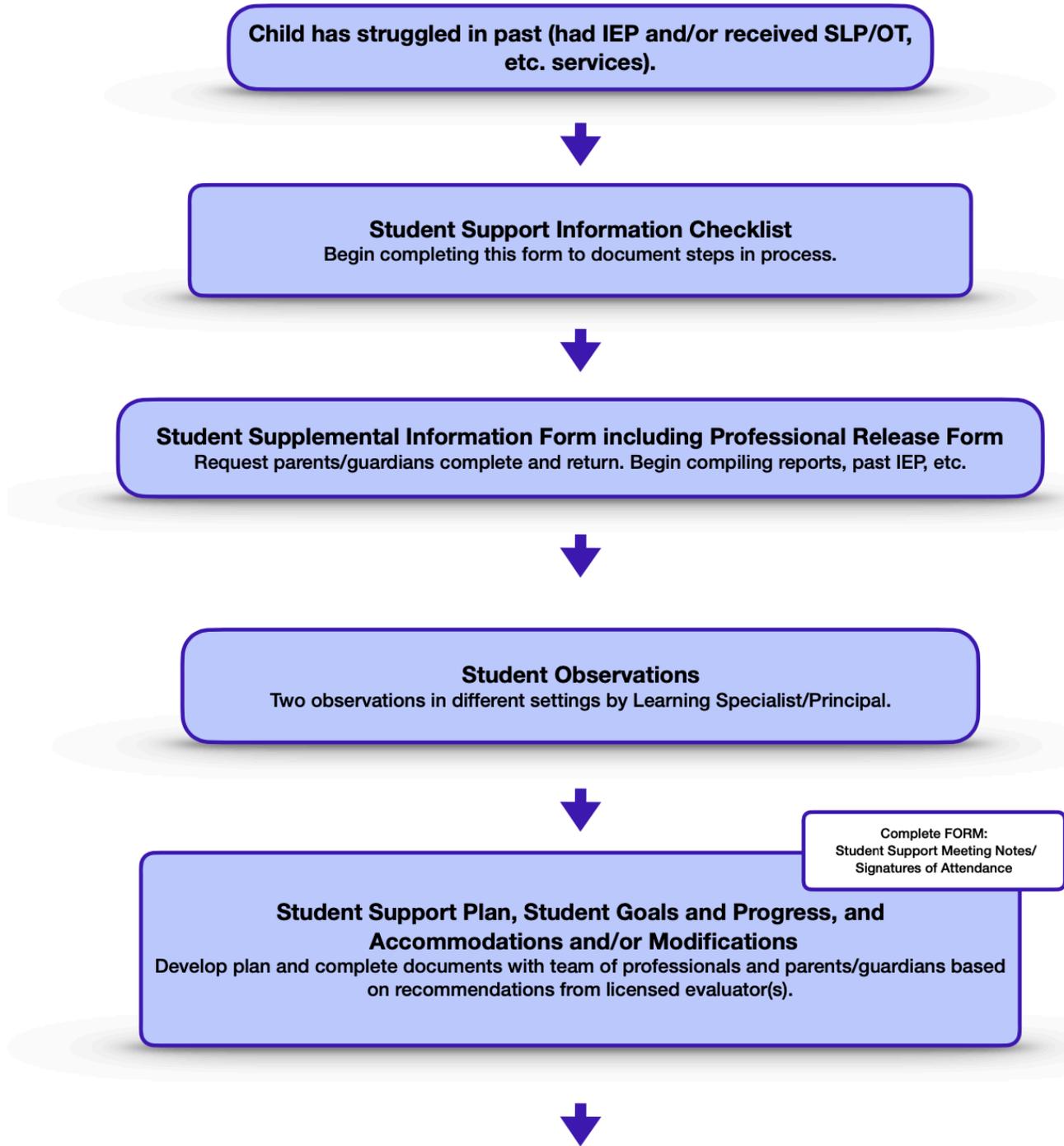


Section 2: Applicants - Student Support Process

- Applicant Student Support Process Flowchart
- Important Information about Student Support Plan
- Procedural Guidelines and Student Support Process for Applicants
- Student Support Information Checklist - Applicant
- Student Supplemental Information Form (includes Professional Release Form)
- Student Observation Form
- Student Support Plan - General
- Student Support Plan – Goals and Progress
- Accommodations Form
- Modifications Form
- Student Support Meeting Notes/Signatures of Attendance



Applicant Student Support Process Flowchart





Meet with Parents/Guardians
Share Student Support Plan, Student Goals and Progress, and Accommodations and/or Modifications

Complete FORM:
Student Support Meeting Notes/
Signatures of Attendance



Student Support Plan: Goals and Progress
Progress to be updated 3 times per year, recorded on form and shared with parents.

Complete FORM:
Student Support Meeting Notes/
Signatures of Attendance

Student Support Plan (SSP)

In the public school system, students receive an Individualized Education Program (IEP) if they are found to qualify for services by having a disability that impacts their educational progress, and which requires not only accommodations, but possibly modifications, special support services (such as occupational therapy), and specialized instructional methods as well.

The SSP is an appropriate document when a Catholic school desires to provide specific modifications, support services, and instructional methods for children who have a diagnosed disability and is equipped to do so.

Some schools can offer few resources such as specialized instructional methods or support services. There may not be a person on staff who is trained to plan for individualized educational needs. Therefore, it will be more difficult for some schools to consider writing an SSP than for others.

An important part of welcoming all children to Catholic schools will involve creatively using the resources we have and working as a school community to secure more resources for more children. It is important to balance this desire with the expectation that plans that are put in place for children are professionally done and have a reasonable expectation of success. This will most likely be a teacher with a degree (or certification) in special education, learning disabilities, or inclusion; or a psychologist with a degree (or certification) in educational or school psychology.

It is important that parents understand that an SSP is not equivalent to an IEP.

Please note that the SSP form is only to be used when the school has at least one professional available who has professional training and expertise in writing specialized educational plans for children.

Schools that desire to write an SSP for a child, but do not have the above resources, should contact the Director of Exceptional Learners in the Catholic Schools Office for assistance.

The SSP is to be designed and monitored only by qualified professionals.

At the minimum:

- A team approach should be used
- Parents must understand the difference between an SSP and an IEP
- Goals must be carefully written
- Goals must clear and measurable
- Goals must be written with baseline data from the child's present level of achievement and performance
- Follow-up is to be clearly delineated as to who will monitor the child's progress, and when this will occur

Writing Measurable Goals

- Collect baseline data to address present levels of performance (what the student is doing now)
- Determine skills and behaviors to be targeted
- Define the observable behavior that will change
- Establish how performance will be measured (duration, frequency, speed, interval)
- Write the goal
- Monitor and evaluate



Student Support Process for APPLICANTS

PROCEDURAL GUIDELINES

- Every school should have a **designated person** for students needing support (Student Support Representative).
- When meeting with parents:
 - Assign a recorder to document discussion and have everyone in attendance sign the **Student Support Meeting Notes/ Signatures of Attendance sheet**.
 - Assign a timekeeper.
- Provide staff training on the student support process. Consult with the Director of Exceptional Learners if you need assistance with the training.
- Remember: if any tests outside those given in general screening are suggested, the team must get written parental consent (example Woodcock-Johnson or Kaufman).
- Make sure the interventions selected are possible within the school setting and are measurable.
- Establish a specific time period for interventions to be implemented and reviewed.
- Assign responsibilities and timelines.
- DOCUMENT EVERYTHING.

STUDENT SUPPORT PROCESS FOR NEW APPLICANTS

1. Begin a student support services folder using the **Student Support Information Checklist**.
2. If parents indicate on the school application their child has an IEP or received SLP, OT, etc. services, have parents complete the **Student Supplemental Information form**.
3. Obtain a copy of the IEP, if applicable.
4. Obtain a copy of report/s (OT, SLP, Psych-Ed, etc.), if applicable.
5. Review all information to determine if needs can be met.

6. If more information is needed:
 - Contact professionals (listed on the **Student Supplemental Information form**) to gain additional insight and information.
 - Complete an observation in the school setting and document using the **Student Observation Form** (preferably two observations in different settings).
7. If it is determined that a student will be enrolled in your school and a plan will be needed based on appropriate testing, begin to develop the **Student Support Plan**, including the **Student Goals and Progress form**. Complete the **Accommodations and/or Modifications forms**.
 - Note: *A student may need multiple goals. Both pages of the Student Support Plan: Goals and Progress form should be completed for each goal.*
8. Schedule meeting with parents to finalize the **Student Support Plan including Student Goals and Progress form** and **Accommodations and/or Modifications form** (**All teachers working with student should have a copy of the Accommodations and/or Modifications form.**). *When meeting with parents, have everyone in attendance sign the Student Support Meeting Notes/_Signatures of Attendance sheet.*
9. Update progress information quarterly on **Student Goals and Progress form**.



Student Support Information Checklist - Applicant

Student Name: _____ Date: _____

D.O.B.: _____ Grade: _____ Current School: _____

Date of most recent testing: _____ Re-evaluation date: _____

Diagnosis 1: _____ Diagnosis 2: _____ Diagnosis 3: _____

<i>Task</i>	<i>Initial/Date</i>	<i>Comments</i>
Student Supplemental Information Form		
Full Psych Ed		
Speech/Language Report		
OT Report		
PT Report		
ABA/Behavioral Specialist		
Professional Communication #1:		
Professional Communication #2:		
Professional Communication #3:		
IEP		
Teacher Recommendation		
Schedule Visit		
Medical Professional		
Student Support Plan (if Catholic School Transfer)		



Student Supplemental Information

(To Be Completed by Parents)

Student Name _____ DOB _____

Family History

Please share information about the support/ intervention your child has received, if any. **If evaluations have been completed, please provide a copy of the report.**

At what age did you suspect your child may need intervention? _____

What indicators did you see? _____

Is there a family history of learning differences? If yes, please explain.

Is your child adopted? ____ If yes, does he/she know? _____

Have there been any important events (e.g. moving, divorce, accidents, illness, deaths) in your family that have affected your child? If yes, how do they affect your child now?

Medical History

What operations, accidents, illnesses and/or hospitalizations has your child had and at what age? Please describe the circumstances.

Does your child have any chronic conditions (e.g. allergies, asthma, epilepsy)? _____

Is your child on medication currently? _____ If yes, what medication and what is the reason for use? _____

Does your child have a history of high fevers and/or seizures? If so, please describe: _____

Does your child have a history of ear and/or respiratory infections? If yes, please describe.

Physical Development

At what age did your child do the following:

Walk? _____ Talk? _____ Stand? _____ Tie shoes? _____ Ride a bike? _____ Toilet Trained? _____

What are your child's sleeping habits? What difficulties do you encounter, if any?

What are your child's present eating habits? What difficulties do you encounter, if any?

What was your child like as a toddler? For instance, was he/she quiet, easy-going, clingy, independent, impulsive, enthusiastic, defiant, negative?

What was your child's reaction to his/her first school and/or daycare experience? Did he/she have a hard time separating at the beginning?

Language Development

At what age did your child say his/her first words? _____

At what age did your child begin combining 2 and 3 words together? _____

Does your child have difficulty organizing and expressing his/her ideas? _____

Can he/she retell a story in logical order? _____

Other than English, are there other languages spoken at home? If so, which language/s and by whom? _____

Social Development

What is your child like at home? Please include your child's activity level and relationship with siblings.

Are your child's friends the same age, older or younger? _____

How does he/she generally get along with friends?

What are your child's interests, skills, hobbies?

What sports does your child play, if any?

Describe any counseling your child has received or is receiving:

Academic Development

Academic strengths of your child:

Academic needs of your child, such as difficulties reading, math, and/or language:

Study and work habits of your child:

Describe how your child manages obstacles/challenges. Does he/she persevere? Give up easily?

Describe the organizational skills of your child:

Please briefly describe any particular circumstances which may have affected your child's record in school, including but not limited to: attention or behavior difficulties, medical needs, hospitalizations and frequent changes of school. Please include dates when possible.

In what ways would you most like to see your child develop during his/her year in the Diocese of Nashville Catholic Schools?

Professional Reference Release of Information

Parent/Guardian: Please complete this form by listing professional providers and their contact information below. Professional providers can include a classroom teacher from another school, educational tutor, speech language pathologist, psychologist, counselor, etc. Please indicate the services provided by each reference listed.

Student Name: _____ **Date of Birth:** _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Your signature gives (school name) _____

Staff permission to contact via phone, email, fax and/or written request for release of transcripts, teacher reports, evaluations, standardized testing, and all other information pertaining to the educational, physical and emotional status of my child.

Signature Date

Signature Date



Student Support Information Checklist - Applicant

Student Name: _____ Date: _____

D.O.B.: _____ Grade: _____ Current School: _____

Date of most recent testing: _____ Re-evaluation date: _____

Diagnosis 1: _____ Diagnosis 2: _____ Diagnosis 3: _____

<i>Task</i>	<i>Initial/Date</i>	<i>Comments</i>
Student Supplemental Information Form		
Full Psych Ed		
Speech/Language Report		
OT Report		
PT Report		
ABA/Behavioral Specialist		
Professional Communication #1:		
Professional Communication #2:		
Professional Communication #3:		
IEP		
Teacher Recommendation		
Schedule Visit		
Medical Professional		
Student Support Plan (if Catholic School Transfer)		



Student Support Plan: General

School Year: _____

Student Name: _____ D.O.B.: _____

School: _____ Grade: _____ Meeting Date: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

Evaluation Date: _____ Evaluator: _____

Date of Re-evaluation: _____ Support Team Manager: _____

Speech/Language Evaluation Y/N If yes, Therapist: _____

OT Evaluation Y/N If yes, Therapist: _____

Additional Information (title services/tutoring/counseling/etc.): _____

Student strengths/ways to implement during the school year:



Student Support Plan: Student Goal/s and Progress

Please add additional goals as needed. Complete both pages of this document for each goal.

Student Name:
Content Area:
Person(s) responsible for implementing goals on this page:
Annual Goal:
Methods/Materials:
Parent Contributions:

Short Term Objectives/Benchmarks	Start Date	Criteria for Mastery	Methods of Evaluation	End Date



Student Support Plan: Student Goals and Progress, Cont.

Student Progress and Recommendations:

November:

February:

May:

For Catholic Schools supports only and may not allow services beyond the Catholic school environment.

Page _____ of _____



Accommodations

Student:
School Year:
Date:

Check all that apply.

