



North Coast Teacher Induction Program

Learning Knows No Bounds



**Student Interventions & Special Populations
Resource Guide**



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CHAPTER 1: ENSURING UNIVERSAL ACCESS FOR ALL STUDENTS

1.1 Induction Program Standard 6b: Teaching Special Populations

To ensure academic achievement for special populations, Induction Candidates adhere to their legal and ethical obligations relative to the full range of special populations (students identified for special education, students with disabilities, advanced learners and students with a combination of special instructional needs), including the identification and referral process of students for special services. Candidates implement district policies regarding support services for special populations. By communicating and collaborating with special services personnel, Candidates ensure that instruction and support services are provided according to the students' assessed levels of academic, behavioral and social needs.



Based on assessed student needs, Candidates provide accommodations and implement modifications. Candidates recognize student strengths and needs, use positive behavioral support strategies, and employ a strengths-based approach to meet the needs of all students, including the full range of special populations.

Candidates instruct special populations using adopted standards-aligned instructional materials and resources (e.g., varying curriculum depth and complexity, managing paraeducators, using assistive and other technologies).

It is important to take time to read any district specific policies and procedures for serving students with special needs. The information and materials contained in this resource guide represent a small selection from the vast array of materials available that can assist teachers in supporting students with special needs.

1.2 Ensuring Universal Access for Special Populations

What is universal access?

The *California State Curriculum Frameworks* defines universal access as access to high-quality curriculum and instruction for all students in order to meet or exceed the state's identified content standards. Under the heading Universal Access, the *California State Curriculum Frameworks* provides (for each grade level and subject area) a description of the strategies a teacher can use within each content standard to ensure universal access for all students.



Each subject-area framework includes specific strategies a teacher must employ to ensure universal access to the curriculum for all students. Using your student's most recent IEP, 504 Plan, GATE plan or other written accommodations as a guide, consider strategies you can use to ensure universal access for your Special Populations students.



Universal Access Strategies

The following strategies will assist you in planning for and meeting the universal access needs of your Special Populations students. Each bullet below should be implemented as you work with your students throughout Induction:

- ❑ Re-read the section entitled Universal Access in your state content framework.
- ❑ Become familiar with and use the identification and referral processes in your district and mandated by state and federal laws to ensure universal access for all students with special needs. Know your students' IEP, 504 or GATE Plan and ask for help, as needed, to implement the plan within your regular core curriculum.
- ❑ Use frequent assessments in relationship to stated IEP, 504 or GATE Plan objectives when starting an instructional unit (entry-level assessment), during instruction to monitor progress (progress-monitoring assessments), and at the end of a unit to gauge progress over time (summative assessments). Reflect on and adjust your teaching strategies using assessment evidence.
- ❑ Using your most recent IEP, 504 or GATE Plan objectives, diagnose severity of need so that you modify instruction to teach specific academic skills. As identified in your state framework universal access section, use these three groupings when planning appropriate intervention strategies for special needs students (and ALL students): **Benchmark Group, Strategic Group, and Intensive Group.**
- ❑ Create a safe and inclusive physical environment for all students, regardless of gender and sexual orientation, disabilities, or the special needs of advanced learners. Establish a learning environment that encourages students to ask questions freely when they do not understand a concept or assignment.
- ❑ Identify and use your available resources. Establish ongoing collaboration and communication with students, colleagues, resource specialists and families and use school, district and community resources and materials to provide equitable access. This could include technology-related tools and assistive devices to adapt and modify instruction to accommodate physical challenges.
- ❑ Use a wide variety of ways to explain a concept or assignment beyond verbal or written explanations (e.g. include the use of graphics, pictures, real objects, manipulatives, or other devices to increase opportunities for understanding). Differentiate curriculum in terms of depth, complexity, novelty and pacing.
- ❑ Identify your students' strengths, creating instructional situations that build on these identified strengths. Use the Positive Behavioral Support Strategies form (recommended, but not required) to effectively engage your student in classroom activities.
- ❑ When giving assessments, allow special needs students to demonstrate their understanding and abilities in a variety of ways beyond the written page.
- ❑ Monitor the use of academic language within lessons and provide specific assistance to students before and after lessons to ensure understanding (e.g. extend learning time where needed, use a peer or cross-age tutor, create homework partners who can assist with understanding assignments that need to be done outside of the classroom).



- ❑ Students must be actively engaged during lessons; especially your special needs students. Ask students to frequently explain in their own words what they are hearing as you teach. Design lessons that include engagement strategies, active learning strategies, and graphic organizers so that students can organize and visually display the concepts being taught. Lessons should include specific opportunities for students to talk to each other and explain ideas and concepts in their own words, allowing the teacher to immediately identify incorrect thinking. Plan multi-tiered interventions throughout the year that provide immediate and specific academic support and make outside referrals, if additional resources are needed (Student Study Team).
- ❑ Employ flexible grouping strategies according to specific student needs and instructional difficulty. Your Special Populations students may need a focused small group setting when introducing new concepts, but, while a unit is in progress, some students could easily work with more advanced students on a specific project that utilizes identified strengths. Vary the use and type of grouping to allow all students to communicate and share learning experiences.

1.3 Six Principles of the Individuals with Disabilities Education Act (IDEA)

Free Appropriate Public Education (FAPE)

The term ‘free appropriate public education’ means special education and related services that (A) have been provided at public expense under public supervision and direction and without charge; (B) meet the standards of the State educational agency; (C) include an appropriate preschool, elementary, or secondary school education in the State involved; and (D) are provided in conformity with the individualized education program required under section 614(d). [Title 5, Section 602(8)].

Appropriate Evaluation

A significant update for IDEA focuses on the evaluation process. It was determined that a child should not be subjected to unnecessary tests and assessments and the Local Educational Agency (LEA) should not be saddled with associated unnecessary expenses (Committee on Labor and Human Resources, p.19). Evaluation activities should include gathering information related to enabling the child to be involved and progress in the general curriculum, and to participate in appropriate activities.

Individualized Education Program

The term “Individualized Education Program” or IEP means a written statement for each child with a disability that is developed, reviewed and revised in accordance with Title 5, Section 614(d).

Least Restrictive Environment

The presumption that children with disabilities are most appropriately educated with their nondisabled peers and that special classes, separate schooling, or other removal of children with disabilities from their regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.



Parent and Student Participation in Decision Making

According to Congress, almost 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by “strengthening the role of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home”. [Title 5, Section 601(c)(5)(B)]

Procedural Safeguards

Safeguards to ensure that the rights of children with disabilities and their parents are protected, that students with disabilities and their parents are provided with the information they need to make decisions about the provision of FAPE, and that procedures and mechanisms are in place to resolve disagreements between parties.



CHAPTER 2: RESPONSE TO INTERVENTION (RTI)

2.1 RTI - A Beginning Point



Response to Intervention (RTI) is a general education strategy intended to provide students with early systemic, strategic, research-based remedial intervention.

In an RTI model, students performing below grade level are given remedial interventions tailored to their specific needs, while continuing to participate in the general education core curriculum. These targeted remedial interventions are determined through academic screenings and progress monitored by both general and special education staff.

After having been given interventions targeted at their specific needs, students who do not show sufficient growth over time may then be determined to need special education.

Ensuring that students have been provided an opportunity to have sufficient and specific interventions before they are placed in special education should prevent inappropriate special education placements. IDEA 2004 allows states to use RTI in lieu of the learning disability discrepancy model currently employed by many states.

The Three-Tier Response to Intervention (RTI) Model

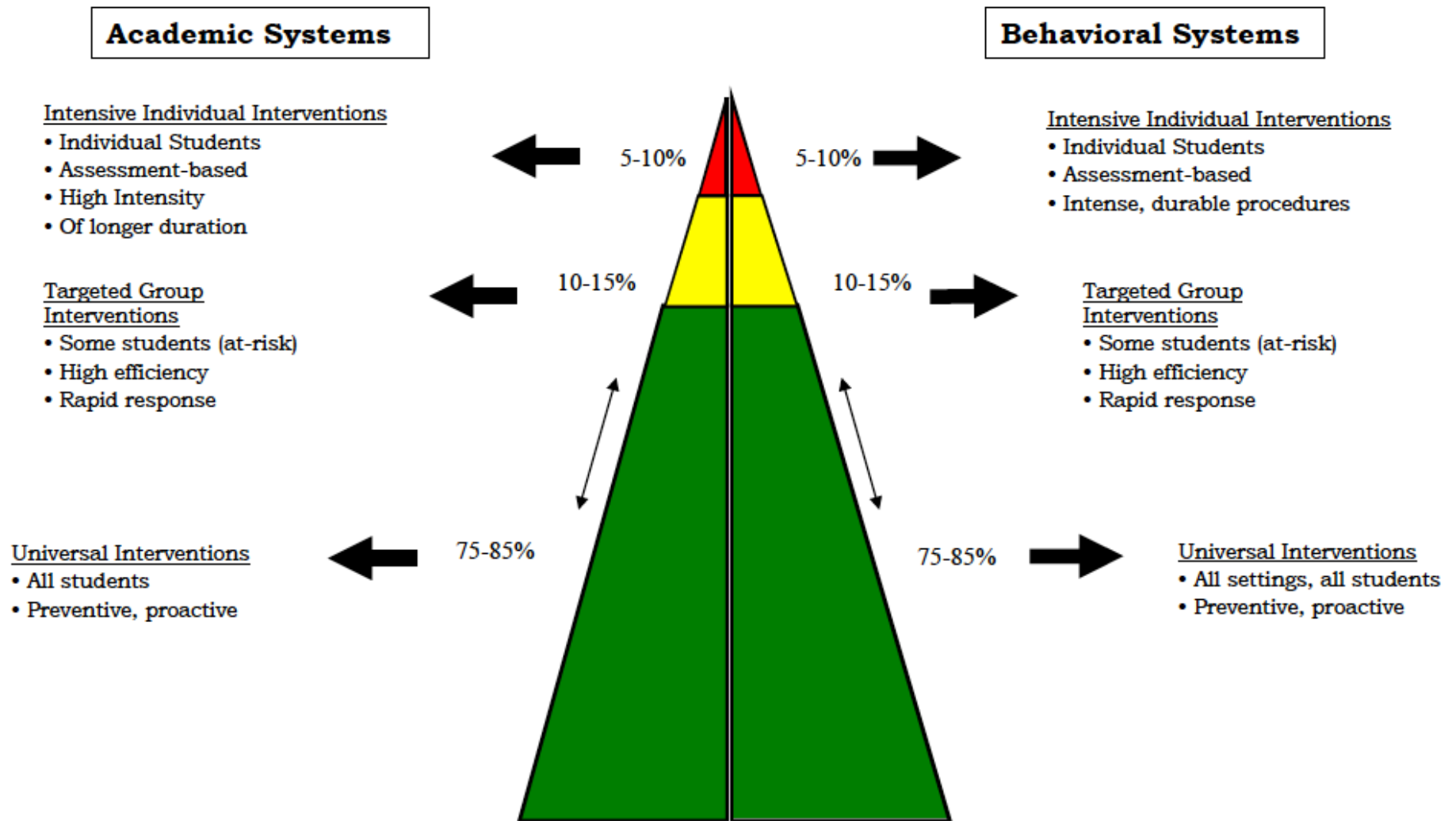
The RTI Model is the most commonly used model across the United States. Under the three-tier system, students have access and opportunity to participate in all three of the following (as appropriate):

1. The core curriculum that all students are taught
2. A supplemental remedial curriculum that is provided in addition to - rather than instead of - the core curriculum
3. Intensive instruction that is systematic and explicit.