ACADEMICS:	ORGANIZATION:
Extra time to complete assignments	Peer help with organizational skills
Directions given orally/in writing	Sending home daily/weekly progress notes
Provide multi-sensory hands-on Instructional activities	Teacher and parent initial homework/ Assignments
Shorten length of assignments	Provide homework assignment notebook
Divide assignments into steps	RESPONSE TO BEHAVIOR:
Use concrete manipulatives	Praising specific behaviors
Use visual aides	Cueing student to stay on task
Use highlighted texts	Classroom behavior management system
Use graphic organizers/study guides	Keep classroom rules simple and clear
Use calculator	Allow time out of seat to run errands
Grammar, spelling, punctuation errors not evaluated	Contracting with student – Individual Behavior Plan
Allow someone to write answers for student	OTHER:
Not grading handwriting	1-to-1 instruction for specific goals
Shorten requirements	Projects in place of assignment
Minimize memory demands	Individual learning center
Vocabulary list prior to lessons	Credit for class participation
Repetition of explanation: practice	Use study carrel when needed
Provide copies of material copied from board	Preferential seating (describe):
Provide copies of notes from classmate	
Have students repeat directions	
Use index cards etc. to track while reading	
Use highlighter to focus on directions/examples	OTHER: (Please Describe)
TESTING:	
Extra time to complete tests and quizzes (if checked, please explain):	
Tests given/taken orally with reading assistance, computer	
Shorten tests (if multiple, similar questions)	
One-on-one testing	
Assess via portfolio	
Take test in smaller setting	
Use word bank	
Retake tests below ____ % (specify)	
Provide essay questions in advance	



Modifications:

Modifications change, reduce, or lower the learning expectation. They alter what is to be learned. Modifications involve substantive changes to: the curriculum a child studies; the way a child is assessed; the type of instructional techniques used to teach the child critical skills such as reading, writing, or mathematics. The purpose of modifications is to allow children who have a specific disability or specialized educational needs an opportunity to receive necessary therapeutic or educational interventions in order to master critical skills.

NOTE: Students receiving modifications will also receive accommodations. However, students only receiving accommodations will not receive modifications.

Check all that apply. Please list additional modifications in the table below.

Ability Level Math.		
Ability Level Language Arts		
Ability Level Science		
Ability Level Social Studies		
Ability Level Spelling		
Reduce the number of multiple-choice options and simplify language		
Select standards assessed		
Audio version of novel or similar text at a lower reading level		
Verbal responses or outline in lieu of writing essay		

In attendance at the meeting:

1. Name: _____ Signature: _____

Title: _____

2. Name: _____ Signature: _____

Title: _____

3. Name: _____ Signature: _____

Title: _____

4. Name: _____ Signature: _____

Title: _____

5. Name: _____ Signature: _____

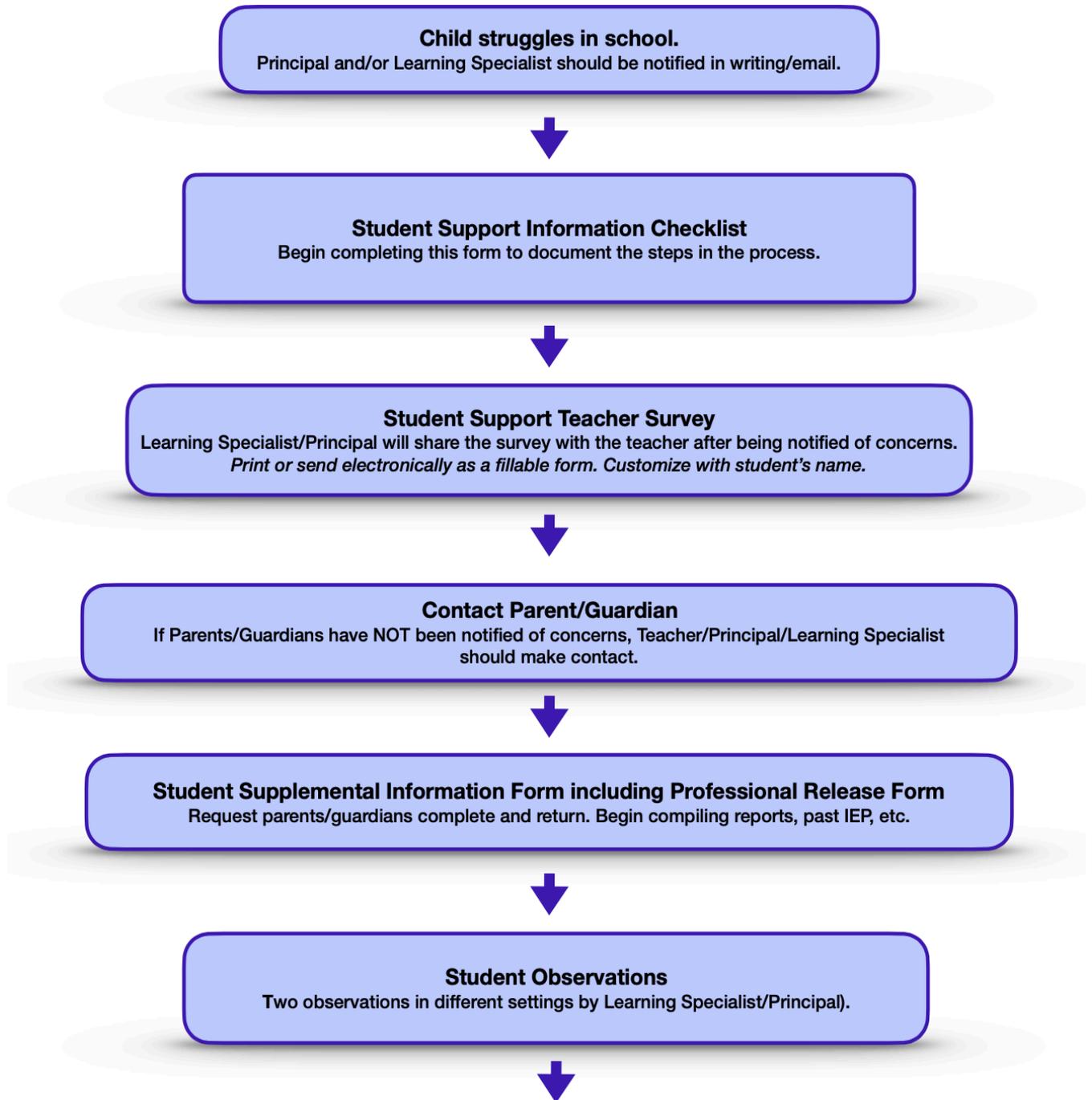
Title: _____



Section 3: Current Students - Student Support Process

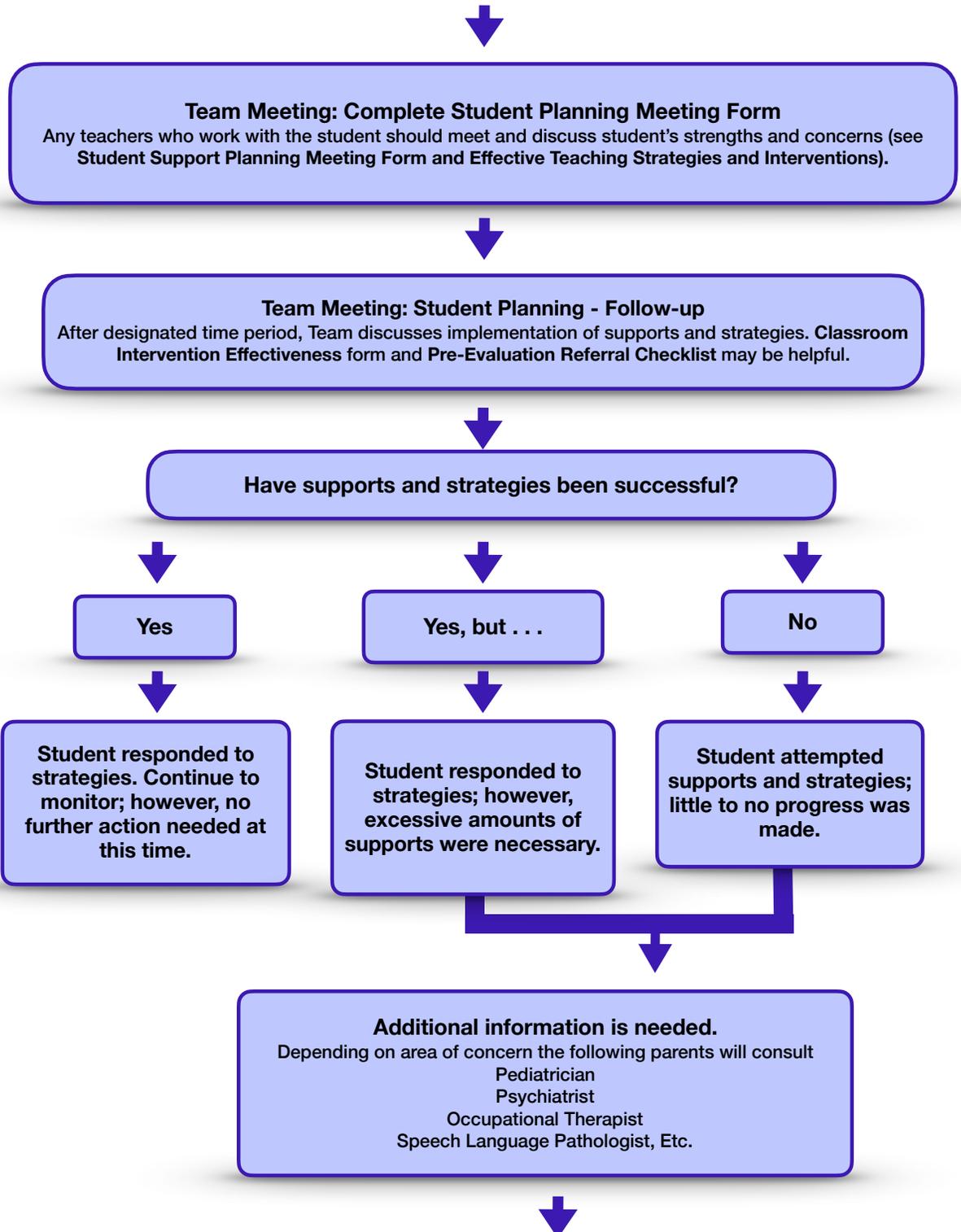
- Current Student Support Process Flowchart
- Important Information about Student Support Plan
- Important Information about Student Intervention Plan
- Procedural Guidelines and Student Support Process for Current Students
- Student Support Teacher Survey
- Student Support Information Checklist – Current Student
- Student Supplemental Information Form (includes Professional Release form)
- Student Observation Form
- Student Support Planning Meeting Form
- Effective Teaching Strategies and Interventions
- Classroom Intervention Effectiveness
- Pre-Evaluation Referral Checklist
- Student Intervention Plan (*if student does not have diagnosis required for Student Support Plan*)
- Student Intervention Tracking Form
- Student Support Plan - General
- Student Support Plan - Goals and Progress
- Accommodations Form
- Modifications Form
- Student Support Meeting Notes/Signatures of Attendance

Current Student Support Process Flowchart

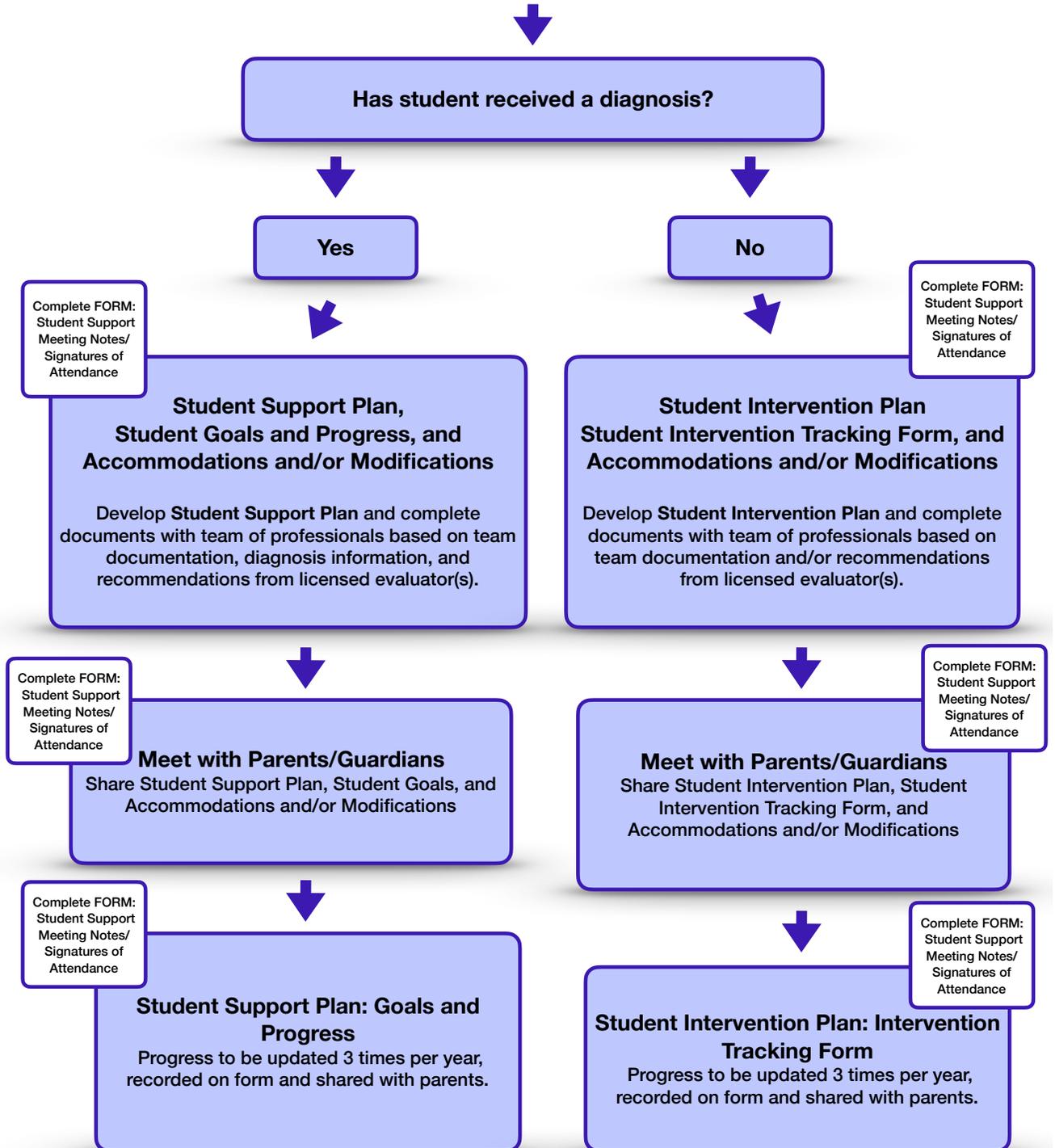




Current Student Support Process Flowchart



Current Student Support Process Flowchart



Student Support Plan (SSP)

In the public school system, students receive an Individualized Education Program (IEP) if they are found to qualify for services by having a disability that impacts their educational progress, and which requires not only accommodations, but possibly modifications, special support services (such as occupational therapy), and specialized instructional methods as well.