Only after a student has failed to show adequate response to the three tiers would he or she be considered for special education. Intervention at each tier should last at least 6 weeks. Frequent progress monitoring during the intervention period indicates whether the child is succeeding. If he or she is not, instruction should be modified to see whether a different intervention would be successful.

Under an RTI model, special education teachers work collaboratively with general education staff in helping to provide targeted interventions, before students are actually placed in special education. Special education paperwork should be considerably reduced, as should the number of students labeled as learning disabled.

2.2 A School-wide System for Student Success



Source: IEP Coach Handbook "Six Principles of IDEA" 2004

CHAPTER 3: THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) & REFERRAL PROCESS

3.1 The General Education Teacher and IEP Meetings

A student with an IEP belongs to the general education program. Special Education services are there as a support. The role of the General Education Teacher in working with special needs students changed significantly with the passage of IDEA '97 and subsequent passage of IDEA 2004.



Below is a listing of some of the responsibilities required of the regular education teacher. References to the specific Education Code that mandate this section follow each legal reference. Please refer to your district board policies relative to Individualized Education Plans/Programs (IEP) and Special Education services regarding the specific policies that guide you and your district.

Who should attend?

IDEA 2004 mandates that there must be a General Education teacher present, if the student is in, or is going to be in, general education classes. Others who are mandated to attend include: a parent, a special education teacher, an administrator or designee, a person to interpret any assessment data, and, as appropriate, the student whose program is being discussed. Ed. Code §56341.(b)(2)

Why must you be there?

- To participate in the development, review and revision of the student's program. Ed. Code §56381 (1)
- To determine what supports, supplementary aides and services both you and the student will need to be successful in the general education class. The IEP must indicate what specific accommodations, modifications and supports are available to you in assisting that student, in addition to your responsibilities. Ed. Code §56345(a)(b)(3) §56100(a)(l)(j) §56381 (1)(d)
- To discuss program modifications. Ed. Code §56381 (1)(d)
- You must receive a copy of the IEP goals and objectives pertinent to your content area/class. Ed. Code §56347

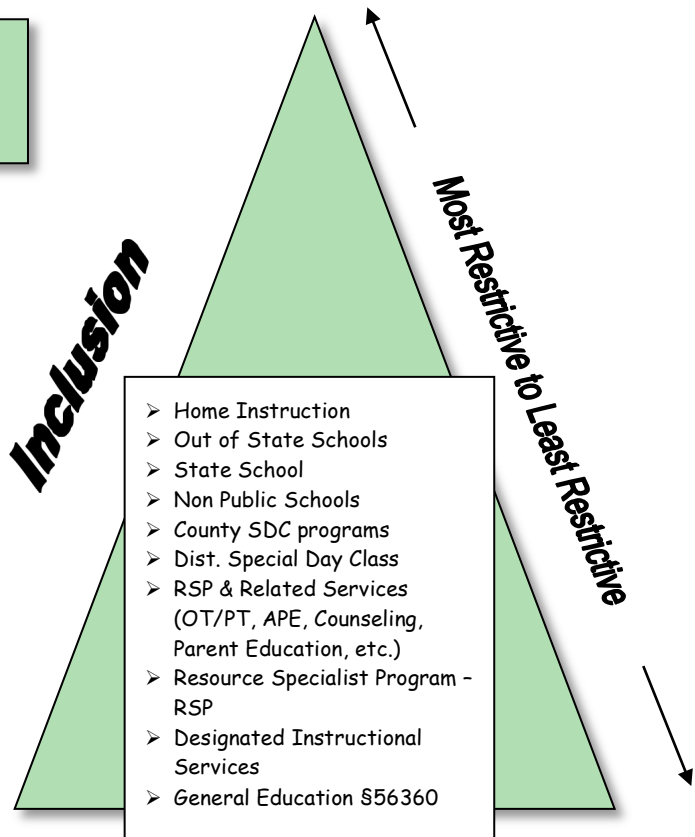
**As the General Education Teacher,
you are responsible for implementing the IEP.**

3.2 Special Education Qualifying Conditions

Below is a listing of the 14 current qualifying conditions for which children might receive specialized services. Each of the conditions has specific criteria, which **MUST** be met in order to access support. Definitions of each of the handicapping conditions can be found in: the California Special Education Programs, A Composite of Laws, under Education Code, part 30, Other Related Law, and California Code of Regulations - Title 5. You might also consult with your District Administrator, School Psychologist or your County Office of Education in order to access your local SELPA guidelines for eligibility.

- | | |
|---|--|
| <input type="checkbox"/> Autistic-like | <input type="checkbox"/> Established Medical Disability (0-5 yrs.) |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Intellectual Disability (formally Mental Retardation) |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech and Language Impaired |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Visually Impaired |

**PYRAMID for the
Least Restrictive Environment**



Source: IEP Coach Handbook "Six Principles of IDEA" 2004

3.3 Summary of Eligibility Criteria, Individuals with Disabilities Act (IDEA)



Specific descriptions of each eligibility criteria can be found in Section 3030 (a - j) of the Education Code. Students must meet the criteria for the disability AND have his/her education adversely impacted.

Autism

A student exhibits any combination of the following autistic-like behaviors (to include, but not limited to): an inability to use oral language for appropriate communication; a history of extreme withdrawal or relating to people inappropriately and continued impairment in social interaction from infancy through early childhood; an obsession to maintain sameness; extreme preoccupation with objects or inappropriate use of objects or both; extreme resistance to controls; displays peculiar motoric mannerisms and motility patterns; self-stimulating ritualistic behavior.

Deaf

A student has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, and which adversely affects educational performance. Processing linguistic information includes speed and language reception and speech and language discrimination.

Deaf-Blindness

A student has simultaneous hearing and visual impairments, the combination of which causes 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.

Developmental Delay

The term developmental delay, as defined by each State, for a child from birth to age three (under IDEA Part C) and from age three through nine (under IDEA Part B), means a delay in one or more of the following areas: physical development, cognitive development, communication; social or emotional development, or adaptive [behavioral] development.

Emotional Disability

A student exhibits one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance. Characteristics include: 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 exhibited in several situations; a tendency to develop physical symptoms or fears associated with personal or school problems.

Hearing Impaired

A student has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, which adversely affects educational



performance. Processing linguistic information includes speech and language reception and speech and language discrimination.

Intellectual Disability

A student has significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a student's educational performance.

Multiple Disabilities

A student has 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.

Orthopedic Impairment

A student has a severe orthopedic impairment, which adversely affects the student's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease, and impairments for other causes.

Other Health Impairment

A student has limited strength, vitality, or alertness, due to chronic or acute health problems that adversely affects his or her educational performance. IDEA 97 clarifies that the term "limited strength, vitality, or alertness", when applied to children with AD/HD, includes "a child's heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment." This health problem is not temporary in nature as defined by Section 3001 (v) of the education code.

Specific Learning Disability

A student has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations, and has a severe discrepancy between intellectual ability and achievement in one or more of the academic areas specified in Section 56337 (a) of the Education Code.

Language or Speech Disorder

A student shall be assessed, by a Language, Speech and Hearing Specialist, as having a language or speech disorder which makes him or her eligible for special education and related services when he or she demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his or her educational performance and cannot be corrected without special education and related services. Disorders in this category include language, articulation, voice and fluency.

Traumatic Brain Injury

A student has acquired injury to the brain caused by an external physical force resulting in a total or partial functional disability or psychological impairment, or both, that adversely affects educational performance. The term applies to open or closed head injuries resulting in impairments in one or more

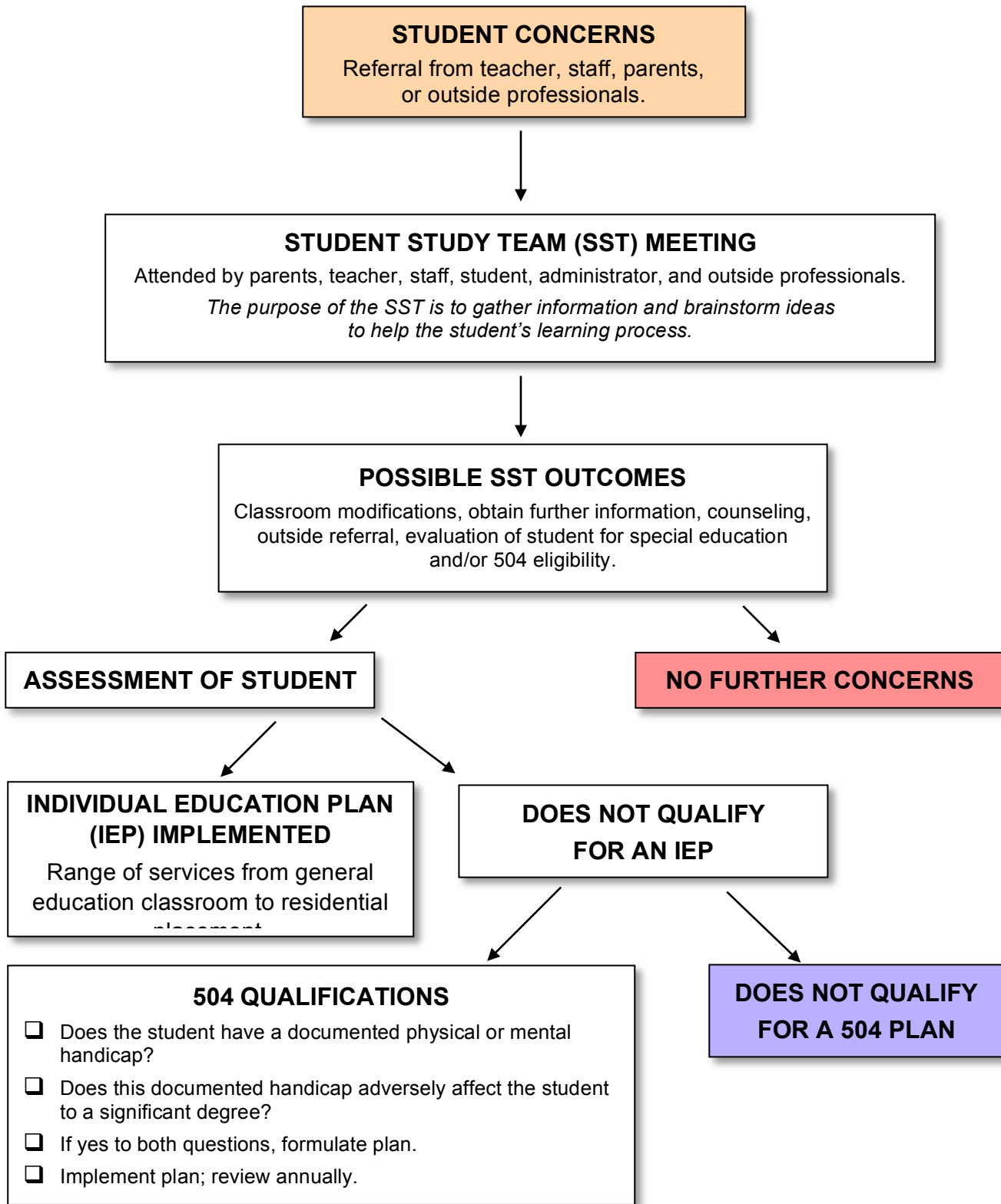


areas: language, cognition, memory; attention reasoning; abstract thinking; judgment; problem solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries caused by birth trauma.