The SSP is an appropriate document when a Catholic school desires to provide specific modifications, support services, and instructional methods for children who have a diagnosed disability and is equipped to do so.

Some schools can offer few resources such as specialized instructional methods or support services. There may not be a person on staff who is trained to plan for individualized educational needs. Therefore, it will be more difficult for some schools to consider writing an SSP than for others.

An important part of welcoming all children to Catholic schools will involve creatively using the resources we have and working as a school community to secure more resources for more children. It is important to balance this desire with the expectation that plans that are put in place for children are professionally done and have a reasonable expectation of success. This will most likely be a teacher with a degree (or certification) in special education, learning disabilities, or inclusion; or a psychologist with a degree (or certification) in educational or school psychology.

It is important that parents understand that an SSP is not equivalent to an IEP.

Please note that the SSP form is only to be used when the school has at least one professional available who has professional training and expertise in writing specialized educational plans for children.

Schools that desire to write an SSP for a child, but do not have the above resources, should contact the Director of Exceptional Learners in the Catholic Schools Office for assistance.

The SSP is to be designed and monitored only by qualified professionals.

At the minimum:

- A team approach should be used
- Parents must understand the difference between an SSP and an IEP
- Goals must be carefully written
- Goals must clear and measurable
- Goals must be written with baseline data from the child's present level of achievement and performance
- Follow-up is to be clearly delineated as to who will monitor the child's progress, and when this will occur

Writing Measurable Goals

- Collect baseline data to address present levels of performance (what the student is doing now)
- Determine skills and behaviors to be targeted
- Define the observable behavior that will change
- Establish how performance will be measured (duration, frequency, speed, interval)
- Write the goal
- Monitor and evaluate

Student Intervention Plan (SIP)

The Student Intervention Plan (SIP) is meant to be similar to the 504 plan that a student would receive if s/he were being educated in a public school. It is meant to document supports a student receives yet does not have a diagnosed learning disability (prior to testing or following testing).

When writing a SIP plan:

- Use a team approach A team approach allows critical input from people who will look at the child's needs from a variety of perspectives. Team members could include but are not limited to:
 - parent(s)
 - learning specialist/support teacher
 - counselor
 - classroom teacher
 - assistant principal and/or principal
- At the minimum, a planning meeting needs to be held with the child's parents.
- The parents need to understand that this plan is for Catholic school supports only and may not allow services beyond the Catholic school environment.
- The parents need to understand why the recommendation for specific support/accommodations are being made.
- A clear timeline for review of each support/accommodation must be in place to be certain the desired outcomes are being made.
- Provide parents contact information should they have questions or concerns about the implementation of the support/accommodations (learning specialist, counselor, principal, or designated teacher who is given this responsibility).
- Documentation of why the support/accommodations are being given at this time are necessary.



Student Support Process for CURRENT STUDENTS

PROCEDURAL GUIDELINES

- Every school should have a **designated person** for students needing support (Student Support Representative).
- When meeting with parents:
 - Assign a recorder to document discussion and have everyone in attendance sign the **Student Support Meeting Notes/ Signatures of Attendance sheet**.
 - Assign a timekeeper.
- Provide staff training on the student support process. Consult with the Director of Exceptional Learners if you need assistance with the training.
- Remember: if any tests outside those given in general screening are suggested, the team must get written parental consent (example Woodcock-Johnson or Kaufman).
- Make sure the interventions selected are possible within the school setting and are measurable.
- Establish a specific time period for interventions to be implemented and reviewed.
- Assign responsibilities and timelines.
- DOCUMENT EVERYTHING.

STUDENT SUPPORT PROCESS FOR CURRENT STUDENTS

1. When a teacher identifies a student is struggling academically/socially/behaviorally, request that the teacher notify you in writing/email. Once notified, send a copy of the **Student Support Teacher Survey** fillable form. You may also print a hard copy.
2. Begin a student support services folder using the **Student Support Information Checklist**.
3. After reviewing the teacher survey results and it is determined a potential support plan is necessary, parents should be contacted and asked to complete the **Student Supplemental Information form**.
4. Obtain a copy of past IEP if applicable.
5. Obtain a copy of any past report/s (OT, SLP, Psych-Ed, etc.), if applicable.
6. Complete **Student Observation Form** (two observations in different settings).

7. Schedule a student planning meeting with all professionals working with the student. Discuss survey results. Complete the **Student Support Meeting Planning form**. Consider the following: **Effective Teaching Strategies and Interventions**.
8. After a designated amount of time, reconvene with the team to determine effectiveness of strategies and interventions. The **Classroom Intervention Effectiveness** document may be helpful in this process.
 - If the strategies and interventions are deemed successful, determine if testing is necessary (Is a student plan needed? Or are program changes general and available to all?). If a plan is needed to continue, evaluation will be recommended.
 - If the strategies and interventions are not deemed successful, evaluation will be recommended. The **Pre-Evaluation Referral Checklist** may be helpful in making this determination.
9. Contact the parents to schedule a meeting to discuss strategies used and the result of program accommodations and/or modifications made. Following the sharing of information with parents, recommendations will be made (ex. evaluation, such as a psychoeducational, speech-language, OT, social emotional, etc. by an outside professional). Be sure to take notes. *When meeting with parents, have everyone in attendance sign this **Student Support Meeting Notes/ Signatures of Attendance sheet**.*
10. If it is deemed necessary for the student to be evaluated, request any reports from professionals as soon as the information has been made available.
11. Once reviewed, determine if student needs a **Student Support Plan** (received diagnosis) or **Student Intervention Plan** (no diagnosis, yet need for support).
12. Begin to develop a **Student Support Plan OR a Student Intervention Plan**.
13. Finalize:
 - **Student Support Plan**, which should include **Student Goals and Progress form**, and **Accommodations and/or Modifications forms**

OR

 - **Student Intervention Plan** which should include **Student Intervention Tracking Form** and **Accommodations and/or Modifications form**.

Note: Upon completion, all teachers working with student should be made aware of plan.
14. Update progress information quarterly on **Student Support Plan - Goals and Progress form OR Student Intervention Plan Tracking Form**.

Student Support: Teacher Survey

Please fill out the form as thoroughly as possible.

***Required**

Your Email* _____

Student Name* _____ **Grade Level*** _____

Requested By* _____ **Date Submitted*** _____

Please fill out the steps you have already taken. Opportunities for description will follow.

- Have you spoken to the student about your concerns? * Yes No

Please give a brief description of the conversations and the dates: *

- Have you spoken to the student's parents/guardians about your concerns? *

- Yes, by email
- Yes, by phone
- Yes, face-to-face
- No

- Please give a brief description of the conversations and the dates: *

- What specific interventions have you already tried with this student: *

- What were the outcomes of these actions? *

Please note any data collected to support your concerns (grades, observations, specific incidents, assessments, etc.) *

Level of concern: *

Monitor 1 2 3 4 5 Urgent

Please circle all that apply related to ACADEMIC CONCERNS *

- Low quiz/test score
- Currently failing
- Poor work quality
- Not responsive to suggestions for help
- Requests helps, but still struggling
- Does not take notes
- Work turned in is incomplete
- Difficulty following directions
- Inability to organize or loses materials/assignments
- Struggles with attention to detail/careless mistakes
- Becomes anxious before, during, and/or after tests
- Does not willingly participate in class
- Difficulty answering when called upon
- Makes many errors reading aloud or reads aloud slowly
- Struggles to summarize passages or text
- Very poor handwriting
- Difficulty with tasks requiring memorization
- Difficulty with multi-step directions and tasks

- Counts on fingers
- Needs calculator for basic facts
- NO ACADEMIC CONCERNS

Please list any additional academic concerns not listed above:

Please circle all that apply related to BEHAVIORAL CONCERNS *

- Extremely talkative (often off-topic, extra tangential information)
- Hyperactive/impulsive
- Disruptive
- Easily distracted
- Blurts out answers/interrupts
- Constantly fidgets/ “taps” on desk
- Daydreams/does not seem to pay attention
- Falls asleep in class
- Defiant with authority
- Verbal abuse to others
- Verbal abuse to self
- Threatens violence
- Uses obscene language
- Mood swings/easily angered
- Bullies other students
- Isolates self, cries in class, puts head down, irritable

- Writes concerning notes
- Needy/clingy
- Doesn't work independently
- NO BEHAVIORAL CONCERNS

Please list any additional behavioral concerns not listed above:

Please circle all that apply related to SOCIAL/EMOTIONAL CONCERNS *

- Overreacts
- Change of friends
- Inappropriate affection
- Appetite change
- Withdrawal
- Irritability
- Excessive crying
- Change in activities
- Defensive
- Does not notice social cues
- NO SOCIAL/EMOTIONAL CONCERNS

Please list any additional social/emotional concerns not listed above:

Please circle all that apply related to PHYSICAL CONCERNS *

- Poor hygiene
- Poor coordination
- Drowsiness/slurring
- Glassy/bloodshot eyes
- Bruises
- Weight increase
- Weight decrease
- Smells of alcohol/marijuana
- Decreased athletic performance
- Complains of headaches
- Frequently sick
- Dressed inappropriately for weather (no coat, long sleeves in heat, etc.)
- NO PHYSICAL CONCERNS

Please list any additional physical concerns not listed above:

Please circle all that apply related to FAMILY CONCERNS *

- Discusses abuse
- Anger at parents
- Suffered recent loss
- Takes care of sibling daily
- NO FAMILY CONCERN

Please list any additional family concerns not listed above:



Student Information Checklist - Current Student

Student Name: _____ Date: _____

D.O.B.: _____ Grade: _____ Current School: _____

Date of most recent testing: _____ Re-evaluation date: _____

Diagnosis 1: _____ Diagnosis 2: _____ Diagnosis 3: _____

<i>Task</i>	<i>Initial/Date</i>	<i>Comments</i>
Student Supplemental Information Form		
Student Support Teacher Survey		
Full Psych Ed		
Speech/Language Report		
OT Report		
PT Report		
ABA/Behavioral Specialist		
Professional Communication #1		
Professional Communication #2		
Professional Communication #3		
IEP		
Teacher Recommendation		
Medical Professional		
Student Support Plan (if Catholic School transfer)		



Student Supplemental Information

(To Be Completed by Parents)

Student Name _____ DOB _____

Family History

Please share information about the support/ intervention your child has received, if any. **If evaluations have been completed, please provide a copy of the report.**

At what age did you suspect your child may need intervention? _____

What indicators did you see? _____

Is there a family history of learning differences? If yes, please explain.

Is your child adopted? ____ If yes, does he/she know? _____

Have there been any important events (e.g. moving, divorce, accidents, illness, deaths) in your family that have affected your child? If yes, how do they affect your child now?

Medical History

What operations, accidents, illnesses and/or hospitalizations has your child had and at what age? Please describe the circumstances.

Does your child have any chronic conditions (e.g. allergies, asthma, epilepsy)? _____

Is your child on medication currently? _____ If yes, what medication and what is the reason for use? _____

Does your child have a history of high fevers and/or seizures? If so, please describe: _____

Does your child have a history of ear and/or respiratory infections? If yes, please describe.

Physical Development

At what age did your child do the following:

Walk? _____ Talk? _____ Stand? _____ Tie shoes? _____ Ride a bike? _____ Toilet Trained? _____

What are your child's sleeping habits? What difficulties do you encounter, if any?

What are your child's present eating habits? What difficulties do you encounter, if any?

What was your child like as a toddler? For instance, was he/she quiet, easy-going, clingy, independent, impulsive, enthusiastic, defiant, negative?

What was your child's reaction to his/her first school and/or daycare experience? Did he/she have a hard time separating at the beginning?

Language Development

At what age did your child say his/her first words? _____

At what age did your child begin combining 2 and 3 words together? _____

Does your child have difficulty organizing and expressing his/her ideas? _____

Can he/she retell a story in logical order? _____

Other than English, are there other languages spoken at home? If so, which language/s and by whom? _____

Social Development

What is your child like at home? Please include your child's activity level and relationship with siblings.

Are your child's friends the same age, older or younger? _____

How does he/she generally get along with friends?

What are your child's interests, skills, hobbies?

What sports does your child play, if any?

Describe any counseling your child has received or is receiving:

Academic Development

Academic strengths of your child:

Academic needs of your child, such as difficulties reading, math, and/or language:

Study and work habits of your child:

Describe how your child manages obstacles/challenges. Does he/she persevere? Give up easily?

Describe the organizational skills of your child:

Please briefly describe any particular circumstances which may have affected your child's record in school, including but not limited to: attention or behavior difficulties, medical needs, hospitalizations and frequent changes of school. Please include dates when possible.

In what ways would you most like to see your child develop during his/her year in the Diocese of Nashville Catholic Schools?

Professional Reference Release of Information

Parent/Guardian: Please complete this form by listing professional providers and their contact information below. Professional providers can include a classroom teacher from another school, educational tutor, speech language pathologist, psychologist, counselor, etc. Please indicate the services provided by each reference listed.

Student Name: _____ **Date of Birth:** _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Professional Provider:

Name: _____ **Position:** _____

Phone: _____ **Fax:** _____

Email: _____

Your signature gives (school name) _____

Staff permission to contact via phone, email, fax and/or written request for release of transcripts, teacher reports, evaluations, standardized testing, and all other information pertaining to the educational, physical and emotional status of my child.

Signature

Date

Signature

Date



Student Support Planning Meeting

School: _____

Student Name: _____ **Date:** _____

Grade: _____ **Homeroom Teacher:** _____

Teachers Present:

Student Strengths: (consider advocacy, social emotional, academic skill, independence, work ethic)

Student Challenges (consider advocacy, social emotional, academic skill, independence, work ethic):

Current Strategies:

Team Recommendations:

Follow-Up Plan/Persons Responsible:

Contact parents regarding meeting via **call** **meeting** **email**

Parent to be contacted by: _____

Date: _____

Those not in attendance needing this information: _____

Will be contacted by **call** **meeting** **email**

Date: _____

Follow Up Student Planning Meeting Date: _____

Additional Comments:



Effective Teaching Strategies and Interventions

Presentation of the Materials

- Relate information to the student's experiential knowledge.
- Introduce one concept at a time.
- Break large assignments into smaller tasks.
- Provide students with an overview of the lesson. (Tell students what they should expect to learn and why, i.e., have objectives written on the board.)
- Monitor the level of language you use. Are you using vocabulary and complex sentences that are too advanced?
- Schedule frequent, short conferences with the student to check for comprehension.
- Provide consistent review of any lesson BEFORE introducing new information.
- Allow student to obtain and retain information using assistive technology, i.e., recording device, dictation to a scribe, calculator, computer, etc.
- Highlight important concepts to be learned in text or material (color code key points; outline; study guides, etc.).
- Allow extra response time when asking a question. (Do you talk too fast or give too much material at one time?)
- Give additional presentations:
 - Repeat original presentation
 - Provide simpler, more complete explanation
- Give additional examples
- Model skills in several ways
- Provide additional guided practice:
 - Require more responses
 - Lengthen practice sessions
 - Schedule extra practice sessions
- Make consequences positive:
 - Increase feedback
 - Provide knowledge of results
 - Chart performance
- Give incentives to begin and complete tasks
- Recognize and give credit for student's oral participation in class.
- Make a plan for homework assignments to reach home with clear, concise directions.
- Assign tasks at the appropriate level (lower reading or difficulty level). Homework should be at an independent level, not a frustration level.
- Give tests orally

Environment

- Use preferential seating.
- Use agendas.
- Seat student in an area free from distractions.
- Let student select the place to study.
- Help keep student's space free of unnecessary materials.
- Use checklists to help student get organized.
- Use notebook for organizing assignments, materials, and homework.
- Provide opportunities for movement.