Visual Impairment

A student has a visual impairment that, even with correction, adversely affects the student's education performance.

3.4 Student Referral and Assessment Flowchart



Source: IEP Coach Handbook "Six Principles of IDEA" 2004

3.5 Section 504 Referral Process



Section 504 is a section of the American with Disabilities Act and affects or “substantially limits a major life activity.”¹ While the process for referral is “personalized” in each district, there are legal mandates which guide the 504 referral process. Typically, each district will have an adopted policy to address the specific Section 504 Referral Process.

The following process is a suggested format, which should be replaced with the one that is being used at your school. Please note that a student may be referred by a parent/guardian, teacher, other school employee or a community agency for consideration of eligibility as a student under Section 504.

Referral Process

1. The first step in evaluating a possible Section 504 student is to initiate a Student Study Team (SST) meeting. Please refer to your District policy.
2. At the SST meeting, the supporting documents (private psychological reports, a doctor’s written diagnosis, etc.) are presented. The focus of the meeting is to discuss the adverse effects of the student’s condition (as determined and documented in the presenting report) relative to his/her ability to learn.

What are the preliminary eligibility questions to ask?

- a) Does this child have an active Individualized Educational Plan (IEP)? If so, then STOP. A child with an active IEP is already “covered” under special education law, which is broader and more encompassing than Section 504.
 - b) Does the child have a valid, documented and undisputed mental or physical condition (e.g. contagious disease, cosmetic disfigurement, anatomical loss, etc.)?
 - c) Does this student’s mental or physical limitations substantially restrict the student’s ability to learn (e.g. SAT 9 scores below 15%tile, grades of Ds and Fs, consistently not passing or at-risk of not passing, etc.)?
 - d) Important note: Poor school achievement cannot be due to refusals, low motivation, cultural and language issues, environmental factors, transitory crisis and/or a behavior disorder.
3. The outcome of this meeting is to:
 - a) Determine eligibility for Section 504 and to formulate an Accommodation Plan. An Accommodation plan may include services that range from general education to residential placement. Most Section 504 plans consist of classroom modifications or accommodations. Since Section 504 is generally a function of regular education, the classroom teacher is often the case carrier. The teacher is responsible for monitoring progress, scheduling meetings and informing next year’s teacher of the Section 504 status. Section 504 Plan meetings must be held annually at regularly scheduled intervals.

- OR -

 - b) Initiate a referral for a psycho-educational assessment

Source: IEP Coach Handbook “Six Principles of IDEA” 2004

¹Definition of a major life activity (Pub.L.No.110-325, 122 Stat. 3553 20 U.S.C): Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, speaking, reading, learning, concentrating, thinking, communicating and working.



3.6 The Special Education Referral Process

Typically, each district will have an adopted policy to address the specific Special Education Referral Process. The following process is a suggested format, which should be replaced with the one that is being used at your school. A student may be referred by him or herself, or by a parent/guardian, teacher or administrator for consideration of eligibility as a student under Special Education.

Referral Process

1. The first step in evaluating a possible Section 504 student is to initiate a Student Study Team (SST) meeting. Please refer to your District policy. If a parent requests an assessment for special education, in writing, the District MUST acknowledge the parent's request within 15 calendar days of receipt of the written request by providing them with an assessment plan, or other written response to their request. The District may deny the parent's request if they do not believe that an assessment is necessary or appropriate for the student. Under all circumstances, an SST is recommended to discuss parental concerns.
2. Once the Assessment Plan is signed for permission to assess, the student must be assessed and an Individualized Educational Plan (IEP) meeting must be held within 60 calendar days of the District's receipt of the signed assessment plan. Extension of timeline is allowed in the initial IEP dates, only if parent agrees.
3. An IEP meeting is held. The parents are invited to attend and they may bring anyone they want to the meeting. If they want to bring an attorney, they must notify the District in advance in order for the District to have equal representation. In addition, an LEA representative/administrator, the classroom teacher, the special educator, and the assessors must be present. The student may also attend.
4. At the meeting, there is a review of the assessment, in-class performance and a determination of eligibility. There are 14 different qualifying conditions. Specific criteria must be met for each handicap condition. In each case, the IEP team must determine that the student's handicap "adversely affects" his/her education performance.

In determining the "adverse affect" of the qualifying condition on educational performance, the following guidelines are considered:

- a) Discrepancy between the student's ability as measured on the intellectual assessment and the academic performance. Although IDEA '04 removed discrepancy as a requirement for eligibility with a specific learning disability, this model continues to be used.
- b) Work samples, criterion reference tests, task completion, on task behavior, group participation, peer and teacher interaction, behavior rating scales and teacher observations may also be used to determine adverse effect.
- c) Lack of attendance cannot be the sole basis of "adverse effect."
- d) Documentation that the student's skills are markedly below the instructional range of the classroom.
- e) Second language, cultural or environmental issues cannot be the sole basis of "adverse effect."
- f) Overall pattern of poor grades, substantiated in the cumulative records.
- g) The student scores two or more grade levels below actual placement on individually or group administered standardized achievement tests.



5. Once eligibility is established, the team determines the needs and develops goals in those areas. These may include academic, behavioral or social-emotional needs. There are two types of goals: (1) enabling the student to be involved/progress in the general curriculum using state standards and, if appropriate, (2) addressing other educational needs resulting from the disability. The goals and objectives are aligned to the state standards and are written in measurable standards including methods of data collection. Objectives need to be written for students who will be taking alternate state testing and reported to parents/guardians at the same regularly scheduled reporting periods for all students. Alternative state tests are the California Alternative Performance Assessment (CAPA) and the California Modified Assessment (CMA).
6. The IEP team determines if there are any other types of services or support that the student might need to meet the goals, or if there are any types of support that the general education teacher might need to assist the student in meeting the goals and objectives (e.g. technology support, modified texts, etc.).
7. The IEP team determines what is the Least Restrictive Environment (LRE) in which the student can meet the goals. It is the intent of the IEP to always look at maintaining the student in an educational environment where s/he can be with general education peers for as much of their day as possible. Consideration can be given to the following placement options (listed in order from the least restrictive to the most restrictive):
- General Education Class
 - Designated Instruction (may include Speech and Language, Counseling, etc.)
 - Resource Specialist Program or a Learning Center Model
 - Special Day Class (either at the home school, local school or the County Office)
 - Nonpublic School
 - Residential Placement (either within California or outside California)
 - Home Placement (considered most restrictive, because there is no interaction with non-disabled or disabled peers)
8. The IEP is a CONSENSUS DOCUMENT; only with agreement of the parties can the IEP be implemented. All participants in the IEP sign under “IEP Participants”. Parents must also sign under “Consent”, indicating if they are in full agreement, partial agreement, or not in agreement. Those areas of the IEP that the parent is in agreement with may be implemented upon the parent’s signature. The next IEP meeting date is held within one year of the date of the current IEP meeting. The IEP can only be implemented with the written permission of the parents. If there is disagreement between the parents and the District, there are optional processes to facilitate agreement, which include Alternative Dispute Resolution, Mediation, and/or Due Process. Students are reassessed every three years or at major transitions.



Source: IEP Coach Handbook “Six Principles of IDEA” 2004

3.7 The Student Study Team



While the Student Study Team (SST) procedure for referral and review of student needs is “personalized” in each district, there are legal guidelines that determine steps through the referral process for special education services (Ed. Code 56303). Typically, each district will have an adopted policy relative to the SST. The following step-by-step procedure is a suggested format, which should be replaced with the one that is being used at your school.

Referral Process

1. When any student is having difficulties - emotional, academic or behavioral - the teacher should attempt a range of intervention strategies. These interventions need to be documented. Contact should be made with the parent to alert them of the issues of concern.
2. If there is insufficient progress, the teacher completes a Referral Form, which is turned into the principal. The principal may meet with the referring teacher to decide on a course of action, which may include a referral to a SST. The SST is a general education process that is staffed by a group of site-based personnel (teachers, administrator, etc.) who will “brainstorm” with the referring teacher on issues related to the student of concern. Both the referring teacher and parent complete any necessary paperwork prior to the meeting.
3. The SST meeting is held. After reviewing the strengths and concerns related to the child, the team makes a series of recommendations and an action plan. A time frame is established within which time the “action plan” is implemented. A follow-up date is scheduled, generally within 6 - 8 weeks.
4. The SST reconvenes to determine the effectiveness of the documented interventions. If the interventions have been successful, the process stops and all completed paperwork is placed in the student’s folder. If the interventions have been unsuccessful or have revealed other areas of concern, the student may be referred for another set of actions, which may include a referral to a specialist for a more in-depth review of needs or a referral for a more comprehensive assessment (e.g. Special Education team, Counselor, Speech/Language Specialist, School Psychologist).
5. In the event that the student has been referred for any type of assessment, the appropriate and legal papers must be signed by parents/guardians in accordance with school/district policy and procedure before the next step can be taken. Parents must be kept informed throughout this process.

Source: IEP Coach Handbook “Six Principles of IDEA” 2004

3.8 Gifted and Talented Education (GATE) Referral Process



The designation “gifted” indicates that a student has unusually high abilities in some area and, because of that, has unique educational needs. The term “gifted” describes students, who, when compared to their age mates, have an ability or depth and breadth of awareness that is far beyond the norm.

While the process for a GATE referral is “personalized” in each district, there are legal mandates that guide the process. Typically, each district will have an adopted policy to address the specific Gifted and Talented Education (GATE) Referral Process. The following step-by-step process is a suggested format, which should be replaced with the one that is being used at your school.

Referral Process


1. A parent/guardian or teacher may refer a student, generally in third grade or above, for consideration for the GATE Program.
2. Given the mandate for “multiple measures” when determining a student’s capacity, students are usually given a standardized assessment in order to determine aptitude. Those students who perform in the top 2% - 5% on a criterion reference test, an abilities test or a standardized IQ test can be considered as potential candidates for the next level of “assessment.” Frequently, another nonverbal assessment (e.g. Raven, Naglieri) or a creative abilities test (e.g. Structure of Intelligence (SOI)) is given. In some districts, there are portfolio assessments to determine the student’s performance and capacity.
3. Students whose standardized assessment scores fall within the 96th - 99th percentile generally can be considered eligible to participate in the GATE Program.
4. The teacher, or other person responsible for the GATE program, notifies parents of the student’s test results and eligibility.
5. The teacher develops an individual plan with input from the multiple measures used to determine the student’s eligibility and shares it with the parents.
6. Regular meetings are held to review the progress of the student and his/her plan.