Time/Organizational and Executive Function Demands

- Increase amount of time allowed to complete assignments/tests.
- Reduce amount of work or length of tests (as opposed to allowing more time).
- Teach time management skills (use of checklists, prioritizing time).
- Space short work periods with breaks or change of task.
- Set up a specific routine and stick with it.
- Alternate quiet and active time (short periods of each).
- Give the student a specific task to perform within specific time limits.
- Establish a daily routine and attempt to maintain it.
- Make clear rules. State what you want the student to **do**, not what you do not want him/her to do.
- Consistently enforce the rules.
- Contract with the student using a reward for completion of the contract.
- Use a notebook with organized sections, such as *Assignments Due*, *Calendar*, *Homework*, *Study Guides*, *Schedule*, *Class Notes*.
- Color code textbook, notebook, and folder (i.e., all science is red, all social studies are green). Put a mark on papers handed out to correspond with the color of the folder in which the paper should be stored.
- Avoid cluttered, crowded worksheets by utilizing:
 - Blocking - block assignments into smaller segments
 - Cutting - cut worksheets into fourths, sixths, or eighths and place one problem in each square
 - Folding - fold paper into fourths, sixths, or eighths and place one problem in each square
 - Color coding
 - Highlighting
 - Underlining
- Hand out written assignments with expected dates of completion typed or written on one corner.
- Establish a place for students to turn in assignments: folder, tray, or notebook.
- Set aside a specific time for cleaning desks, lockers, organizing notebooks, etc.
- Teach goal-setting skills.
- Teach decision-making skills/prioritizing skills/time management skill

Materials - Visual Motor Integration

- Avoid large amounts of written work (both class and homework).
- Allow student to choose print or cursive - whichever is easier. And when possible, technology/dictation.
- Set realistic and mutually agreed upon expectations for neatness.
- Let student type, record, or give answers orally instead of writing. (This should be done for a limited time before referring student for evaluation.)
- Avoid pressures of speed and accuracy.
- Provide student with a copy of lecture notes produced by the teacher or a peer.
- Reduce amount of copying from the board. Provide student with copies of information.

Visual Processing

- Highlight information to be learned (color coding, underlining, etc.).
- Keep written assignments and workspace free from extraneous/irrelevant information.
- Worksheets should be clear and well-defined.
- Go over visual tasks with student and make sure student has a clear understanding of all parts of the assignment BEFORE beginning.
- Avoid having student copy from the board. (Provide a copy of the material).

Language Processing

- Give written directions to supplement verbal directions.
- Slow the rate of the presentation.
- Paraphrase material using similar language.
- Keep statements short and to the point.
- Avoid the use of abstract language (metaphors, idioms, puns, etc.).
- Keep sentence structures simple; gradually introduce more complex sentences.
- Encourage feedback from student to check for understanding (i.e., having student restate what you have said in his/her own words).
- Familiarize student with any new vocabulary before the lesson. (Make sure the student can use the vocabulary, not just recognize it.)
- Reduce amount of extraneous noise such as conversations, TV, radio, noises from outside, etc.
- Alert student's attention to key points with phrases such as: "This is important"; "Listen carefully"; "You will see this information again."
- Ensure readability levels of the textbooks used in class are commensurate with student's language level.
- Utilize visual aids to supplement verbal information. (Charts, graphics, pictures, etc. can be used to illustrate written and spoken information.)
- Utilize manipulative, hands-on activities whenever possible; establish the concrete experience base. BEFORE teaching more abstract concepts.
- Always demonstrate to the student how the new material relates to material the student has previously learned.



Classroom Intervention Effectiveness
(Follow-up to Student Planning Meeting)

Student Name:

Teacher Name:

Date of Form Completion:

List and describe strategies being used in the classroom to best assist this student.

List the intervention strategies that have been useful.

List the intervention strategies that have not worked.

Are there behavior concerns with this student?

Please share additional notes, anecdotal comments, observations, or copies of work.

Pre-Evaluation Referral Checklist

- I have observed the behavior/skill in question and have notes/records of my observations.
- I have assembled samples of this student's work relevant to the behavior/skill in question, including samples of the work done by a typical student in my class.
- I have had at least one informal conversation with a colleague at my school to brainstorm ideas that might solve the problem.
- I have had regular contact with the student's parent(s) in regard to the skill/behavior in question.
- I have asked the parent(s) basic questions about vision, hearing, sleep habits and diet to ensure that none of these is the cause of the problem. (If there is a doubt, the child should see their pediatrician before considering a referral.)
- I suggested to the parent(s) some simple things they can try at home to alleviate this problem. (Parents may or may not follow through; however, the suggestions have been made. These might include supervising homework, simple behavior management strategies, talking to the child about the importance of following classroom rules, etc.)
- If appropriate, I have asked a teacher who teaches the same grade, the school counselor, the school support teacher, or the principal to do a formal observation of the child in a situation likely to demonstrate the problem in question.
- I can articulate several pre-referral interventions that I have specifically tried with this student to alleviate the need for referral. I have made particular note of strategies that may have been at least partially successful.
- When possible, I have spoken to a teacher who taught this child last year to see if a similar problem existed, and to gain ideas on what has worked in the past.
- I have read the information in the child's permanent folder to see if there is anything relevant to the situation contained there.

Student Intervention Plan

Student Intervention Tracking Form

Student Name:		Student Grade:		Student DOB:	
Goal	Intervention	Duration	Frequency	Evidence of Progress	Teacher Responsible



Student Support Plan: General

School Year: _____

Student Name: _____ D.O.B.: _____

School: _____ Grade: _____ Meeting Date: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

Evaluation Date: _____ Evaluator: _____

Date of Re-evaluation: _____ Support Team Manager: _____

Speech/Language Evaluation Y/N If yes, Therapist: _____

OT Evaluation Y/N If yes, Therapist: _____

Additional Information (title services/tutoring/counseling/etc.): _____

Student strengths/ways to implement during the school year:



Student Support Plan: Student Goal/s and Progress

Please add additional goals as needed. Complete both pages of this document for each goal.

Student Name:
Content Area:
Person(s) responsible for implementing goals on this page:
Annual Goal:
Methods/Materials:
Parent Contributions:

Short Term Objectives/Benchmarks	Start Date	Criteria for Mastery	Methods of Evaluation	End Date



Student Support Plan: Student Goals and Progress, Cont.

Student Progress and Recommendations:

November:

February:

May:

For Catholic Schools supports only and may not allow services beyond the Catholic school environment.

Page _____ of _____



Accommodations

Student:
School Year:
Date:

Check all that apply.

ACADEMICS:	ORGANIZATION:
Extra time to complete assignments	Peer help with organizational skills
Directions given orally/in writing	Sending home daily/weekly progress notes
Provide multi-sensory hands-on Instructional activities	Teacher and parent initial homework/ assignments
Shorten length of assignments	Provide homework assignment notebook
Divide assignments into steps	RESPONSE TO BEHAVIOR:
Use concrete manipulatives	Praising specific behaviors
Use visual aides	Cueing student to stay on task
Use highlighted texts	Classroom behavior management system
Use graphic organizers/study guides	Keep classroom rules simple and clear
Use calculator	Allow time out of seat to run errands
Grammar, spelling, punctuation errors not evaluated	Contracting with student – Individual Behavior Plan
Allow someone to write answers for student	OTHER:
Not grading handwriting	1-to-1 instruction for specific goals
Shorten requirements	Projects in place of assignment
Minimize memory demands	Individual learning center
Vocabulary list prior to lessons	Credit for class participation
Repetition of explanation: practice	Use study carrel when needed
Provide copies of material copied from board	Preferential seating (describe):
Provide copies of notes from classmate	
Have students repeat directions	
Use index cards etc. to track while reading	
Use highlighter to focus on directions/examples	OTHER: (Please Describe)
TESTING:	
Extra time to complete tests and quizzes (if checked, please explain):	
Tests given/taken orally with reading assistance, computer	
Shorten tests (if multiple, similar questions)	
One-on-one testing	
Assess via portfolio	
Take test in smaller setting	
Use word bank	
Retake tests below ____ % (specify)	
Provide essay questions in advance	



Modifications:

Modifications change, reduce, or lower the learning expectation. They alter what is to be learned. Modifications involve substantive changes to: the curriculum a child studies; the way a child is assessed; the type of instructional techniques used to teach the child critical skills such as reading, writing, or mathematics. The purpose of modifications is to allow children who have a specific disability or specialized educational needs an opportunity to receive necessary therapeutic or educational interventions in order to master critical skills.

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Check all that apply. Please list additional modifications in the table below.

Ability Level Math.		
Ability Level Language Arts		
Ability Level Science		
Ability Level Social Studies		
Ability Level Spelling		
Reduce the number of multiple-choice options and simplify language		
Select standards assessed		
Audio version of novel or similar text at a lower reading level		
Verbal responses or outline in lieu of writing essay		

In attendance at the meeting:

1. **Name:** _____ **Signature:** _____

Title: _____

2. **Name:** _____ **Signature:** _____

Title: _____

3. **Name:** _____ **Signature:** _____

Title: _____

4. **Name:** _____ **Signature:** _____

Title: _____

5. **Name:** _____ **Signature:** _____

Title: _____



Section 4: Accommodations/Modifications and Documentation

- Information on Accommodations
- Information on Modifications
- Distinguishing Between Accommodations and Modifications
- Examples of Accommodations and Modifications
- Documentation

Accommodations

Accommodations refer to those changes made to the environment that will allow a student to learn more effectively, or to better demonstrate what he or she has learned. All teachers should feel comfortable making accommodations if a student has the appropriate documentation to support the need.

Some classroom teachers may be concerned about making accommodations. They may feel accommodations compromise the child's learning experience and/or changes the curriculum or testing so much that it invalidates the grading. **THIS IS AN IMPORTANT ISSUE TO RESOLVE SCHOOL-WIDE.** The accommodations listed on the Accommodations Form of the Student Support Plan are available for use by Catholic schools in the Diocese of Nashville. Research indicates accommodations, if done the correct way, **DO NOT** alter the curriculum or assessment process in a way to make traditional grading invalid.

Accommodations...

- provide equitable access to instruction and assessment
- do not change the construct being assessed
- do not reduce learning expectations
- allow students to participate fully
- allow students to better demonstrate their knowledge and skills

Some accommodations naturally occur in the classroom environment. Quality instruction provides for all learners and differentiates based on learning needs. The majority of accommodations may not be appropriate for the entire class but for a unique learner.

In some cases, schools will want to offer a student some accommodations before an evaluation occurs, use Student Planning Form. The purpose is to document the child's response to the accommodation, thus providing the evaluator (and perhaps the parents) further evidence that the accommodation is necessary or useful. In this situation, the amount of time that the accommodation will be offered must be clearly communicated to the parent. Thus, a school may allow a student 50% extra time on tests for a month to determine if this improves the child's test performance. The child's response to this accommodation is then shared with the parent and evaluator.

Accommodations must be individualized and appropriate. The individual needs of the students must be addressed when determining an accommodation. Accommodations selected must be implemented and evaluated over time. Do not remove an accommodation on a first try. Give the student time to become comfortable in using it. Document the use of accommodations and use this data to evaluate the effectiveness. Although not all accommodations are appropriate for certain types of testing, students should be using accommodations in instruction as well as assessment. Students should never encounter an accommodation for the first time in a testing situation.

Modifications

Modifications made will change, reduce, or lower the learning expectation. They alter what is to be learned. Modifications involve substantive changes to:

- The curriculum of a student
- The way a student is assessed
- The type of instructional techniques used to teach the student critical skills such as reading, writing, or mathematics.

The purpose of modifications is to allow students who have a specific disability or specialized learning need to receive necessary educational interventions to master critical skills.

Accommodations are relatively minor changes made to the educational environment to facilitate success. However, modifications are more significant changes that must be implemented cautiously.

Modifications should be offered to a child only:

- After the student has been properly evaluated, and the modification has been recommended by (a) qualified professional(s)
- When there is a research basis for the modification
- When a well-conceived plan has been written with parental involvement
- When there is input available from at least one professional (and usually more) with experience in designing/implementing educational modifications for students.

When properly used, modifications will allow students with a variety of disabilities to make consistent, satisfactory progress in school.

Modifications should not be implemented before a student has been evaluated, unless they are being put in place by a specialist trained in planning modifications for students. Such a specialist may choose to try modifications before evaluation for the purpose of:

- obtaining more information prior to assessment
- reducing a student's anxiety for a limited time while evaluation is sought

It is never appropriate for a student to receive modifications for an extended period.

Modifications must always be properly documented. A student who is receiving modifications must have a Student Support Plan.

Distinguishing between Accommodations and Modifications

ACCOMMODATIONS

Do NOT fundamentally alter or lower expectations or standard in instructional level, content, or performance criteria.

Provide **access** to learning and **opportunity** to demonstrate what is learned

Grading and credit is the **SAME** for all students

Must have supporting evaluation

Documented and progress monitored

Same assessment

Changes **HOW** the student learns

Adapts the environment for what the student is expected to do

MODIFICATIONS

DO fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria.

Provide meaningful and productive learning experiences, based **abilities**

Grading and credit are **DIFFERENT**

Must have supporting evaluation

Documented and progress monitored

Different assessment

Changes **WHAT** the student learns

Changes what the student is expected to do

NOTE: Students receiving modifications will also receive accommodations. However, students only receiving accommodations will not receive modifications.

Adapted from Archdiocese of Washington Student Assistance Manual, Second Edition

Examples of Accommodations and Modifications

ACCOMMODATIONS

Highlight key words in math word problems

Format test to 18 font size and create more spacing between items

All standards assessed

Keyboard essay

Audio version of grade-level novel

Extra time to complete a spelling test

Large assignments are chunked

MODIFICATIONS

Math lessons different level than peers

Reduce the number of multiple-choice options and simplify language

Select standards assessed, often below grade-level

Verbal responses or outline in lieu of writing essay with much more simplistic meaning required

Audio version of novel or similar text at a lower reading level

Expected to learn 10 of the 20 spelling words or a different list of spelling words

Same theme/unit but different tasks or assignments

Adapted from Archdiocese of Washington Student Assistance Manual, Second Edition

Documentation

What is Appropriate Documentation?

- The paperwork submitted is signed by a professional who has the appropriate training, degree, license, and or certification to diagnose the stated condition.
- The paperwork clearly states the condition, disorder, or special need for which the child requires accommodation.
- The paperwork has not been altered in any way – there are no pages missing, nothing has been redacted, portions have not been removed, etc.
- The paperwork may or may not state suggested accommodations for the child. In any event, it is entirely up to the individual school what accommodations will be offered.

Examples of Appropriate Documentation

- A note signed by a pediatrician stating that the child is being treated for Attention Deficit Hyperactivity Disorder.
- A speech evaluation done by a licensed SLP that states the child has been diagnosed with selective mutism.
- An IEP from the local public school stating that the child has qualified as a child with a learning disability for services under IDEA 2004- with the evaluation that supports the documented disability, such as psychoeducational, speech-language, occupational therapy, etc. evaluation.
- A psychoeducational evaluation from a licensed private psychologist stating the child has a reading disorder.
- A letter from a licensed psychologist stating that the child is being treated for an Anxiety Disorder.
- A 504 plan from a local public school – along with the documentation that was submitted to the public school for development of this plan.
- Testing that qualifies the student as an English Learner.

Examples of Inappropriate Documentation

- A note from the parent(s) saying the child has AD/HD and must receive extra time.
- A psychoeducational evaluation that has pages 4 and 5 missing.
- A speech evaluation done by a licensed speech pathologist stating that the child has an Anxiety Disorder.
- Testing by companies such as Huntington, Sylvan, or any other such organization. It is recommended that schools not even accept such testing for placement in a child's file, as it implies these tests are useful.



Section 5: Evaluation and Referral Information

- Principal/Learning Specialist Evaluation Referral Responsibilities
- Pre-Evaluation Referral Checklist
- Sample Letter to Parents from Principal
- What if a Parent is Opposed to an Evaluation?
- Post-Evaluation Outcomes
 - Parent Does not Agree with Results
 - Results Seem Questionable
 - School Does not Agree with Results
 - No Diagnosis Made (*See Student Support flowchart*)
 - Diagnosis Made (*See Student Support flowchart*)
- Services Available for Free from LEA



Principal/Learning Specialist Evaluation Referral Responsibilities

The principal, or the Learning Specialist, has major responsibilities about children who are referred for evaluation. These include:

- ***Establishing who in the school is responsible for keeping track of all referrals.*** ONE PERSON must be aware of all the referrals that are made from your school.
- ***The principal herself/himself must have personal knowledge of all the referrals that will be made.***
- ***Ensuring that all teachers have followed the Student Support Process as appropriate for each child before referral is made.***
- ***Ensuring that parents receive professional information regarding referrals.*** This includes:
 - Why the evaluation is needed and what has been done prior to making the request;
 - What the school will do with the evaluation results;
 - Information on public school evaluations, low-cost evaluations available locally, and suggestions on contacting health insurance providers.
- ***School personnel, including the teacher and principal, must never imply that parents must use one specific private evaluator for an evaluation.*** Although it is likely that a school may develop a relationship with one particular evaluator that is well-known for quality work, implying that only this single person can evaluate the child can lead to problems. If parents request specific information on evaluators, a list of at least three names should be given to the parent, along with information on how to obtain a good evaluation.
- ***Be certain that parents and teachers understand that if the child is not evaluated, any accommodations, interventions, or modifications that have been in place as part of an information gathering approach will not continue.*** This may include access to specialized instruction, extra time on assessments, preferential seating, modifications to homework or other assignments, permission to use assistive technology.

- In the Middle Tennessee area, there are many excellent private services and evaluators available. Parents who seek a private evaluation will want to consider cost, location, professional background, waiting time for appointments, and their own personal comfort with a particular evaluator. Some parents will feel that it is essential that they choose an evaluator who has no relationship with the school, while others will feel that such a relationship is an advantage. Respecting parental feelings in this area will pay off in the long run – parents who have confidence in their child’s evaluator will be much more likely to accept and implement the recommendations that are offered. Naturally, schools must reserve the right to implement those recommendations they feel are needed by the child.

Where to Refer Families

Where to refer families for assistance is a skill that team leaders principals will develop over time. It is important to keep in mind the following:

- *If the child has not had a recent hearing or vision screening, it may be best to start with these.*
- *Referral to the child’s pediatrician can be the fastest and simplest way to get some basic information.*
- *Referral to the LEA (Local Education Agency) is always possible, although it may take up to three months or more to get the information that you are seeking.*
- *Make sure the parent understands what questions the evaluation is designed to answer. Examples:*
 - *Why is Julie not progressing as expected regarding her reading skills, even with extra assistance?*
 - *What would help Lilly learn school skills such as staying seated, raising her hand, and completing work independently?*
 - *Does Julio have an overall health problem that is making it difficult for him to learn effectively in a typical classroom setting?*

If additional support is needed, contact the Director of Exceptional Learners, Catholic Schools Office.

Pre-Evaluation Referral Checklist

- I have observed the behavior/skill in question and have notes/records of my observations.
- I have assembled samples of this student's work relevant to the behavior/skill in question, including samples of the work done by a typical student in my class.
- I have had at least one informal conversation with a colleague at my school to brainstorm ideas that might solve the problem.
- I have had regular contact with the student's parent(s) in regard to the skill/behavior in question.
- I have asked the parent(s) basic questions about vision, hearing, sleep habits and diet to ensure that none of these is the cause of the problem. (If there is a doubt, the child should see their pediatrician before considering a referral.)
- I suggested to the parent(s) some simple things they can try at home to alleviate this problem. (Parents may or may not follow through; however, the suggestions have been made. These might include supervising homework, simple behavior management strategies, talking to the child about the importance of following classroom rules, etc.)
- If appropriate, I have asked a teacher who teaches the same grade, the school counselor, the school support teacher, or the principal to do a formal observation of the child in a situation likely to demonstrate the problem in question.
- I can articulate several pre-referral interventions that I have specifically tried with this student to alleviate the need for referral. I have made particular note of strategies that may have been at least partially successful.
- When possible, I have spoken to a teacher who taught this child last year to see if a similar problem existed, and to gain ideas on what has worked in the past.
- I have read the information in the child's permanent folder to see if there is anything relevant to the situation contained there.

SAMPLE LETTER TO PARENTS REGARDING REFERRAL INFORMATION

Dear Parent,

I am writing to provide you with specific information regarding pursuing an evaluation for child's name. I understand that it has been recommended by the Student Support Team he/she have an evaluation at this time, and that you are in the process of choosing who will perform the evaluation. When making the decision to have an evaluation to determine strengths and needs, it is very important that you consider the following information:

1. Please share information from the school with the evaluator and let the evaluator know the school support representative will be happy to help in any way.
2. Share work samples, notes and/or documentation from the team, as it may be helpful to the evaluator when choosing the appropriate tests to administer.
3. All parents, whether the child is enrolled in public school or not, have the right to ask the Local Educational Agency (LEA) to evaluate their child for special learning needs. Our local LEA is _____. Even though you may live in another county, city, or state, your child would be evaluated by this LEA because our school is located in _____. This reflects a change in the re-authorization of IDEA 2004, the public law that governs services to children with special needs. The local LEA will consider your request for an evaluation after receiving a written request from you, as well as additional information from you and our school. *If your child is determined eligible for an evaluation*, one will be provided to him/her free of charge.
4. You may choose to have a private evaluator(s) test your child. There are several ways to find a good private evaluator, and we would be happy to help you with any of these.

These include:

1. Contacting your health insurance provider to see if the type of evaluation your child needs is totally or partially covered by your health insurance. If there is a list of approved evaluators, you may share it with us if you like and we will tell you if we have had experience with any of the evaluators.

2. Choosing a fee-for-service private provider at your discretion. If you would like a list of providers that our school has found to be effective, we will happily provide this information to you.

You have the right to have your child evaluated by whomever you choose. We would like to remind you:

- The quality of evaluations varies, as does the quality of any professional service. While we respect your choice to have your child evaluated by whomever you select, we will be compelled to comment on the quality of evaluations that appear to be poorly done, or incomplete. We cannot, implement interventions based on poorly done or incomplete evaluations.
- Also, we will review all of the recommendations that are made for the education of your child; however, we will be able to implement only those recommendations that we feel are professionally appropriate, and which we are equipped to implement. We will be happy to discuss this in detail with you once we receive your child's completed evaluation.

Principal Signature

Date

Adapted from Archdiocese of Washington Student Assistance Manual, Second Edition

What if a Parent is Opposed to an Evaluation?

It is understandable that some parents find the thought that their child may have a special need to be disconcerting. This can lead them to feel uncomfortable with moving forward with an evaluation. A first step towards garnering parental cooperation is to ensure that the pre-referral process has been handled professionally, and that parents have had:

- Regular communication with the teacher regarding the skill(s)/behavior(s) in question.
- Simple suggestions to try at home to address the problem.
- Time to think about the concerns
- An opportunity to ask questions and gain more information from outside sources such as professional organizations that provide information on learning disabilities, AD/HD, etc.
-

When all the above have been completed, the principal should inform the parents that:

- Accommodations may not be able to continue until further information about the child's learning is obtained. This may be as simple as a doctor's note or as complex as a full psycho-educational evaluation.
- The school cannot encourage any interventions that are not evidence-based. (So, for example, it is not appropriate to delay an evaluation so that the parents can see if the child responds to "herbal remedies.")
- Once the evaluation is done, the parents will of course have time to consider what the evaluation means for their child. (For example, if a child is diagnosed as having AD/HD, this does not automatically mean that the parents are expected to put the child on medication.)
- The school cannot overlook behavior problems that may be due to a special learning need even if the parents are in an active process of gaining professional information as to the root of the problem. However, on occasion it may be reasonable to be somewhat more lenient, if behaviors are not impacting others, while the information from a professional evaluation is gathered so that an effective behavior plan can be written.

Additional thoughts:

- Ask the parents directly why they would prefer not to have an evaluation at this time. Is it the cost? The stigma? Are they worried that the child may find the evaluation process unpleasant? Listen carefully and try to respond with facts. Or offer to get more information.
- Reiterate that your school knows how to handle confidential information (make sure this is a fact). Some parents worry about who will see the report, where it will be kept, etc. Be sure to share with parents that confidential information is kept in locked spaces or in a password protected space.
- Offer to put the parent in touch with another family (with an older child) that found the evaluation process helpful. Be sure you have permission from the older child's family before you put the two families in touch.
- Tell the parents directly that while you understand they are uncomfortable with this process, the school feels strongly it is in their child's best interest to move ahead and get more information so that the child can be well educated.
- Reiterate that many learning challenges look alike to a non-professional observer. You do not know why their child is having problems at school. The issue may be one that is much easier to resolve while the child is young. That is one critical reason for having a good professional evaluation done at the proper time.
- If the child is in 6th grade or above, advise parents that an evaluation can assist in preparing and planning for the transition to high school. Additionally, consistent documentation may be necessary as students prepare to take the ACT or SAT and need accommodations.

Adapted from Archdiocese of Washington Student Assistance Manual, Second Edition

Post-Evaluation Outcomes

When a Parent does not Agree with the Results of an Evaluation

It is relatively common that parents find evaluation results difficult to understand. The report can be full of unfamiliar terms. Some evaluators are not very good at taking the time to explain the evaluation to the parent. If a parent does not agree with the results of an evaluation, a good first step is to review carefully and methodically what the evaluation says about the child. The ability to read and interpret evaluations is a special skill which can be learned by a teacher or administrator (if there is not a special educator or psychologist on the faculty).

Principals can always seek the help of the Director of Exceptional Learners in the Catholic Schools Office, for input as to the meaning and interpretation of an evaluation. Also, it is reasonable for the school to ask permission to contact the evaluator and clarify the evaluation results.

It is not unusual for parents to understand the evaluation and to still dislike what it says. Often there are many associated private heartaches related to the diagnosis of a disability. Parents can wonder if they are to “blame” due to prenatal choices, heredity, poor parenting, etc. Many parents may have struggled in school themselves, and the implications of the diagnosis for them and for siblings may be painful. Other parents may fear the consequences of a diagnosis, believing that they “know” what this will mean for their child (medication? failure? stigma? change of school placement?).

Schools can begin by listening to parental concerns regarding the evaluation. This can be time consuming as some parents may not be able to adequately articulate their true concerns. It may be useful to remind parents of a few facts:

- **The parents** will always retain his or her right to do what seems best. Getting further information does not obligate parents in any way.

- This can be a confusing and overwhelming process for parents. **Taking time to be well-informed and to sort out one's feelings is very wise.**

It is very common for a mother and father to disagree with each other regarding the accuracy of the evaluation results. Usually, this can be explained by either each parent's own personal experience in school, or by the amount of time and the circumstances in which each parent spends time with the child. It can be useful to ask the parent who does not agree with the evaluation if he or she would be willing to take over the duties/experiences of the other parent (and vice versa) for a short while, so that each parent can try to experience the other's perspective.

Schools can suggest the following to parents who do not agree with evaluation results:

- Read some good basic information about the diagnosis in question.
- Consider carefully, and consult with a professional, about the possible negative repercussions of not implementing the evaluation results.
- Be sure to focus on evidence-based information available from reputable organizations, not hearsay or public opinion.
- Speak to another parent who has a child with similar needs (The school may offer to find such a person, if appropriate. Contact the parent and request permission to share names/numbers before providing any information.)
- Speak to the pediatrician about his/her opinion.
- Supply evaluation results to another professional and ask for a second opinion.

Schools must make it clear that:

- **Parental decisions will be respected.**
- Respect for a parent's decision **does not mean that the school agrees** with that decision.
- Respect for a parent's decision **does not mean that the school will agree to continue to enroll the child.**
- Parents are entrusting their children to us and asking for our professional expertise. **We are morally bound to give them our real opinion, not just say what we believe they want us to say.**

If a child is evaluated by a private examiner, and the results seem to be poorly done, or of questionable origin:

- Remind the parents of the information that was given to him/her at the time of referral – the parent can choose any evaluator, but the school will not implement suggestions from evaluations that seem to be poorly done.
- Ask the parents to sign a Release of Student Information, in the School Support Manual, so that the school can contact the psychologist (or evaluator) who did the testing for more information.

If the parents refuse the above request, the school will have to politely - but firmly - decline to proceed further with any special plans for the child.

If the parents agree to have a member of the school contact the psychologist, have the most experienced person on the faculty place the call. Be sure to have specific questions before contacting the evaluator. Take notes during the conversation.

Sample questions might be

“Why was the child only given educational assessments, and not a cognitive assessment such as the WISC?”

“Would it be possible to further assess processing speed and its impact on academics?”

“Social skills are an area of weakness for Joe; however, there is no mention. Is there something in the results I may be missing to help guide support for this area?”

“Why do parts of the assessment seem to be missing?”

“What is your professional explanation as to why this child is having trouble in school?”