Source: IEP Coach Handbook “Six Principles of IDEA” 2004

3.9 Assessments Under Special Education

The procedures for conducting assessments are “personalized” in each district, but there are legal mandates that guide the process. The following step-by-step procedure is a suggested format, which should be replaced with the one that is being used at your school.

Procedure for Conducting Assessments

1. Once a student has been referred for a special needs assessment, an Assessment Plan is developed in accordance with the recommendations from the Student Study Team (SST). The student’s name is recorded, a timeline for completion of the assessments is initiated, and the Assessment Plan and Parent Rights are sent home for parental signature. (Note: Some districts do not utilize the SST. When an SST is in place, the district SST process cannot be used to slow down the mandated 15-day response time for testing.) 
2. Upon receipt of the signed plan, the individual specialists noted on the Assessment Plan are alerted. The assessment and Individualized Educational Program Planning (IEP) meeting must be completed within 60 days.
3. When all the assessments have been completed, arrangements are made with the parents to hold an IEP meeting within the original 60-day timeline.
4. The reports are written, and the IEP meeting is held, in which the parent(s), classroom teacher, a special education teacher, an LEA representative (e.g. administrator or administrator designee), and the assessors MUST be in attendance. The examiners review the results of their assessments, and a decision is made regarding eligibility under Title 5. If the student is not eligible under Special Education (IDEA), the team may consider eligibility under Section 504, if appropriate, and refer to the team, accordingly. If the student is eligible under IDEA, the team develops goals, objectives and determines the necessary supports.
5. Once the goals are developed and appropriate services are determined, it is the responsibility of the IEP team to discuss all options for the student, keeping in mind that s/he should be placed in the Least Restrictive Environment.
6. The team members document their participation in the IEP. A review date to be held within a year of implementation is determined. The parent’s signature gives permission to implement the Special Education Program. The parent(s), the classroom teacher and special education teacher receive a copy of the IEP.



3.91 Types of Assessments

Observations

There is a need to see the student in his/her educational environment. Do the concerns related to the referral manifest themselves in an obvious manner?



Background Information

There is a need to determine patterns of behaviors as they relate to the presenting areas of concern.

Possible tests to use:

- Health and Developmental
- Parent Interview

Psychomotor Functioning

This gives the assessor an idea of visual organization, the capacity to follow directions, pencil grip, spatial orientation, the speed/length of time it takes to perform a writing task, and the ability to copy things from the board. Some of the skills related to these assessments are linked to a student's ability to draw, perform art-based tasks, write, copy, self organize, and orient him/herself visually.

Possible tests to use:

- Bender Gestalt (also measures visual organization) up to age 12
- VMI (Beery Developmental Test of Visual Motor Integration) ages 3-18

Process/Memory Functioning

These are essential assessments to determine any potential areas of concern related to confirming processing disorder. These are the assessments that lead to discussions of Auditory Processing, memory deficits, attention deficits, and/or visual perception difficulties.

Possible tests to use:

- Test of Auditory Perceptual Skills-Revised (TAPS)
- Test of Visual Perception Skills (non-motor) - revised
- Motor Free Visual Perception Test-R
- WRAML (Wide Range Assessment of Memory and Learning)
- Learning Efficiency Test-II

Intellectual/Cognitive Functioning

The intellectual assessment is generally the cornerstone of any assessment. The test, given in isolation without distractions, assesses a student's potential for academic success. Generally, the assessment will give information related to both verbal (using language) and nonverbal (not using language, but giving demonstration) skills. Many of the subtests are timed and all have specific norms and conditions that must be adhered to. It should also be noted that most of these assessments are not given on a regular (annual) basis, due to the test/re-test issues. Further, it should be noted that there are different assessment tools used for different "types" of students (issues of concern). These assessments generally give information related to processing information, attention, visual and verbal reasoning, social awareness skills, working memory, vocabulary, focus, and perceptual organizational skills. While there are some limitations (e.g. younger children generally test higher, students with second language issues test lower on verbal, children with high levels of distractibility may test lower



than anticipated), the assessment generally gives a snapshot of student capacity. AVERAGE standard scores fall within the range of 85 - 115.

Possible tests to use:

- Weschler Tests (WPPSI, WISC-IV, WASI, WAIS-III)
- Woodcock Johnson - III
- CAS (Cognitive Assessment System)

Academic Functioning

Given that this is a Psycho-educational assessment, the focus is on how the student is doing academically. These tests will give an estimate of how the student performs in optimum conditions on standardized assessment. The results of this information are “balanced” against the intellectual assessment.

Possible tests to use:

- Woodcock-Johnson III Tests of Achievement (WJ-III)
- Wechsler Individual Achievement Test - III (WIAT)

Social Emotional Functioning

These assessments generally review areas of concern that may be contributing to the overall performance of the student. When the assessment is for a possible Emotionally Disturbed student, extensive focus should be given in this area. Frequently, these are “assessments” that are completed by the classroom teachers, parents and student.

Possible tests to use:

- Interview
- Piers-Harris Self Esteem Inventory
- Projective Drawings
- Beck Youth Inventory
- Conners'
- Behavior Assessment System for Children (BASC)

Source: IEP Coach Handbook “Six Principles of IDEA” 2004



CHAPTER 4: TYPES OF DISABILITIES

4.1 Asperger's Disorder

Asperger's Disorder (or Syndrome) is a relatively new diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) under the umbrella of the pervasive developmental disorders. Until recently, individuals with Asperger's were often misdiagnosed as ADHD, schizophrenic, schizotypal personality disorder, learning disabled, etc., or not diagnosed at all. More of these students are being identified and placed in regular education classrooms; however, most teachers and professionals are not familiar with this disorder.

Asperger's Syndrome is very similar to high-functioning autism in many ways, and there is still some debate as to whether Asperger's Syndrome and high-functioning autism are indeed the same disorder, or whether Asperger's and Non-Verbal Learning Disorder is the same. The DSM-IV separates Asperger's Syndrome from autism by two diagnostic criteria: the child must have had typical language development and demonstrate normal to high cognitive ability. (It should be noted

CHILDREN WITH ASPERGER'S SYNDROME ARE
HIGHLY VERBAL, INTELLIGENT INDIVIDUALS WHO DEMONSTRATE IMPAIRMENTS IN RECIPROCAL SOCIAL
INTERACTION, COMMUNICATION (PRAGMATIC LANGUAGE), AND RANGE OF INTERESTS.
OFTEN, THEY HAVE MOTOR DIFFICULTIES LEADING TO AN AWKWARD GAIT
AND FINE MOTOR PROBLEMS, ALTHOUGH THIS
IS NOT TRUE IN ALL INDIVIDUALS.

Common difficulties include:

- Perseveration on specific topics of interest
- Insistence on sameness/difficulty with changes in routine
- Difficulty with reciprocal conversations
- Socially naïve and literal thinkers
- Difficulty with learning in large groups
- Appear "normal" to other people
- Difficulties with abstract concepts
- Problem-solving abilities tend to be poor
- Vocabulary usually great; comprehension poor
- Poor writing skills (fine-motor problems)
- Pedantic speech
- Inability to make friends
- Tend to be reclusive
- Emotional vulnerability
- Academic difficulties
- Motor clumsiness
- Poor coping strategies
- Poor concentration
- Low frustration tolerance
- Restricted range of interests

Because these children have so many strengths, it is often easy to overlook their weaknesses. Some of their behaviors may be interpreted as "spoiled" or "manipulative", and children with Asperger's are often considered defiant and "troublemakers." It is important for teachers to recognize that inappropriate behaviors are usually a function of poor coping strategies, low frustration tolerance, and difficulty reading social cues. Most teaching strategies that are effective for students with autism (structure, consistency etc.) also work for students with Asperger's. However, because these children are often aware that they are different and can be self-conscious about it, teachers may need to be subtler in their intervention method.

Source: *IEP Coach Handbook "Six Principles of IDEA" 2004*



4.2 Attention Deficit/Hyperactivity Disorder (ADHD)

The essential feature of Attention-Deficit/Hyperactivity Disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than what is typically observed in individuals who are the same age. Most of the hyperactive-impulsive or inattentive symptoms have been present since before the child was seven years old.

The types of symptoms that are usually considered to describe an Attention Deficit/Hyperactivity Disorder include, but are not limited to the following:

- Easily distracted
- Difficulty completing a task
- Wanders around without purpose
- Poor impulse control
- Difficulty waiting/taking turns
- Can get “over focused” on external stimuli
- Shifts from task to task without completion
- Gets off task
- Fidgety
- Daydreams
- Blurts out responses
- Inability to inhibit responses
- Unconscious tapping
- Attention to external noises

The symptoms above may also be due to, or confused with:

- Anxiety
- Allergies
- Environmental stress (home/school)
- Lack of sleep
- Unidentified learning disability
- Side effect of medications
- Poor nutrition
- Change in routine
- Separation or divorce
- Mood disorders
- Depression
- Work level is too easy

An Attention Deficit Disorder may exist with or without hyperactivity. The majority of those identified with the hyperactive type are boys. Girls tend to be under identified and usually exhibit the inattentive type.

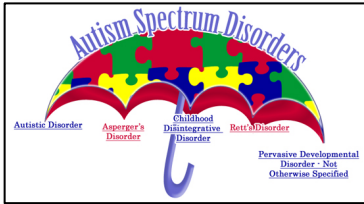
In the event that you suspect that a student has an Attention Deficit/Hyperactivity Disorder, it is recommended that you contact the parent, and/or follow your District’s steps to request a Student Study Team meeting.



IT IS IMPORTANT TO REMEMBER THAT YOU
 ARE A TEACHER, NOT A DOCTOR.
 TEACHERS CANNOT DIAGNOSE ADHD.
 THEY CAN SIMPLY RECOMMEND THAT A PARENT LOOK INTO
 THE OBSERVED BEHAVIOR BY CONSULTING A PHYSICIAN.

Source: IEP Coach Handbook “Six Principles of IDEA” 2004

4.3 Autism



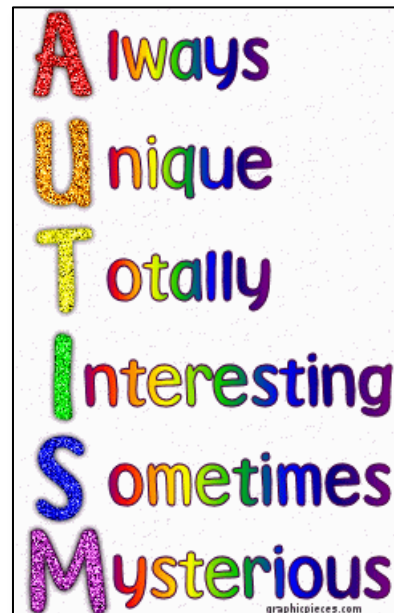
Autism is a developmental disorder that is behaviorally defined. It is one of the five sub-categories of the pervasive developmental disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Other sub-categories include: Pervasive Developmental Disorder, not otherwise specified (PDD-NOS), Asperger Disorder, Rett Disorder, and Childhood Disintegrative Disorder. Although they range in severity and symptomatology, all of these disorders cause impairments in three categories: social, communication, and behavior. Below is a list of characteristics associated with autism.