“Please describe your licensing and certification.”

When the School Does Not Agree with the Results of an Evaluation (Results Seem Questionable)

If a child is evaluated by an LEA and determined not to be eligible for services, there are steps the school can take to try to help the child get support.

These include:

- Being certain that the information given to the LEA was as complete and accurate as possible. Perhaps there is more information that would result in a different outcome?
- Asking a private psychologist to review the testing done by the LEA. If the psychologist determines that the results do in fact support a disability, the school may go ahead and create the appropriate support plan.
- Putting interventions in place that a professional considers to be necessary for the child. Record the child's response to these interventions, return it to the LEA, and ask the LEA to re-visit its decision.

For further information on the above, contact the Director of Exceptional Learners in the Catholic Schools Office.

When a Student's Testing Results Do Not Reveal a Diagnosis (No Diagnosis Made)

If, after evaluation, a child's scores reveal no diagnosis or clear needs, the following questions should be asked:

- **Was the evaluation properly and thoroughly done by (a) qualified professional(s)?**
- **Does the evaluation simply say that a diagnosis cannot be made at this time?** This is more of an acknowledgment that the child is too young, or that enough information has not been collected to be conclusive.
- **If a public evaluation, does it indicate the student does not qualify for special educational services from the public school?** This simply means that the child did not meet the criteria for that school system. Some conditions, particularly milder forms of learning disabilities, may not qualify the child for public school services, but this does not mean that the child would not benefit from accommodations or interventions. The Student Assistance Team may decide to offer accommodations to such students if team members agree that they are warranted.
- **Did the parents and the school provide accurate and detailed information to the evaluator?**
- **Did the school refer the child prematurely?**
- **Did the parent arrange for an evaluation too soon because of his/her inexperience or anxiety over typical developmental issues?**

It is always possible to ask another professional to read the evaluation and comment on the conclusions. Parents may have to pay a fee for this service, but it might be well worth the price before deciding that the child does not have a special educational need. If parents do not choose to hire a professional to review the evaluation, they may consider asking their pediatrician to comment on its quality and conclusions and other suggestions.

When a Student's Testing Results Reveal a Diagnosis (Diagnosis Made)

When a child is found to have a diagnosis, and the school and the parents agree about evaluation results, the school support team will meet with the parent(s) to determine the best plan to meet the student's needs.

At this meeting, a decision will be made whether the student will receive accommodations only, or accommodations and any one or more of the following:

- Substantive changes to the curriculum
- Substantive changes to instructional methods
- Substantive changes to assessments

Students who need accommodations only should receive a Student Intervention Plan (SIP). Those that require more than just accommodations may receive a more formal plan, Student Support Plan (SSP). These are discussed in detail later in this section.

The evaluation may indicate a disability or special need so significant that the Catholic school feels it may not be able to retain the child at the school. If this is the case, the following steps are recommended before a change is made:

- Contact the Director of Exceptional Learners in the Catholic Schools Office to see if there are options available that may help the child to be maintained.
- Consider if there is another Catholic school in the area that may be able to meet the child's need.
- Reflect honestly and candidly about whether the school might be in a financial and experiential position to offer services to children with this need. Perhaps this is the right time to broaden the school's ability to work with children with more significant needs.
- Carefully and realistically consider what the child's true options are outside of the Catholic school. If the public school is not going to provide beneficial services to the child, and the parents cannot afford private interventions, then maintaining the child at the Catholic school must be very carefully considered.
- Weigh the consequences of removing a child from his/her peer group and known environment. Is there a way that a change could be made at a less disruptive time for the child?
- What is the impact on the other students if this child's enrollment continues?

Services Available for Free from the LEA

Under IDEA 2004, the LEA (Local Educational Agency or public school system) where your school is located must offer a proportionate share of funds in the form of services to children who attend private and religious schools, and who qualify under IDEA 2004 as having a disability with an educational impact.

It is the responsibility of the principal and/or SSP representative at each Catholic school to thoroughly understand the offer of services that is available from their LEA for each calendar year. This information may be obtained by attending a meeting with the LEA, as required by law.

If the LEA is aware that the child is attending your school, and if they agree the child qualifies under IDEA 2004, the child may receive free services. Therefore, it is critical to know, to the best of your ability, what services are available. Knowing the available services in your county will help parents of children with IEPs from LEAs other than the one where your school is located, or of children who have been privately evaluated, be informed of services their child may receive for free (where your school is located).

See Support Flowchart and Develop a Plan



Section 6: Understanding the Role of Support Services

- Best Practices
- The Role of Support Professionals in our Schools
- Procedural Guidelines
- Information about Response to Intervention
- Understanding the Difference Between IDEA and Section 504 (article)
- Understanding the Difference Between IEPs and SSPs



Best Practices

The following are best practices which should be utilized when working with students needing support in our schools:

- **Infuse our Catholic values, traditions, and wisdom** into all our work with children with any needs by referencing such Catholic teachings as the dignity of the human person, solidarity with the marginalized, and a deep respect for life.
- **Identify as early as possible** children who need more support, or specific intervention, to succeed. This includes children whose needs arise to the level of a disability, as well as children whose needs are significant but do not meet the criteria of a “disability.” This may include children who have a chronic health problem, children who suffer a traumatic experience (such as the death of a parent), or children with identified conditions such as AD/HD, hearing loss, or a learning disability.
- **Communicate effectively** with parents regarding a child’s specific strengths and needs.
- **Follow an in-school process** to track the effectiveness of school-based interventions.
- **Develop appropriate paperwork and documentation** so that information can be effectively shared with anyone outside of the school, including specialist in the community, tutors, and independent Catholic high schools and College Board (when permission is given). .
- **Understand** when a child needs to be referred for evaluation, and when he or she does not.

- **Explain clearly to parents** when the child needs to be referred for evaluation, and what the evaluation options are.
- **Provide effective follow-up** once evaluation results are available to the school.
- **Develop an in-school plan including support services, accommodations, or modifications**, as possible.
- **Access professional research** on various specific disabilities and specialized learning needs.
- **Ensure that the interventions and strategies used are effective**, both in terms of outcome and cost. This includes efforts to keep current with research regarding effective instructional techniques for students needing support.

Adapted from the Archdiocese of Washington Catholic Schools Student Assistant Manual

The Role of Support Professionals in Our Schools

Support Professionals take on many roles in our schools. These roles are often in addition to teaching classes. The information below is a snapshot of the work they do and the value and expertise they bring to the school community.

Student Support

- Supports students with special learning needs through instruction, interventions, and formal plans
- Plans, develops, maintains, and monitors the Student Support Plan (SSP) and the Student Intervention Plan (SIP)
- Administers informal assessments to identify student needs
- Identifies and provides testing accommodations for students with SSPs and SIPs
- Counsels students when academic and adjustment problems arise
- Teaches and models social skills, organization, advocacy, and academic skills
- Works with students one-on-one or in small groups to provide remediation
- Co-teaches in an inclusive setting
- Provides early interventions in primary grades in reading and math

School Support

- Collaborates with school administration to provide resources and support to students
- Communicates with teachers and staff regarding student strengths and needs, accommodations, best practices, and instructional/behavioral strategies
- Plans, implements, and/or facilitates professional development for school staff regarding student learning
- Attends Student Support Team meetings

Family/Community Support

- Acts as liaison and serves as school representative with the local public school system and private evaluators/consultants
- Confers with parents and students regarding progress and issues
- Collaborates with parents and teachers on strategies to promote growth

Procedural Guidelines

There is no one method or process for conducting a Student Support meeting. However, the following guidelines may help your team work effectively and get results:

The success of the Student Support Team often hinges on the level of involvement of the parents and student. When appropriate, invite parents to participate and contribute; treat them as equal team members. If possible and appropriate, include the student as well. He or she can be invaluable in providing insight into how to address the concern.

Appoint (at least) one person as Student Support Representative. The Student Support Representative is the first contact when a teacher is concerned a student is struggling. This person can be a learning specialist, a classroom teacher with this extra responsibility, a counselor, or a principal. He or she oversees the entire Student Support Process. Additionally, he or she ensures the identified needs are being met as documented. This person is also responsible for ensuring documentation and data collection is maintained, and that necessary communications with families is occurring. All teachers will be made aware of this person.

Appoint one person as Meeting Facilitator. This person could be the Student Support Representative or someone the principal designates for a specific meeting. This person is not the “leader” of the group in the sense of dominating it, but rather takes the responsibility for the flow and tone of the meeting.

The Facilitator keeps the group focused, makes sure that everyone has opportunities to contribute, elicits responses and comments, and ensures that the tone of the meeting stays positive and productive. The Facilitator is responsible for seeing that the purpose of the meeting is met and that each aspect—identifying the challenge and student strengths, developing the intervention plan, and assessing the probable effectiveness of the interventions—is addressed and given the appropriate time and consideration. The Facilitator then ensures that the discussion is limited to the student and the concern that brought the referral and given the allotted time, that no component is so weighted that others are neglected. The Facilitator can achieve this by using guided questions and comments that redirect the discussion.

Have one person serve as the Timekeeper. The Timekeeper's job is to remind the group of every time deadline, giving a minute or two of warning. If the team decides to stick to strict time limits per section, the Timekeeper must keep up and keep the group moving. If you have a small team, the Recorder and Timekeeper can be the same person.

Have one person serve as Recorder. This person documents the discussion on the Meeting Notes Form as well as completes all relevant paperwork. Reminder, have all involved in the meeting sign the notes page at the end of the meeting indicating present.

Identify school and/or community resources that can provide student support that must be considered, or that can provide interventions to students outside of the school day.

Provide staff training on the Student Support Process, all teachers should be made aware of the process to assist students with gaining necessary supports. This will be particularly helpful in clarifying how the information from a Student Support Process can support a referral to the local LEA for evaluation under IDEA 2004. Additionally, parents should also be made aware of the Student Support Process.

Remember: If any tests outside those given in general screening are suggested, the team must get written parental consent. For example, the team cannot suggest a test such the Woodcock-Johnson IV (WJ-IV) without prior parent consent, since the test is not given school-wide.

Make sure that the interventions selected are possible within the school setting and are measurable. Use the student's strengths as the basis for designing interventions.

Establish a specific time for interventions to be implemented and reviewed. Allow enough time between implementation and review for the intervention to take effect. This will vary according to the type of intervention and the individual circumstances, but about 6 to 18 weeks is recommended to ensure that interventions have time to take effect.

Assign responsibilities and timelines for providing materials or training to teachers to implement an intervention, for contacting outside resources, and for monitoring and documenting the progress.

Document everything! Using forms supplied in this manual.

Response to Intervention

Response to intervention (RTI) integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavioral problems. With RTI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities or other disabilities.

- The Center on Response to Intervention, 2019

Response to Intervention (RTI or RtI) is a philosophy and a way of organizing instruction, support, and accommodations to make the best use of resources for a struggling student. Understanding RtI at a basic level will help teachers collect the information that will be needed should a child be referred for evaluation.

RtI developed from the following beliefs:

- Early intervention is extremely beneficial for resolving many school problems. Waiting for a situation to resolve itself or for a child to outgrow a problem that research suggests they will not outgrow is counterproductive.
- Observing how a child responds to certain evidence-based intervention, teaching techniques, and strategies is a valid assessment. Data collection is important to provide information regarding progress or lack of progress using specific techniques.
- The Categories of Disability that are included in IDEA 2004 do not adequately describe all children who struggle in school. Using an approach that is open to all children, one that does not require the child to be “labeled” or fall significantly behind before help is offered, just makes good educational sense.

RtI is important to Catholic Schools for two major reasons:

1. Measuring how a child responds to interventions is now part of the process for identifying a learning disability. In the public school, students no longer required to have the cognitive and achievement testing previously required to confirm a diagnosis of a learning disability. This means that some of the children that are referred to an LEA for information may not be tested as they were in the past. To serve students in an effective manner, testing is still required for Catholic schools.
2. LEAs are accustomed to receiving information describing how children have responded to intervention. Public school professionals will want documentation indicating what has been done for the student; the approaches, techniques, interventions, and methods used are evidence-based. When a family from a Catholic school requests testing from the public school system, that public school is likely to require documentation of the student's response to intervention. Thus, it is essential that supports and intervention are documented.

Eventually, if the student is referred to the public school for testing, detailed information regarding interventions and results will need to be submitted.

Potential Questions and Response Examples

Question:

What interventions have been offered to this student for his academic needs or his behavioral needs?

Poor Answer: She has been pulled out of reading for small group instruction one to two times per week.

Good Answer: She has been given small group instruction, provided by the learning specialist, weekly.

Great Answer: She has had small group instruction using the SPIRE program, three times per week by the highly trained learning specialist.



Understanding the Differences Between IDEA and Section 504

By: Council for Exceptional Children

An Overview of IDEA and Section 504

Since 1975, every child with a disability has been entitled to a free and appropriate public education (FAPE) designed to meet his individual needs under the rules and regulations of the Individuals with Disabilities Education Act (IDEA). This federal law governs all special education services and provides some funding to state and local education agencies to guarantee special education and related services for those students who meet the criteria for eligibility in several distinct categories of disability, each of which has its own criteria.

According to the U.S. Department of Education, approximately 5.5 million children with disabilities receive special education and related services and are protected by IDEA. However, some kids with special needs do not receive services under IDEA but are served under Section 504 of the Rehabilitation Act of 1973. Section 504, a civil rights law, prohibits discrimination based on disabling conditions by programs and activities receiving or benefiting from federal financial assistance. This statute does not require the federal government to provide additional funding for students identified with special needs. Schools must provide these children with reasonable accommodations comparable to those provided to their peers under the rulings of Section 504. Although not a financing statute, Section 504 does provide for enforcement of the mandate: A school that is found by the Office of Civil Rights to be out of compliance with Section 504 may lose its federal financing.

For some children, providing the appropriate modifications and accommodations they need is the only way they will be successful in their school experiences. A thorough understanding of the provisions of these two laws and how they differ can help you and your child's teachers plan the most appropriate education for your child.

An Overview of the Differences

The major differences between IDEA and Section 504 are in the flexibility of the procedures. For a child to be identified as eligible for services under Section 504, there are less specific procedural criteria that govern the requirements of the school personnel. Schools may offer a student less assistance and monitoring with Section 504 because there are fewer regulations by the federal government to instruct them, especially in terms of compliance.

In contrast, a child identified for services under IDEA must meet specific criteria. The degree of regulation is more specific in terms of time frames, parental participation, and formal paperwork requirements. IDEA also addresses the special education of students with disabilities from preschool to graduation only (from ages 3 to 21). Section 504 covers the lifespan and safeguards the rights of persons with disabilities in many areas of their lives, including employment, public access to buildings, transportation, and education.

The criteria for identification, eligibility, appropriate education, and due process procedures under IDEA and Section 504 vary. It is important for you and your child's teachers to understand how these laws differ, and how those differences could affect your child's education.

Identification and Eligibility

In order for children with disabilities to receive services, they must be identified and then determined to be eligible for these services. Under IDEA guidelines, school districts are required to identify and evaluate all children suspected of having a disability whose families reside within the district. Section 504 does not have this requirement.

IDEA

- Covers all school-aged children who fall within one or more specific categories of qualifying conditions (i.e., autism, specific learning disabilities, speech or language impairments, emotional disturbance, traumatic brain injury, visual impairment, hearing impairment, and other health impairments).
- Requires that a child's disability adversely affects her educational performance.

Section 504

- Covers individuals who meet the definition of qualified "handicapped" person -- for example, a child who has or has had a physical or mental impairment that substantially

limits a major life activity or is regarded as handicapped by others. (Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.)

- Does not require that a child need special education to qualify. **Note:** Students who are ineligible for services or are no longer entitled to services under IDEA (e.g., kids with LD who no longer meet IDEA eligibility criteria) may be entitled to accommodations under Section 504.

Evaluation

A child with a disability is assessed to determine what services, if any, are needed.

IDEA

- Requires that the child be fully and comprehensively evaluated by a multidisciplinary team.
- Requires informed and written parental consent.
- Requires a reevaluation of the child at least once every three years, or if conditions warrant a reevaluation, or if the child's parent or teacher requests a reevaluation.
- Provides for independent evaluation at the district's expense if parents disagree with first evaluation.
- Does not require reevaluation before a significant change in placement.

Section 504

- Evaluation draws on information from a variety of sources and is documented.
- Decisions about the child, evaluation data, and placement options are made by knowledgeable individuals. Such decisions do not require written consent of the parents, only that the parents are notified.
- Requires "periodic" reevaluation.
- No provisions made for independent evaluation at school's expense.
- Requires reevaluation before a significant change in placement.

Responsibility to Provide FAPE

FAPE is an acronym for a Free and Appropriate Education.

IDEA

- Requires an individualized education program (IEP).
- "Appropriate" education means a program designed to provide "educational benefit" for a person with disabilities.
- Placement may be any combination of special education and general education classrooms.
- Provides related services, if required. Related services may include speech and language therapy, occupational therapy, physical therapy, counseling services, psychological services, social services, and transportation.

Section 504

- Does not require an IEP but does require a plan.
- "Appropriate" means an education comparable to the education provided to those students who are not disabled.
- Placement is usually in a general education classroom. Children can receive specialized instruction, related services, or accommodations within the general education classroom.
- Provides related services, if needed.

Due Process Procedures

Sometimes parents and school districts disagree about how a child with disabilities should be educated. When this happens, there are procedures in place to handle these disagreements.

ID

- Must provide impartial hearings for parents who disagree with the identification, evaluation, or placement of the student.
- Requires written consent.
- Describes specific procedures.

- An impartial appointee selects a hearing officer.
- Provides "stay-put" provision (the student's current IEP and placement continues to be implemented) until all proceedings are resolved.
- Parents must receive ten days' notice prior to any change in placement.
- Enforced by U.S. Department of Education, Office of Special Education.

Section 504

- Must provide impartial hearings for parents who disagree with the identification, evaluation, or placement of the student.
- Does not require parental consent.
- Requires that parents have an opportunity to participate and be represented by legal counsel -- other details are left to the discretion of the school.
- A hearing officer is usually appointed by the school.
- No "stay-put" provisions.
- Does not require that parents are notified prior to the student's change of placement, but they still must be notified.
- Enforced by U.S. Department of Education, Office of Civil Rights.

Understanding the Differences Between IEPs and SSPs

Individualized Education Program (IEP) vs Student Support Plan (SSP)

IEP	SSP
A document developed for students who have been identified as eligible for special education services in the public school. The plan ensures the student is entitled to FAPE—Free Appropriate Public Education.	A plan developed by the local education agency (LEA) for students with disabilities parentally placed in a private or religious school. A service plan does not ensure FAPE.
An IEP provides a plan of services, support, and instruction to meet the student’s needs in school.	A service plan outlines services the LEA will make available to the student. Students may have access to public school services; however, services may be limited.
IEP services are provided to the student with no cost to the family.	SSP services are provided to the student with no cost to the family. However, these are called ‘equitable services’ and are based on funding available to the private school.
Transportation to the public school is provided, if necessary.	Transportation may be provided if it is part of the proportionate share spending plan. Typically, there are not enough proportionate share funds to cover transportation.

Adapted from Archdiocese of Washington Student Assistance Manual, Second Edition



Section 7: Categories of Disabilities under IDEA

- Autism
- Deaf-Blindness
- Emotional Disturbance
- Deafness
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment

Categories of Disabilities

1. Autism

Autism means “a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects educational performance.”

Schools may find that students who have a diagnosis of “Asperger’s Syndrome” or “Pervasive Developmental Disorder - Not Otherwise Specified” (PDD-NOS) from their physicians will be served under the label of Autism by the LEA. The Diagnostic and Statistic Manual V (DSM-V) is no longer listing Asperger’s Syndrome and PDD-NOS as diagnostic categories. Instead, students are diagnosed with the coding for “autism spectrum disorder.”

Resources on Autism:

✓ Autism Society of America – <http://www.autism-society.org> ✓ Autism Speaks - www.autismspeaks.org

2. Deaf Blindness

Deaf Blindness means “concomitant (simultaneous) hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.”

Resources on Deaf-Blindness:

✓ American Speech-Language-Hearing Association - www.asha.org ✓ National Center on Deaf-Blindness - www.nationaldb.org

✓ National Coalition of Auditory Processing Disorders - www.ncapd.org

✓ National Institute on Deafness and Other Communication Disorders - www.nidcd.nih.gov ✓

Xavier Society for the Blind - www.xaviersocietyfortheblind.org

3. Emotional Disturbance

Emotional Disturbance means “a condition exhibiting one or more of the characteristics (listed below) over a long period of time and to a marked degree that adversely affects a child’s educational performance.”

- An inability to learn that cannot be explained by intellectual, sensory, or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems

This term includes schizophrenia. There are many childhood conditions that may be included under the umbrella category of “Emotional Disturbance.” These include, but are not limited to: anxiety disorder, bi-polar disorder, depression, dysthymia, obsessive-compulsive disorders, oppositional defiant disorders, and phobic disorders.

Children receive a label of “emotionally disturbed” when and if one of the above conditions significantly adversely affects a child’s academic performance. Note that many of the above conditions can occur in conjunction with other disorders or conditions.

The term “Emotionally Disturbed” should be used ONLY when speaking of the legal definition. The term “Behavior Disorder” is now the preferred professional term under all other circumstances. A teacher would do best to use whatever term is used by the child’s parents to describe the condition.

Resources on Emotional Disturbance:

- ✓ Anxiety Disorders Association of America – www.adaa.org
- ✓ The Balanced Mind Foundation (formerly Child & Adolescent Bipolar Foundation) - <http://www.thebalancedmind.org>
- ✓ Depression and Bipolar Support Alliance – www.dbsalliance.org
- ✓ Federation of Families for Children’s Mental Health – www.ffcmh.org
- ✓ National Alliance on Mental Illness - <http://www.nami.org>
- ✓ Mental Health America (formerly National Mental Health Association) – www.nmha.org
- ✓ International OCD Foundation (IOCDF - formerly Obsessive Compulsive Foundation) – www.ocfoundation.org

4. Deafness and 5. Hearing Impairment

Deafness “means a hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification that [sic] adversely affects a child’s educational performance.”

Hearing Impairment means “an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but is not included under the definition of deafness.”

To the professional, and under this law, children who are “Deaf” and children who are “Hearing Impaired” have very different circumstances and needs. However, the two are discussed together here because those unfamiliar with these conditions tend to use the terms interchangeably. It is important that teachers of children with any degree of hearing loss learn to use the correct terminology.

To understand the differences between the needs of children who are Deaf and who are Hearing Impaired, it is important to focus on several features. These are:

- Deafness indicates a more significant hearing loss than Hearing Impairment.
- Amplification (use of aids or other devices) may be of significant benefit linguistically to a child who has a Hearing Impairment. Some children who are Deaf may also use aids, but the purpose is more to make use of some sounds in the environment but not speech. There is a direct relationship between the severity of a child with hearing loss and his/her ability to easily acquire speech.

Because of the phonemic nature of written English, children with any degree of hearing loss often find the acquisition of reading skills to be difficult. The degree of difficulty increases with the level of hearing loss.

Children who have a Hearing Impairment will be able to use speech as their typical method of communication. Children who are Deaf will not be able to use speech as their typical method of communication unless there are special plans made for them by their parents to do so.

Information on Deafness:

- ✓ The Washington, DC area has the largest percentage of deaf individuals in the country. This is due to the presence of Gallaudet University and the federal government, which employs many

deaf individuals. Many deaf adults have children who are hearing. A teacher's first introduction to the deaf community may be when meeting the deaf parent of a hearing child enrolled in the school. (Note: Hearing children who have deaf parents are referred to as "KODA" kids – Kids of Deaf Adults. They usually have special educational needs of their own, particularly when they are first becoming familiar with the typical school environment while in pre-school or kindergarten.)

✓ Most deaf children are born to hearing parents. Parents will have to make a decision about the communication system(s) that their child will use. Most deaf adults feel strongly that deaf children should have the opportunity to learn and use American Sign Language (ASL) as their primary language. However, some hearing parents may choose an Oral approach for their child, meaning that the child will learn to speak and lip read using an intensive process over the course of many years.

✓ In recent years, some children who are Deaf have become candidates for a particular surgery – Cochlear Implant Surgery. By having a surgical implant, a child's cochlear nerve can be stimulated by sound vibrations. This is not the same as the sensations that those who are hearing experience. However, Cochlear Implants do allow some children to find sound a useful sensory option for acquiring speech. The success of surgery depends on many factors, including the age at which the child receives the surgery. Most professionals (and many parents) will still refer to their child as Deaf, even post-surgically.

In 1993, a limited decision by the US Supreme Court [*Zobrest v. Catalina Foothills School District* (509 U.S. 1 1993)] stated that public school systems must pay for an ASL interpreter in the classroom for children who attend Catholic school.

Information on Hearing Impairment:

✓ Note that this category includes children whose hearing loss fluctuates, perhaps due to fluid in the ears. Teachers are reminded to always have children referred for a routine hearing screening if inattention is observed. Also refer children who suddenly begin to speak more loudly, consistently have the volume increased on the TV and other devices, or who routinely ask speakers to repeat what they have said.

✓ Children with Hearing Impairments often use aids or other devices. They also will benefit greatly from speech and language therapy which is usually available for free from the local public school system, even when the child is enrolled in a Catholic school.

Resources on Deafness and Hearing Impairment:

✓ American Speech-Language-Hearing Association (ASHA) – www.asha.org

✓ National Institute on Deafness and other Communication Disorders (NIDCD) – www.nidcd.nih.gov. ✓ International Catholic Deaf Association - www.icda-us.org

6. Intellectual Disability

Intellectual Disability means “significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child’s educational performance.”

Children with intellectual disabilities experience a wide range of functioning abilities as well as disabilities. (Note: Some parents and professionals prefer the term “developmental disability” or “cognitive disability.” However, “intellectual disability” is the terminology used in IDEA 2004. Intellectual disabilities can be caused by a genetic disorder, as in the case of Down Syndrome or Fragile X, or by a trauma during the birth process or in early infancy.

Children who have problems with cognitive functioning due to an accident or illness at later stages of childhood are usually coded (found to be eligible for services by the LEA) under the category of “Traumatic Brain Injury,” not “Intellectual Disability.”

Resources on Intellectual Disability:

✓ University Center for Excellence in Disabilities - www.temple.edu/instituteondisabilities ✓

National Association for Down Syndrome - www.nads.org ✓ National Down Syndrome Congress - www.ndscenter.org ✓ National Down Syndrome Society - www.ndss.org ✓ The Arc of the United States - www.thearc.org

✓ American Association on Intellectual and Developmental Disabilities - www.aaidd.org ✓

The National Fragile X Foundation - www.fragilex.org ✓ The LeJeune Foundation USA - www.lejeuneusa.org

7. Multiple Disabilities

Multiple Disabilities means “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.” This category is used as an acknowledgement that children can have two or more disabling conditions at the same time. The impact of two conditions can be greater than the sum of its parts, and requires very specialized planning.

Recommended Resources on Multiple Disabilities:

✓ Parents and educators should be able to get basic information by referring to the appropriate individual categories discussed in this manual and contacting national organizations. For example, The Arc of the United States would be able to provide information on individuals who are intellectually disabled and also have a sensory impairment, such as blindness.

8. Orthopedic Impairments

Orthopedic Impairments means “a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by a congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).”

Children with orthopedic impairments often need to have the following considered:

- Does the child tire easily? How can this be accommodated?
- Is this child mobile? How will s/he be evacuated in an emergency?
- Can the PE curriculum be adapted for maximum participation?
- Are there adaptations that should be made to the typical activities at recess?
- Does the child require a special desk, or other orthopedic supports?

Children whose orthopedic impairments result from trauma (such as a fire or car accident) or serious illness may benefit from emotional support via group or individual counseling.

Resources on Orthopedic Impairment:

✓ National Association of Parents with Children in Special Education - www.napcse.org

✓ United Cerebral Palsy - www.ucp.org

9. Other Health Impairments

Other Health Impairments means “having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that

(i) is due to a chronic or acute health problem such as asthma, attention

deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and

Tourette syndrome; and (ii) adversely affects a child’s educational performance.

This is a large category that incorporates a variety of disparate conditions that do not have much in common with one another. The law is organized this way because some children who have chronic or acute health problems do not find that their health issues impact their schooling, while others do.

It is important for Catholic school educators to note that this is the category under which children with Attention Deficit / Hyperactivity Disorder are diagnosed and provided with services in the public school. Simply because a child has AD/HD does not qualify the child for services under IDEA 2004 – there must be a specific impact on the child’s education. Some children with AD/HD respond very well to medication and so their AD/HD does not appear to affect them in the classroom. Others, with mild inattention or hyperactivity, may still perform well in a classroom that happens to have a structured teaching environment with excellent use of “hands-on” methods.

Resources on AD/HD:

✓ Attention Deficit Disorder Association – www.add.org ✓ Children and Adults with Attention

Deficit / Hyperactivity Disorder – www.chadd.org ✓ Understood -

<https://www.understood.org/en>

Resources on Epilepsy:

✓ Epilepsy Foundation – www.epilepsyfoundation.org

Resources on Tourette Syndrome (TS):

✓ Tourette Association of America – <https://tourette.org>

For other health impairments, begin at the National Institutes of Health website for information – www.nih.gov.

10. Specific Learning Disability

Specific Learning Disability means “a disorder in one or more of the basic psychological processes involved in understanding or in 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. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage.