Age of Onset/Development

- Deficits usually noted by three years of age
- Delay in onset of first words
- Delay in onset of first phrases
- Uneven skill development
- 60% have IQ's under 50; 20% have IQ's between 50-70; 20% have no mental retardation, with some individuals in the gifted range (these figures are only approximate)

Social Domain

- Impairments in:
 - Understanding social gestures
 - Eye contact
 - Social smile (reciprocal)
 - Showing and directing
 - Sharing/turn-taking
 - Offering/seeking comfort
 - Appropriate use of facial expression
 - Consistency of social responses
 - Imaginative play
 - Ability to play social games
 - Ability to make friends
 - Ability to judge social situations
 - Imitative social play
 - Interest in other children
 - Response to other children
 - Ability to "read" another's non-verbal cues





Communications Domain

Impairments in:

- Social “chat”
- Reciprocal conversation
- Appropriateness of language
 - Grammar/pronominal confusion
 - Use of neologisms (the practice of creating new words or phrases)
 - Idiosyncratic language
 - Demonstration of verbal rituals
- Complexity of non-echoed utterances
- Functional language (often echolalic)
- Pointing to express interest
- Instrumental gestures
- Nodding/head shaking, etc.
- Attention to voice modulation
- Direct gaze
- Reciprocal gaze
- Imitation of language
- 40-45% of students with autism are nonverbal

Behavioral Characteristics

Individuals with autism can have:

- Circumscribed interests
- Unusual preoccupations
- Repetitive use of objects
- Compulsions/rituals
- Unusual sensory interests
- Hand/finger mannerisms
- Other complex mannerisms, such as self-stimulatory behavior
- Self-injury
- Special skills

Miscellaneous Characteristics

Some statistics are subject to debate and need further research.

- 1/4 to 1/3 have epilepsy
- 4 out of 5 will be boys
- Girls usually have more severe characteristics
- Same incident rate in all countries, races, social-economic status
- Some individuals have poor motor skills
- Some individuals have sensory issues

Individuals with autism can vary widely from one another. Although they may exhibit different characteristics among those outlined above, all individuals with autism have underlying similarities of impairment in communication, socialization, and in interest and behaviors. The severity of autism can range from very mild to quite severely impaired. This can be confusing to many parents and professionals trying to understand the disorder of autism. However, parents and professionals need to remember that all individuals with autism can progress and learn when their programming is designed around their unique, specific needs.



4.31 Criteria for Diagnosis

According to the DSM-V, the diagnostic criteria for Autism Spectrum Disorder is as follows:

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:
 - 1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 - 2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 - 3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:
 - 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 - 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 - 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 - 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Source: "DSM-5 Diagnostic Criteria." *Autism Speaks*. Web. Oct. 2014.
<<http://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria>>.



4.32 Severity Levels of Autism Spectrum Disorder

SEVERITY LEVELS OF AUTISM SPECTRUM DISORDER		
Severity Level	Social Communication	Restricted, Repetitive Behaviors
Level 3 "Requiring very substantial support"	<p>Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others.</p> <p>For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.</p>	<p>Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors that markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.</p>
Level 2 "Requiring substantial support"	<p>Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others.</p> <p>For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and how has markedly odd nonverbal communication.</p>	<p>Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.</p>
Level 1 "Requiring support"	<p>Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions.</p> <p>For example, a person who is able to speak in full sentences and engages in communication but whose to- and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.</p>	<p>Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.</p>

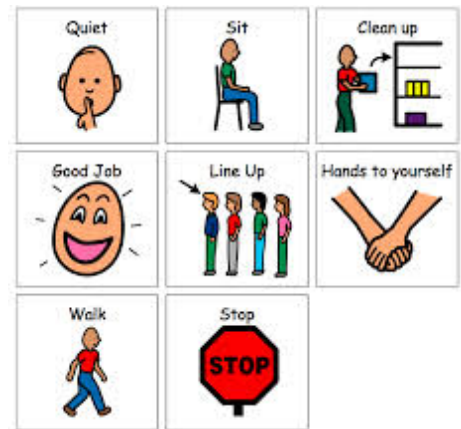
Source: "DSM-5 Diagnostic Criteria." *Autism Speaks*. Web. Oct. 2014.
 <<http://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria>>.

4.33 Teaching Strategies for Children with Autism

Teaching strategies for children with autism must be individualized. Children with autism often have difficulty learning at the same rate and speed as typical children, thus modifications to the curriculum might need to be made. The following list of interventions may help teachers understand the unique needs of the child with autism in their classroom. Conducting an Individual Analysis will allow the teacher to understand which of these components are suitable for a particular student.

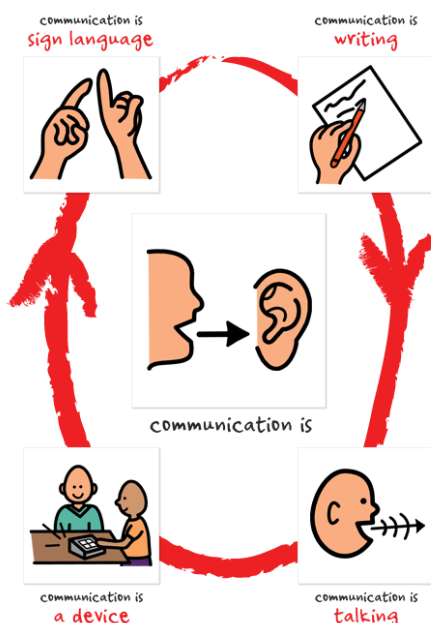
Teaching Interventions for Socialization

- Teach social skills daily with direct and incidental teaching techniques. Curricula available include the Walker Social Skills Curriculum by Pro-Ed and Skill streaming, by Research Press (these techniques can be done individually or in groups)
- Make the curricula have an underlying social skills philosophy
- Supervise structured social interactions
- Implement peer tutor programs
- Respect personal space
- Provide “space” to cool down when necessary
- Build in time for teachers to observe the child
- Plan for desensitization to fears
- Reinforce positive social interactions
- Recognize that the child may want to interact but doesn’t know how
- Provide specific social rules
- Help the student to change topics when necessary
- Use rehearsal strategies for social situations
- Use other children as peer models in anyway possible
- Seat students in small groups



Teaching Interventions for Communication

- Know each child’s abilities
- Use visual cues and strategies
- Teach functional communication skills (**never** give up on the verbal!)
- Plan for independent communication functioning
- Combine communication systems when needed
- Set up opportunities where the child **must** communicate
- Reinforce communication
- Use appropriate language for the child (short-sentence structure)
- Use concrete language (eliminate abstract concepts)
- Demonstrate nonverbal communication (use gestures with speech)
- Teach specific functional gestures
- Determine communicative attempts exhibited by behavior





Teaching Interventions for Restricted Repertoire of Activities

- Analyze environment for distracting objects and activities
- Control environmental stimuli as much as possible
- Prepare and explain changes in routine
- Teach and reinforce new activities
- Teach choice
- Teach concrete appropriate behaviors to replace inappropriate behaviors. (Don't expect inappropriate behaviors to just disappear!)
- Start with small intervals of time and reinforce appropriate behaviors. Build on success!
- Use self-stimulatory acts as temporary reinforcers if possible
- Fade self-stimulatory behaviors in favor of appropriate activities
- Use age-appropriate materials

General Teaching Interventions

- Know your expectations
- Present realistic expectations to the children and teach to increase independent skills
- Analyze individual strengths and weaknesses (do not assume all students with autism have the same strengths and weaknesses)
- Teach skills where they will be used; in natural situations and across all settings
- Use demonstration, modeling, and shaping to teach skills
- Provide consistent, visual schedules of the daily events posted on the wall (may need to individualize these)
- Vary teaching formats (large group, small group, and one-on-one)
- Expect to gather the child's attention
- Work to maintain eye contact
- Allow short breaks between teaching sessions
- Pair a preferred activity with a non-preferred activity
- Be consistent
- Use positive behavior programming
- Provide time to be alone, if needed
- Include regular exercise
- Review reinforcers periodically and conduct motivations surveys
- Be aware of any medical needs (know and understand medications the student is on and provide updates to doctors, if needed)
- Have frequent contact with parents
- Understand that children with autism vary in characteristics and abilities

4.4 Emotionally Disturbed



According to the State of California Code of Regulations, and local educational guidelines, in order to qualify for special education services under the category of Emotionally Disturbed, a student must meet specific criteria.

The student must meet one or more of the following FIVE conditions:

1. An **inability to learn** that cannot be explained by intellectual, sensory or health factors.
2. An **inability to make or sustain satisfactory interpersonal relationships with peers and adults**. For example, this might be demonstrated by a student who spends lunch time alone, or withdraws from social contact or does not initiate or engage in conversations with peers or has difficulties when required to work in a cooperative group.
3. Has **exhibited (in several situations) inappropriate feelings or behaviors under normal circumstances**. For example, this might be demonstrated by a student who cries when asked to change activities; or who cannot separate from caregivers without having a temper tantrum; or who consistently curls up under the desk; or makes odd statements that are not connected to the conversation, etc. It is important to consider the age of the student and rule out any other contributing factors, such as physical or sexual abuse that the child might be experiencing.
4. A **tendency to develop physical symptoms or fears** that are associated with a personal or school problem. For example, this might be demonstrated by a student's common complaints of stomach or headaches, unreasonable phobias or school avoidance. It is important to rule out any issues of terminal or significant illness, violence in the home or possible parental separation or divorce issues.
5. **Pervasive mood** of extreme unhappiness or clinical depression.

Additionally, all of the following (limiting) conditions must be met:

1. The student has displayed the behavior(s) **to a marked degree**.
2. The behaviors have been **demonstrated in multiple settings**.
3. The behaviors have been **evident for an extended period of time** (more than six months).

IN CONDUCTING AN ASSESSMENT,
IT IS IMPORTANT TO RULE OUT THE PRESENCE OF A
CONDUCT DISORDER OR SOCIAL MALADJUSTMENT
(WILLFUL BEHAVIOR IN A STUDENT WHO KNOWS BETTER
OR WHO IS SEEKING NEGATIVE ATTENTION).

4.5 Intellectual Disability

“INTELLECTUAL DISABILITY, ALSO KNOWN AS MENTAL RETARDATION, IS A TERM USED WHEN THERE ARE LIMITS TO A PERSON’S ABILITY TO LEARN AT AN EXPECTED LEVEL AND FUNCTION IN DAILY LIFE.”

~“Intellectual Disability Fact Sheet, www.cdc.gov



Children with intellectual disability can and do learn new skills, but they develop more slowly than children with average intelligence and adaptive skills. There are different degrees of intellectual disability, ranging from mild to profound. Children with intellectual disability might have difficulty letting others know their wants and needs, taking care of themselves, and/or learn and develop more slowly than other children of the same age.¹

A person's level of intellectual disability can be defined by their intelligence quotient (IQ), or by the types and amount of support they need. Intellectual functioning, or IQ, is usually measured by a psychometric test. The average IQ score is, by definition, 100. People scoring ≤ 70 are considered to have an Intellectual Disability.