While learning disabilities do often occur in the area of language and reading, it is important for educators to understand that a specific learning disability can exist in the area of mathematics as well. Currently, there is disagreement among various professionals as to whether in some cases a reading disorder constitutes a learning disability or is the symptom of poor reading instruction. However, for the purposes of finding professional information, those organizations that work with children with reading disorders are listed below.

Learning disabilities can occur in children of average, above-average, or superior intelligence. Since one primary indicator that a learning disability is present is the lack of academic progress in one or more subject or skill areas, learning disabilities are usually not diagnosed until children are school- age. Classroom teachers have a primary responsibility to understand their role of observing children and referring them for possible evaluation.

Resources:

✓ All Kinds of Minds – www.allkindsofminds.org ✓ LD Online – www.ldonline.org ✓

Learning Disabilities Association of America – www.lidaamerica.org ✓ National Coalition of Auditory Processing Disorders -www.ncapd.org ✓ National Center for Learning Disabilities – www.nclld.org ✓ The International Dyslexia Association – www.dyslexiaida.org

11. Speech or Language Impairments

Speech or Language Impairments means “a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child’s educational performance.”

This category of disability represents the largest number of children served under IDEA 2004 in the United States. Parents and educators should be careful to distinguish between children who have articulation problems, indicating a difficulty with pronunciation, and children who have language issues, which involve significant difficulty with processing speech and/or expressing oneself effectively using language. Language problems may be indicative of a more significant problem such as a specific learning disability. Children who do not progress in the reading process despite speech and language therapy should be watched carefully for a possible learning disability or reading disorder.

Resources on Speech or Language Impairment:

✓ The American Speech-Language-Hearing Association - www.asha.org ✓ The National Institutes of Health – www.nih.gov ✓ The Stuttering Foundation – www.stutteringhelp.org
(This organization has an excellent online video for teachers on how to help children who stutter feel more comfortable in the classroom.)

12. Traumatic Brain Injury (TBI)

Traumatic Brain Injury means “an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not include brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.”

This category is used to provide services for children who were developing within normal expectations, and then suffered a trauma to the brain, perhaps because of a car accident, a fall from a tree, or other such event.

Children with Traumatic Brain Injury (TBI) need careful observation and intervention. First, the nature of this disability can cause other emotional issues for the child and his/her family which require specific intervention. Secondly, the nature of the injury and the part of the brain affected will determine the child's functioning level; this can be very unique and difficult to determine.

Thirdly, although children with TBI can look like children with a specific learning disability in terms of their school performance, methods that may be appropriate for children with LD have not necessarily proven effective for children with TBI. Finally, the brain is an organ that recovers slowly from injury, and thus a child's initial functioning after an accident may substantially improve over time.

Resources on Traumatic Brain Injury:

✓ Brainline – www.brainline.org ✓ Traumatic Brain Injury & Concussion - www.cdc.gov/traumaticbraininjury ✓ Brain Injury Association of America - www.biausa.org

13. Visual Impairment Includes Blindness

Visual Impairment means “an impairment in vision that, even with correction, adversely affects a child's *educational* performance. The term includes both partial sight and Blindness.”

This category covers a very wide range of functioning. Children with partial sight may be able to perform in the regular classroom quite easily, as long as they have the support of specific technology to greatly magnify their textbooks, and material presented on the board or overhead. Children who are blind, however, will need alternative methods of instruction. Due to the existence of e-books, advances in scanning technology, text-to-speech programs, and dictation software, educators differ as to whether it is still necessary for children who are blind to learn Braille for complete literacy development. However, research supports the fact that children who learn Braille reach a higher level of literacy than children who do not. Children with little or no vision will also need mobility training.

Resources on Visual Impairment:

✓ American Foundation for the Blind – www.afb.org ✓ Columbia Lighthouse for the Blind - www.clb.org

✓ American Council of the Blind - www.acb.org

Adapted from the Archdiocese of Washington Catholic Schools



Section 8: Glossary, Acronyms, and Bibliography

- Glossary
- Acronyms
- Bibliography

Glossary

A

Accommodations - An adjustment to instruction or testing that allows for equitable access to information. Accommodations are intended to reduce or even eliminate the effects of a student's disability. Accommodations do not reduce learning expectations.

Achievement Test - Measure mastery of skills and knowledge acquired.

Adaptive Skills - Practical, everyday skills needed to function in an environment including skills for independently caring for oneself.

Americans with Disabilities Act (ADA) - Federal legislation that prohibits discrimination against individuals with disabilities.

Antecedent - The 'trigger' to a specific behavior - what occurs prior to the behavior.

Aphasia - A language impairment that affects one's ability to speak or comprehend spoken words.

Articulation - The formation of clear and distinct sounds in speech.

Assistive Technology - Any item, piece of equipment, or system used to increase, maintain, or improve capabilities for a person with a disability.

Attention Deficit Hyperactivity Disorder (ADHD)- An ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. Inattention means a person wanders off task, lacks persistence, has difficulty sustaining focus, and is disorganized; and these problems are not due to defiance or lack of comprehension. Hyperactivity means a person seems to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. Impulsivity means a person makes hasty actions that occur in the moment without first thinking about them and that may have high potential for harm; or a desire for immediate rewards or inability to delay gratification. An impulsive person may be socially intrusive and excessively interrupt others or make important decisions without considering the long-term consequences.

Auditory Learners - People who learn and remember information best by hearing what is said and presented.

Auditory Processing - A natural process where sound travels via the ear to the language area of the brain for interpretation.

Autism - A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three.

B

Baseline Data - A collection of facts, statistics, and present levels known about a student at the 'start' of instruction, intervention, or assessment.

Behavior - The way in which one acts or conducts oneself.

Behavior Intervention Plan - Based on information collected from a Functional Behavior Assessment (FBA), includes a description of the behavior, hypothesis about the cause of the behavior, and strategies and supports designed to modify the behavior.

Best Practices - A generally accepted and adopted technique, method, or strategy based on evidence and research.

C

Case Manager - A person who oversees the implementation of a plan, records/gathers information, consults, and acts as a point person in reference to a student.

Catholic Identify - Seeks to ensure that the Good News that Jesus proclaimed is truly passed on from one generation to the next through the great blessing of Catholic schools.

Child Find - A legal requirement in the Individuals with Disabilities Education Act for local education agencies (LEA) to 'find' all students who may have a disability and who may be entitled to special education services. The LEA must evaluate any child who is suspected or known to have a disability.

Cognitive Skills - A measure of overall thinking and reasoning skills. Includes performance on both verbal and visually related tasks.

Consultation - A service provider (special education teacher, speech/language pathologist, occupational therapists, etc.) assists a teacher or other professionals in ways to best meet the needs of a student(s).

Computer Adaptive Testing - A computer-based test designed to adapt to the test-takers ability level. Test items get hard or easier based on the test-taker's performance.

Criterion-Referenced Test - Describes tests that measure specific knowledge and content based on predetermined criteria or learning standards. Provides information on what a student knows and doesn't know at the time of the test.

D

Disability - The Individuals with Disabilities Education Act (IDEA) defines a child with a disability as one evaluated in accordance with as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. The American Disability Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. A disability is also defined as a physical or mental condition that limits mobility, senses or activities.

Dyslexia - Involves difficulty in learning to read or interpret words, letters, and other symbols. People with dyslexia have average to above average intellectual abilities.

Dyscalculia - A specific learning disability in math. People with dyscalculia may have difficulty understanding number-related concepts or using symbols or functions needed for success in mathematics.

Dysgraphia - Affects a person's handwriting and fine motor skills. Problems may include illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing written words as well as thinking and writing at the same time.

E

English Learner (EL) - A student with limited English proficiency as English is not the student's native language and/or English is not the primary language spoken in the home.

Equitable Services - Parentally placed private school students with disabilities may receive a different level of services based on available funding from the public school.

Executive Function - A set of mental processes that helps us connect past experience with present action. Executive function skills are used when performing activities such as planning, organizing, strategizing and paying attention to and remembering details. People with executive function issues have difficulty with planning, organizing and managing time and space.

Expressive Language - Refers to the way a person communicates including facial expression, gestures, vocabulary, and syntax.

F

FAPE - Under the Individuals with Disabilities Education Act (IDEA), students with disabilities are guaranteed a free and appropriate public education.

Fine Motor Skills - The coordination of small muscles in movements usually involving hands, fingers, and forearms.

Fluency - The ability to perform a task with speed and accuracy. Reading fluency includes proper expression.

Functional Behavioral Analysis - A process that targets a specific behavior, the purpose of the behavior, and factors that cause the behavior to interfere with educational progress.

I

Inclusion - A mindset that welcomes and accepts all people in the same setting regardless of differences.

Individual Education Program (IEP) - A legal document under IDEA that maps out a student's special education instruction, supports, and services need to make progress and be successful in school.

Intelligence Test - Designed to measure learning ability or learning and thinking skills associated with mental ability

Intervention - A program or steps to improve learning outcomes for a student.

K

Kinesthetic Learners - People who learn and remember information best by doing. Hands-on activities and interactive assignments work well.

L

Least Restrictive Environment - A part of IDEA that states students with disabilities should spend as much time as possible in environments with peers without disabilities.

M

Modifications - A substantial change in the learning goal, instructional level, and assessment for a student with disabilities.

Multiple Intelligences - Represents different intellectual abilities. In 1983, Howard Gardner proposed 8 abilities: musical-rhythmic, visual-spatial, verbal-linguistic, logical-mathematical, bodily-kinesthetic, interpersonal, intrapersonal, and naturalistic.

N

Native Language - The language a child acquires in the home and spoken by the family.

Neuropsychological Test - Specifically designed tasks used to measure a psychological function known to be linked to a particular brain structure or pathway.

Norm-Referenced Test - A standardized test designed to compare and rank students in relation to each other.

O

Occupational Therapy - A related service that provides therapy to remediate fine motor skills. Occupational therapy addresses meaningful activities of daily life.

Orton-Gillingham - A direct, explicit, multisensory, structured, sequential, diagnostic, and prescriptive way to teach literacy when reading, writing, and spelling does not come easily to individuals.

P

People First Language - Respectful language that recognizes the individual first not the disability.

Perceptual Reasoning - A measure of non-verbal and fluid reasoning. The ability to examine a problem, draw upon visual-motor and visual-spatial skills, organize thoughts, create solutions, and test them.

Physical Therapy - A related service that provides therapy to remediate gross motor skills.

Present Level of Performance (PLOP) - Indicates how the student is performing at the current time.

Processing Speed - The ability to interpret and respond to auditory and/or visual information.

Proportional Share - Under IDEA, local education agencies are required to expend funds for students who are parentally placed in private schools. A formula is used to calculate the share of funds.

Psychoeducational Testing - Tests used to analyze the mental processes underlying educational performance.

Psychologist - A trained professional with clinical skills to assess, diagnose and treat individuals suffering from psychological distress and mental illness. Psychologists may administer psychological tests.

Psychiatrists - Trained medical doctors who can prescribe medications and work with patients on medication management as a course of treatment.

R

Receptive Language - The ability to understand information that involves understanding the words, sentences and meaning of what others say or what is read.

Regression - Loss of critical skills.

Related Services - Services a student needs to benefit from special education. Related services can include speech-language services, occupational therapy, physical therapy, and psychological services.

Response to Intervention - A process educators use to identify and support struggling students.

S

Sensory Processing - The way the brain uses information obtained through the senses and turns it into a response.

Specific Learning Disability - A disorder in one or more of the basic psychological processes involved in understanding or in 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.

Speech Language Pathologist (SLP) - A trained professional who assesses and treats individuals with speech, language and communication disorders.

Student Intervention Plan (SIP) - A plan developed by the local education agency for students without disabilities who attend private schools and need support. This type of plan does not ensure the student is provided with FAPE.

Student Support Plan (SSP) - A plan developed by the local education agency for students with disabilities who attend private schools. This type of plan does not ensure the student is provided with FAPE.

T

Think Time - The way the brain uses information obtained through the senses and turns it into a response.

Title I - Federal funds provided to schools to assist in meeting educational goals for students from low income families.

Title II - Federal funds provided to improve teacher and leader quality and increase student achievement through evidence-based professional development.

Title III - Federal funds provided to ensure that English Learners (ELs) attain English language proficiency and meet state academic standards.

Title IV - Federal funds provided to increase access to a well-rounded education, support safe and healthy schools, and improve effective use of technology.

U

Universal Design for Learning (UDL) - An educational framework designed to improve and optimize learning for all people. UDL recognizes the unique learning differences of all people.

V

Visual Learner - People who learn and remember information best by reading or seeing.

Visual-Motor Integration - Refers to coordination, balance, eye movement, eye-hand coordination, and visual memory.

W

Working Memory - Refers to the ability to hold an idea in memory while developing, elaborating, clarifying or using it, as well as holding together in memory the components of a task while completing that task.

Acronyms

ABA - Applied Behavioral Analysis

ABC - Antecedent, Behavior, Consequence

ADA - Americans with Disabilities Act

ADHD - Attention Deficit/Hyperactivity Disorder

ASD - Autism Spectrum Disorder

ASL - American Sign Language

AT - Assistive Technology

BIP - Behavior Intervention Plan

CAP - Catholic Accommodation Plan

CEC - Council for Exceptional Children

DSM - *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association

EL - English Learners

ESY - Extended School Year

FAPE - Free, Appropriate Public Education

FERPA - Family Educational Rights and Privacy Act

GT - Gifted and Talented

HQT - Highly Qualified Teacher

IDEA - Individuals with Disabilities Education Act

IEP - Individualized Education Program

LEA - Local Education Agency

LEP - Limited English Proficiency

LRE - Least Restricted Environment

OHI - Other Health Impairment

OT - Occupational Therapy

PBS - Positive Behavior Supports

PT - Physical Therapy

RtI - Response to Intervention

SIP- Student Intervention Plan

SSP- Student Support Plan

SLD - Specific Learning Disability

SLP - Speech/Language Pathologist

UDL - Universal Design for Learning

WWC - What Works Clearinghouse

504 - Section 504 of the Rehabilitation Act

Bibliography

Archdiocese of Washington. (2019). *Student assistance manual* (2nd ed.).

deBettencourt, L. U. (2002). Understanding the differences between IDEA and Section 504. *Teaching Exceptional Children*, 34(3). <https://doi.org/10.1177/004005990203400302>

National Catholic Educational Association. (2017). *Called to inclusion* [Infographic].

<https://firefoundationneiowa.org/wp-content/uploads/2017/08/NCEA-disabilities-infographic-v3b.pdf>

National Catholic Partnership on Disability. (2010). *NCPD board statement on the provision of catechetical and academic instruction to Catholics with disabilities*.

https://ncpd.org/es/resources_and_toolkits/ncpd-board-statement-provision-catechetical-and-academic-instruction

New Mexico Public Education Department. (2009). *Student assistance team manual*.

<https://webnew.ped.state.nm.us/wp-content/uploads/2018/01/Student-Assistance-Team-Three-Tier-Model-of-Student-Intervention.pdf>