To diagnose an intellectual disability, professionals look at the person's mental abilities (IQ) and adaptive behavior. To measure adaptive behavior, professionals look at what a child can do in comparison to other children of his or her age. Certain skills are important to adaptive behavior, such as daily living skills (getting dressed, going to the bathroom, and feeding one's self), communication skills (understanding what is said and being able to answer) and social skills (interacting with peers, family members, adults, and others).²

It is important to note that people with intellectual disability may have other disabilities as well. Examples of these coexisting conditions include cerebral palsy, seizure disorders, vision impairment, hearing loss, and attention-deficit/hyperactivity disorder (ADHD). Children with severe intellectual disability are more likely to have additional disabilities than are children with mild Intellectual disability.

What causes intellectual disability?

Intellectual disability can start anytime before a child reaches the age of 18 years. It can be caused by injury, disease, or a brain abnormality. These causes can happen before a child is born or during childhood. For many children, the cause of their intellectual disability is not known. Some of the most common known causes of intellectual disability are Down Syndrome, fetal alcohol syndrome, fragile X syndrome, genetic conditions, birth defects, and infections. Other causes, such as asphyxia, happen while a baby is being born or soon after birth. Still other causes of intellectual disability do not happen until a child is older. These may include serious head injury, stroke, or certain infections such as meningitis.¹

¹Source: "Intellectual Disability Fact Sheet." Centers for Disease Control and Prevention (CDC). Web. Oct. 2014. <http://www.cdc.gov/ncbddd/dd/ddmr.htm>.

²Source: "Intellectual Disability." Center for Parent Information and Resources. Web. Oct. 2014. <http://www.parentcenterhub.org/repository/intellectual/-diagnosis>.



Teacher Awareness

Rosa's Law

On October 5, 2010, President Obama signed Senate Bill 2781, replacing the term 'mental retardation' with '**intellectual disability**'. The bill, named after a young woman in Maryland with Downs Syndrome, is intended to promote dignity and respect for those with intellectual disabilities and to discourage the negative use of the term 'retarded'. Mental retardation, though technically a clinical term, had become a pejorative term and often used to degrade those with intellectual disabilities³. The following information is provided for teachers who would like to address this issue and raise awareness among their students.

"Spread the Word to End the Word"

Special Olympics' campaign "Spread the Word to End the Word" raises awareness of the hurtful effects of the word "retard(ed)" and encourages people to pledge to stop using it. In March 2009, young people across the United States led local efforts to raise awareness and collect pledges from peers and the community to vow not to use the R-word. Most people don't think of this word as hate speech, but that's exactly what it feels like to millions of people with intellectual disabilities, their families and friends. This word is just as cruel and offensive as any other slur.

Help us "change the conversation" to eliminate the demeaning use of the R-word from today's popular youth vernacular and replace it with "respect." We are asking for your help in creating a more accepting world for people with intellectual disabilities and all those people that may appear different, but have unique gifts and talents to share with the world. Visit www.r-word.org and make your pledge to not use the R-word. The goal is to get 100,000 pledges.

Things to consider:

- Often unwittingly, the R-word is used to denote behavior that is clumsy, hapless, and even hopeless. Whether intentional or not, the word conjures up a painful stereotype of people with intellectual disabilities. It hurts, even if you don't mean it that way.
- People with intellectual disabilities are capable and enjoy sharing life experiences – listening to music, playing video games, watching the latest movies, and yes, having fun – as well as working together toward athletic excellence as they do at Special Olympics. They can attend school, work, drive cars, get married, participate in decisions that affect them, and contribute to society in many ways.
- As a democracy, our country values equality and fairness for all citizens. If we reduce this right by using inappropriate words toward any population, it negatively impacts all of us.
- In June 2003, Special Olympics' completed a Multi-National Public Opinion Study of Attitudes toward People with Intellectual Disabilities. The study revealed that throughout the world, due to misconceptions, ignorance and fear, a large percentage of people still believe that those with intellectual disabilities should be segregated in schools and the workplace. This is intolerable. We need massive attitude change now to attack and reverse the stigma that is destructive to the lives of people with intellectual disabilities and a barrier to growth. Visit www.specialolympics.org to learn more.

³"Rosa's Law." *Special Olympics*. Web. 10 Oct. 2014. <<http://www.specialolympics.org/Regions/north-america/News-and-Stories/Stories/Rosa-s-Law.aspx>>.

4.6 Learning Disabilities

Learning Disabilities (LD) are neurologically based processing problems. These processing problems can interfere with learning basic skills such as reading, writing, or math. They can also interfere with higher-level skills such as organization, time planning, and abstract reasoning.

Types of LDs are identified by the specific processing problem. They might relate to getting information into the brain (**Input**), making sense of this information (**Organization**), storing and later retrieving this information (**Memory**), or getting this information back out (**Output**). Thus, the specific types of processing problems that result in LDs might be in one or more of these four areas.

Input

Information is primarily brought into the brain through the eyes (**visual perception**) and ears (**auditory perception**). An individual might have difficulty in one or both areas.



Auditory Perception (also called Receptive Language)

An individual might have difficulty distinguishing subtle differences in sound (called phonemes) or distinguishing individual phonemes as quickly as normal. Either problem can result in difficulty processing and understanding what is said. Additionally, an individual might have difficulty with what is called auditory figure-ground and have trouble identifying what sound(s) to listen to when there is more than one sound present.

Visual Perception

An individual might have difficulty distinguishing subtle differences in shapes (called graphemes). He or she might rotate or reverse letters or numbers (d, b, p, q, 6, 9); thus misreading the symbol. The individual might have a figure-ground problem, confusing what figure(s) to focus on from the page covered with many words and lines and might skip words, skip lines, or read the same line twice. Others might have difficulty blending information from both eyes to have depth perception. They might misjudge depth or distance, bumping into things or having difficulty with tasks where this information is needed to tell the hands or body what to do. If there is difficulty with visual perception, there could be problems with tasks that require eye-hand coordination (visual motor skills) such as catching a ball, doing a puzzle, or picking up a glass.

Integration

Once information is recorded in the brain (input), three tasks must be carried out in order to make sense or integrate this information. First, the information must be placed in the right order (**sequencing**). Then, the information must be understood beyond the literal meaning (**abstraction**). Finally, each unit of information must be integrated into complete thoughts or concepts (**organization**).

Sequencing

The individual might have difficulty learning information in the proper sequence and get math sequences wrong, have difficulty remembering sequences such as the months of the year, the alphabet, or the times table, or write a report with all of the important facts in the wrong order.

Abstraction

A person might have difficulty inferring the meaning of individual words or concepts. Jokes, idioms, or puns are often not understood. S/he might have problems with words that have different meanings depending on how they are used. For example, “the dog” refers to a pet, but “you dog” is an insult.

Organization

An individual might have difficulty organizing materials, losing, forgetting, or misplacing papers, notebooks, or homework assignments. S/he might have difficulty organizing an environment, such as his/her bedroom or might have problems organizing time and have difficulty with projects due at a certain time or with being on time. (Organization over time is referred to as Executive Function.)

Memory

There are three types of memory that are important to learning.

Working memory refers to the ability to hold on to pieces of information until the pieces blend into a full thought or concept. For example, reading each word until the end of a sentence or paragraph and then understanding the full content.

Short-term memory is the active process of storing and retaining information for a limited period of time. The information is temporarily available but not yet stored for long-term retention.

Long-term memory refers to information that has been stored and that is available over a long period of time. Individuals might have difficulty with auditory memory or visual memory.

Output

Information is communicated by means of words (language output) or through muscle activity such as writing, drawing, gesturing (motor output). An individual might have a **language disability** (expressive language disability) or a **motor disability**.

Language Disability

It is possible to think of language output as being spontaneous or on demand. Spontaneous means that the person initiates the conversation. Thoughts have been organized and words found before speaking. Demand language means that one is asked a question or asked to explain something. Now, a person must organize his/her thoughts, find the right words, and speak at the same time. Most people with a language disability have little difficulty with spontaneous language. However, in a demand situation, the same person might struggle to organize thoughts or to find the right words.



Motor Disability



A person might have difficulty coordinating teams of small muscles, called a fine motor disability. S/he might have problems with coloring, cutting, writing, buttoning, or tying shoes. Others might have difficulty coordinating teams of large muscles, called a gross motor disability, and may be awkward when running or jumping.

Each individual will have his or her unique pattern of LD. This pattern might cluster around specific common difficulties. For example, the pattern might primarily reflect a problem with language processing: auditory perception, auditory sequencing/abstraction/organization, auditory memory, and a language disability. Or the problem might be more in the visual input to motor output areas.

Adapted from: "The Ins and Outs of Learning Disabilities." Learning Disabilities Association of America (LDA). Web. Oct. 2014. <<http://ldaamerica.org/the-ins-and-outs-of-learning-with-ld/>>

4.61 Symptoms of Learning Disabilities

The symptoms of learning disabilities are a diverse set of characteristics, which affect development and achievement. Some of these symptoms can be found in all children at some time during their development. However, a person with learning disabilities has a cluster of these symptoms, which do not disappear, as s/he grows older.

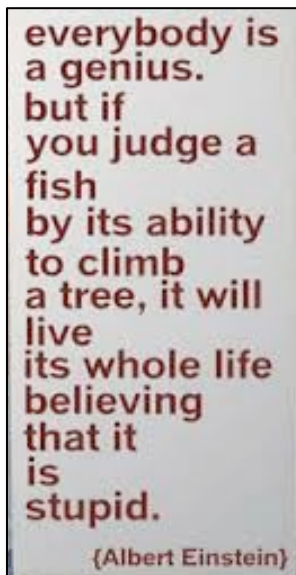
Most frequently displayed symptoms:

- * Short attention span
- * Poor memory
- * Difficulty following directions
- * Inability to discriminate between/among letters, numerals, or sounds
- * Poor reading and/or writing ability
- * Eye-hand coordination problems; poorly coordinated
- * Difficulties with sequencing
- * Disorganization and other sensory difficulties



Other characteristics that may be present:

- * Performs differently from day to day
- * Responds inappropriately in many instances
- * Distractible, restless, impulsive
- * Says one thing, means another
- * Difficult to discipline
- * Doesn't adjust well to change
- * Difficulty listening and remembering
- * Difficulty telling time and knowing right from left
- * Difficulty sounding out words
- * Reverses letters
- * Places letters in incorrect sequence
- * Difficulty understanding words or concepts
- * Delayed speech development; immature speech



Source: "Symptoms of Learning Disabilities." Learning Disabilities Association of America (LDA). Web. Oct. 2014. <<http://ldaamerica.org/symptoms-of-learning-disabilities/>>.



4.62 Accommodations, Techniques and Aids for Learning

While the majority of a student's academic program should be as closely aligned with the general education curriculum as possible, some accommodations and modifications may be necessary. Listed below are some suggested ways to aid students with specific learning disabilities (SLD) so that they are able to learn more effectively at school or at home. Selection from these and other possibilities must be based on the individual needs of each child.



Information and ideas from a multidisciplinary team, including the parents and student, are important for developing an IEP that meets the unique needs of each student with learning disabilities. A carefully developed, multidisciplinary approach will make classroom instruction meaningful for the student.

1. For some students who read slowly or with difficulty, a “read-along” technique in which taped texts and materials allow learning of printed materials.
2. For students with memory problems or difficulty taking notes, a fellow student might share notes; the student might tape the lesson; or the teacher might provide a copy of the lesson outline.
3. For students who read below expected levels, educational videos and films or talking books can provide the general information that cannot be acquired from the printed page.
4. For students with short-term memory problems (e.g., understand math processes, but have short term memory problems that interfere with remembering math facts), a table of facts or a calculator could be provided.
5. For the student whose handwriting is slow, illegible or includes many reversed letters, a cassette recorder or a computer with word processing software could be used for written work or tests.
6. For the student who has difficulty with spelling, a “misspeller’s dictionary” or computerized spell checker can help make written materials readable.
7. For students who have difficulty reading cursive, small, or crowded print, typed handouts, large print, or double spaced materials can help.
8. To develop memory and listening skills, poetry, rhymes, songs, audio-taped materials and mnemonics may improve performance.
9. To teach spelling, use a multi-sensory approach that combines saying, spelling aloud, and writing words.
10. Ways to improve vocabulary and comprehension can include a student-developed file of vocabulary words and the use of word webs and visual organizers to relate words and ideas heard or read on paper. A dictionary or thesaurus suited to the child’s learning level is also an excellent tool for building vocabulary, spelling and reading comprehension.



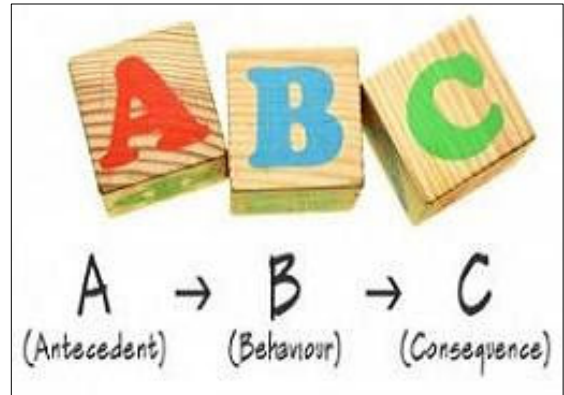
11. For students who have difficulty organizing time, materials and information, a variety of approaches can be used, including:
 - a quiet, uncluttered homework space;
 - alarm watch;
 - purchased texts that can be marked with a highlighter;
 - a homework assignment diary coordinated between home and school;
 - study skills instruction; and
 - a personally-developed date-book or scheduler.
12. For students who copy inaccurately, but need written practice to solidify learning, changes that may help include: leaving a space directly under each word, phrase or sentence, or having handouts on the desk for those who can't copy from the blackboard or take dictation accurately. For left-handed students, place the list of words at the right margin. For students whose writing is large, provide enlarged spaces for "fill in the blank" activities.
13. For students who seem to process auditory information slowly (e.g., not fully understanding questions asked, recalling needed information, or forming an appropriate answer), be patient. Allow sufficient "wait-time for the answer or provide the questions in written form.
14. Oral and written language should be taught together as much as possible. Illustrations in a book being read should be used to generate conversation, vocabulary and concepts that will relate to what is to be read. Material that is read can be translated into a verbal summary, a word web, a visual organizer, or a computer presentation.
15. For students who find reading slow and difficult, supplement the subject matter being read with videotapes, DVDs, captioned TV programs, or computer software.

Source: "Accommodations, Techniques and Aids for Learning." Learning Disabilities Association of America (LDA).



CHAPTER 5: CREATING A POSITIVE BEHAVIORAL SUPPORT PLAN

1. Take simple data by making hash marks on a grid showing the time of day the child is misbehaving. This will give you information about when and how often the behavior is occurring.
2. Look at what happens in the environment just BEFORE the behavior begins – is it a particular subject, person or change in schedule? (See Antecedents – next page)
3. Look at what is happening right AFTER the behavior. This is where the behavior is being reinforced. What is the child gaining or escaping with their behavior?
4. By changing what is happening just before and just after you can change the student's need to use the behavior.
5. Once you identify what they are gaining or escaping then try to set up a way for them to appropriately get that need met and change your response to the old behavior.
6. If your efforts are still not working ask another teacher, administrator, or psychologist to observe and consult.
7. If efforts are still not working call a student study team to generate some other ideas to try.
8. Only after the above steps have been taken and the behavior interferes with the student and other's learning would a Functional Behavioral Assessment be requested.
9. Behavior assessments can be done by a number of professionals. The more information you have about the behavior occurrences in your class BEFORE someone consults or observes, the more effective the actual observation and consultation will be.
10. For more information see the Positive Environments, Network of Trainers (PENT) at <http://www.pent.ca.gov> or attend SELPA or district trainings on behavior analysis.





What are Antecedents?

Antecedents are events that happened before a behavior that make the behavior more or less likely to occur. Antecedent events, including ecological, health and medical factors, and conflicts outside of school, can be used to predict the occurrence and non-occurrence of the problem behavior.

Identifying Antecedents

Identifying antecedent conditions will allow staff to create an individualized program that will take into consideration all factors, including what to avoid and what to emphasize.

It is important to note that there are antecedents that are not observable (i.e., events that occur outside of the classroom or internal struggles).

Possible Antecedent Conditions That May Contribute to Challenging Behaviors	
• Noise level	• Tone of voice
• Hunger/thirst	• Denial of a request
• Missed medication	• Peer provocation
• Physical proximity	• Difficult tasks
• Instructional methods	• Transition times
• Number and characteristics of people	• Unstructured time

**CHAPTER 6: TEACHING TOOLS****6.1 ABC Analysis: Behavior Observation****Example Form**Date: 2/7/99Name of Person Observed: GeorgeObserver: Ms. JonesBehavior(s): humming loudly, telling an inappropriate joke, putting head on desk, refusal to participate, throwing books.

Date	Time	Antecedent	Behavior	Consequence	Possible Function
2/7/99	9:40am	Teacher announces it is time for reading	Tells inappropriate joke	Peers laugh, class disrupted	Escape/Atten.
2/7/99	9:45am	Teacher calls on George to read first	Throws book	Sent to office	Escape
2/8/99	9:35am	Teacher asks George to pay attention	George crouches down so he can't see	George can't see instruction	Escape
2/8/99	9:40am	Teacher instructs class to move into reading groups	George sighs, puts head on desk	George doesn't join his group	Escape
2/8/99	9:42am	Teacher asks George to move to his reading group	George slams his book shut	George's teacher warns him not to throw book	Escape
2/8/99	9:50am	Teacher says go to your group	George throws his book and walks out of the class towards the principal's office	Avoids reading group	Escape

Reprinted with permission: Freeman, R. L., Britten, J., McCart, A., Smith, C., Poston, D., Anderson, D., Edmonson, H., Baker, D., Sailor, W., Guess, D., & Reichle, J. (1999). (Module 2) Functional Assessment [Online]. Lawrence, KS: Kansas University Affiliated Program, Center for Research on Learning. Available: uappbs.lsi.ku.edu.



ABC Analysis

Date ___ / ___ / ___

Name of Person Observed: _____

Observer: _____

Behavior(s): _____

Date	Time	Antecedent	Behavior	Consequence	Possible Function



6.2 Behavior Observation: Time Sampling Record

Time Sampling Record Sheet

10-minute intervals

Student: _____ Date: _____

Behavior: _____

Type of Time Sampling (Circle 1, 2, or 3 below)		
Type 1: Whole Interval += behavior is continuous in the interval	Type 2: Partial Interval += single instance is observed in the interval	Type 3: Momentary += record only if behavior present at end of the interval

Time	+ or -	Comments*	Time	+ or -	Comments*	Time	+ or -	Comments*
8:00-8:09			11:10-11:19			2:20-2:29		
8:10-8:19			11:20-11:29			2:30-2:49		
8:20-8:29			11:30-11:49			2:50-2:59		
8:30-8:49			11:50-11:59			3:00-3:09		
8:50-8:59			12:00-12:09			3:10-3:19		
9:00-9:09			12:10-12:19			3:20-3:29		
9:10-9:19			12:20-12:29			3:30-3:49		
9:20-9:29			12:30-12:49			3:50-3:59		
9:30-9:49			12:50-12:59			4:00-4:09		
9:50-9:59			1:00-1:09			4:10-4:19		
10:00-10:09			1:10-1:19			4:20-4:29		
10:10-10:19			1:20-1:29			4:30-4:49		
10:20-10:29			1:30-1:49			4:50-4:59		
10:30-10:49			1:50-1:59			5:00-5:09		
10:50-10:59			2:00-2:09					
11:00-11:09			2:10-2:19					

Source: "The BIP Desk Reference." PENT | Positive Environments, Network of Trainers. Web. Oct. 2014. <www.pent.ca.gov>.



6.3 Behavior Reflection Form

Name: _____

Time: _____

What rule did I not follow?

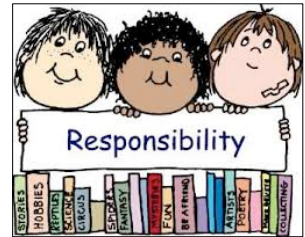
Being Safe



Being RESPECTFUL



Being RESPONSIBLE



I am sorry for:

I need to apologize to:

Next time I will:

Will you accept my apology?

Thanks for giving me another chance.

Staff Signature: _____

Date: _____



6.4 Rewards Survey

Choosing What I Like

It is important for your teachers to know what you really like to receive as a reward for doing your best. “Doing your best” means your actions are safe, respectful and responsible. When your actions are SAFE, RESPECTFUL and RESPONSIBLE, school becomes a great place to be for everyone. Sometimes rewards are given to students who make school a great place to be. This survey helps your teachers understand what types of rewards you like best. There are no “right” or “wrong” answers. (You will note that statements repeat. We want to know not just what you like, but what you like when comparing two different types of outcomes.)

Please tell us what you like best. **Choose only one for each number.** Thank you!

1. Your teacher puts an “A” or 100% on your paper. (A)
OR
 You are the first to finish your seatwork. (CM)
2. You get a bag of chips. (CN)
OR
 Your classmates ask you to be on their team. (P)
3. You are free to do what you like in the classroom. (I)
OR
 You get a bag of chips. (CN)
4. Your classmates ask you to be on their team. (P)
OR
 You are the first to finish your seatwork. (CM)
5. You are free to do what you like in the classroom. (I)
OR
 You get a bag of chips. (CN)
6. Your teacher puts an “A” or 100% on your paper. (A)
OR
 Your classmates ask you to be on their team. (P)
7. You are the first to finish your seatwork. (CM)
OR
 You are free to do what you like in the classroom. (I)
8. You get a bag of chips. (CN)
OR
 Your teacher puts an “A” or 100% on your paper. (A)



9. _____ Your classmates ask you to be on their team. (P)
OR
_____ You are free to do what you like in the classroom. (I)
10. _____ You are the first to finish your seatwork. (CM)
OR
_____ You get a bag of chips. (CN)
11. _____ Your teacher puts an “A” or 100% on your paper. (A)
OR
_____ You are the only one that can answer a question. (CM)
12. _____ You get a candy bar. (CN)
OR
_____ Friends ask you to sit with them. (P)
13. _____ You are free to go outside. (I)
OR
_____ Your teacher puts an “A” or 100% on your paper. (A)
14. _____ Friends ask you to sit with them. (P)
OR
_____ You are the only one that can answer a question in class. (CM)
15. _____ You are free to go outside. (I)
OR
_____ You get a candy bar. (CN)
16. _____ Your teacher puts an “A” or 100% on your paper. (A)
OR
_____ Friends ask you to sit with them. (P)
17. _____ You are the only one that can answer a question in class. (CM)
OR
_____ You are free to go outside. (I)
18. _____ You get a candy bar. (CN)
OR
_____ Your teacher puts an “A” or 100% on your paper. (A)
19. _____ Friends ask you to sit with them. (P)
OR
_____ You are free to go outside. (I)



20. _____ You are the only one that can answer a question in class. (CM)
OR
_____ You get a candy bar. (CN)
21. _____ Your teacher writes “perfect!” on your paper. (A)
OR
_____ Your paper is the only one shown to the class as a good example. (CM)
22. _____ You get a can of soda. (CN)
OR
_____ Classmates ask you to be the class leader. (P)
23. _____ You are free to go outside. (I)
OR
_____ Your teacher writes “perfect!” on your paper. (A)
24. _____ Classmates ask you to be the class leader. (P)
OR
_____ Your paper is the only one shown to the class as a good example. (CM)
25. _____ You are free to go outside. (I)
OR
_____ You get a can of soda. (CN)
26. _____ Your teacher writes “perfect!” on your paper. (A)
OR
_____ Classmates ask you to be the class leader. (P)
27. _____ Have only your paper shown to the class. (CM)
OR
_____ Be free to play outside. (I)
28. _____ You get a can of soda. (CN)
OR
_____ Teacher writes “Perfect” on your paper. (A)
29. _____ Classmates ask you to be class leader. (P)
OR
_____ Be free to play outside. (I)
30. _____ Have only your paper shown to class. (CM)
OR
_____ You get a can of soda. (CN)



31. _____ Teacher writes "Excellent" on your paper. (A)
OR
_____ Have your paper put on the bulletin board. (CM)
32. _____ A pack of gum. (CN)
OR
_____ Friends ask you to work with them. (P)
33. _____ Be free to work on something you like. (I)
OR
_____ Teacher writes "Excellent" on your paper. (A)
34. _____ Friends ask you to work with them. (P)
OR
_____ Have your paper put on the bulletin board. (CM)
35. _____ Be free to work on something you like. (I)
OR
_____ A pack of gum. (CN)
36. _____ Teacher writes "Excellent" on your paper. (A)
OR
_____ Friends ask you to work with them. (P)
37. _____ Have your paper put on the bulletin board. (CM)
OR
_____ Be free to work on something you like. (I)
38. _____ A pack of gum. (CN)
OR
_____ Teacher writes "Excellent" on your paper. (A)
39. _____ Friends ask you to work with them. (P)
OR
_____ Be free to work on something you like. (I)
40. _____ Have your paper put on the bulletin board. (CM)
OR
_____ A pack of gum. (CN)

Other suggestions about classroom rewards:

Thank you for taking the time to complete this survey.

Source: "The BIP Desk Reference." PENT | Positive Environments, Network of Trainers. Web. Oct. 2014. <www.pent.ca.gov>.



6.5 Classroom Point Sheet

Name: _____

Date: _____

G.O.A.L.S. Classroom Point Sheet						
Time	Target Behavior	Earned	Staff	Bonus Points	Earned	Staff
Check-in	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
	Respect	0 1 2 3				
	Responsibility	0 1 2 3				
	Safety	0 1 2 3				
		Honors Rm		Individual Student Strategies	Totals	Comments
Daily Points		Y	N	1.		
Bank Book	Add:			2.		
Definition of Points				Other behaviors that earned bonus points today:		
0 Sustained Problem, no compliance 1 Teacher interaction, complied 2 Verbal prompt needed, complied 3 No need for correction; gestural cue only				1.		
				2.		
				3.		
				4.		



6.6 Curriculum Adaptions Chart

Nine Types of Curriculum Adaptations

<p style="text-align: center;">Quantity * ●</p> <p>Adapt the number of items that the learner is expected to learn or number of activities student will complete prior to assessment for mastery.</p> <p><i>For example:</i> Reduce the number of social studies terms a learner must learn at any one time. Add more practice activities or worksheets.</p>	<p style="text-align: center;">Time *</p> <p>Adapt the time allotted and allowed for learning, task completion, or testing.</p> <p><i>For example:</i> Individualize a timeline for completing a task; pace learning differently (increase or decrease) for some learners.</p>	<p style="text-align: center;">Level of Support *</p> <p>Increase the amount of personal assistance to keep the student on task or to reinforce or prompt use of specific skills. Enhance adult-student relationship; use physical space and environmental structure.</p> <p><i>For example:</i> Assign peer buddies, teaching assistants, peer tutors, or cross-age tutors. Specify how to interact with the student or how to structure the environment.</p>
<p style="text-align: center;">Input *</p> <p>Adapt the way instruction is delivered to the learner.</p> <p><i>For example:</i> Use different visual aids, enlarge text, plan more concrete examples, provide hands-on activities, place students in cooperative groups, pre-teach key concepts or terms before the lesson.</p>	<p style="text-align: center;">Difficulty * ●</p> <p>Adapt the skill level, problem type, or the rules on how the learner may approach the work.</p> <p><i>For example:</i> Allow the use of a calculator to figure math problems; simplify task directions; change rules to accommodate learner needs.</p>	<p style="text-align: center;">Output *</p> <p>Adapt how the student can respond to instruction.</p> <p><i>For example:</i> Instead of answering questions in writing, allow a verbal response, use a communication book for some students, allow students to show knowledge with hands on materials.</p>
<p style="text-align: center;">Participation *</p> <p>Adapt the extent to which a learner is actively involved in the task.</p> <p><i>For example:</i> In geography, have a student hold the globe, while others point out locations. Ask the student to lead a group. Have the student turn the pages while sitting on your lap (kindergarten).</p>	<p style="text-align: center;">Alternate Goals ●</p> <p>Adapt the goals or outcome expectations while using the same materials. When routinely utilized, this is only for students with moderate to severe disabilities.</p> <p><i>For example:</i> In a social studies lesson, expect a student to be able to locate the colors of the states on a map, while other students learn to locate each state and name the capital.</p>	<p style="text-align: center;">Substitute Curriculum ● <i>Sometimes called “functional curriculum”</i></p> <p>Provide different instruction and materials to meet a learner’s individual goals. When routinely utilized, this is only for students with moderate to severe disabilities.</p> <p><i>For example:</i> During a language lesson a student is learning toileting skills with an aide.</p>

* This adaptation is an accommodation if the student can demonstrate mastery of the standard on an assessment. The key concept is: Will the student ultimately master the same material but demonstrate that mastery in alternate ways or with alternate supports? If standards are not fundamentally or substantially altered, then this adaptation is an accommodation to a learning or performance difference.

● This adaptation is a modification if the student will not demonstrate mastery of the standard on an assessment. If routinely utilized, these adaptations are modifications and require individualized goals and assessment.

Substantially altered by Diana Browning Wright with permission from Jeff Sprague, Ph.D. from an original by DeSchenes, C., Ebeling, D., & Sprague, J. (1994). *Adapting Curriculum & Instruction in Inclusive Classrooms: A Teachers Desk Reference*. ISDD-CSCI Publication.

Diana Browning Wright, *Teaching & Learning 2005*

NineTypes_inst05



6.7 Intervention & Accommodations Checklist

A COLLECTION OF POSSIBLE INTERVENTION STRATEGIES AS RESPONSES TO IDENTIFIED INDIVIDUAL STUDENT NEEDS

Three Important Terms

Accommodations

Accommodations are provisions made in how students with disabilities access and demonstrate learning. They provide students with equal access to learning by utilizing strategies that demonstrate what the student can learn based on individual strengths and needs. Additionally, they provide the student with equal opportunity to demonstrate what s/he knows. *Accommodations DO NOT substantially change the instruction level or content as they DO NOT change the information or the amount of information learned.*

Modifications

Modifications are changes in presentation, format, or response that allow students with disabilities to participate in instruction. *Modifications DO change the nature of what is being taught*, such as changes to the instructional level or benchmark; changes in the number of key concepts mastered within a benchmark or unit of study; changes in actual content. Modifications will limit the scope of what a student learns. For example, a student may work at a different level on the same concept or study fewer concepts and skills (i.e., at a fourth grade level instead of at the 6th grade level or s/he might learn from a shortened spelling list, etc.).

Adaptations

Adaptations involves an adjustment to the instructional content or performance expectations for students with disabilities from what is expected or taught to students in general education. Adaptations are usually included as part of a student's IEP. Adaptations can include decreasing the number of exercises the student is expected to complete, assigning different reading materials, or using a calculator instead of working out problems by hand.

Instructional Techniques

- | | |
|---|---|
| <input type="checkbox"/> Vary voice volume | <input type="checkbox"/> Keep graph of progress |
| <input type="checkbox"/> Use eye contact/stand near student | <input type="checkbox"/> Pre-teach when possible |
| <input type="checkbox"/> Consistent consequences | <input type="checkbox"/> Teach study skills |
| <input type="checkbox"/> Use a tutor | <input type="checkbox"/> Use study sheets to organize material |
| <input type="checkbox"/> Take more breaks | <input type="checkbox"/> Design/write/use long term assignments |
| <input type="checkbox"/> Use visual/auditory aids | <input type="checkbox"/> Review and practice in real situations |
| <input type="checkbox"/> Use a daily organizer | <input type="checkbox"/> Plan for generalizations |
| <input type="checkbox"/> Write directions down | <input type="checkbox"/> Teach skill in multiple settings |
| <input type="checkbox"/> Have student repeat directions | <input type="checkbox"/> Written reminder/cues |
| <input type="checkbox"/> Limit # of oral instructions | <input type="checkbox"/> Use pictorial cues |
| <input type="checkbox"/> Provide modeling | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Seat student near teacher | |



Testing Adaptations

- Give orally
- Tape record
- Provide pictures
- Read test to student
- Preview/modify language of test questions
- Connect to real situations
- Shorten length of time
- Modify format
- Allow extra time
- Provide concrete examples
- Use computer
- Use diagnostic materials
- Give consistent instructions
- Give short quizzes; not long tests
- Provide frequent feedback
- Provide modeling
- Teach study skills
- Allow open book/take home test
- Avoid distracting stimuli
- Other: _____

Self-Management and Follow-Through

- Provide peer assistance with organizational skills
- Use calendars
- Check often for understanding
- Have student repeat directions
- Use study sheets/graphics to organize materials
- Provide a visual daily schedule
- Provide extra set of books for home
- Provide a homework assignment notebook
- Assign volunteer homework buddy
- Develop a reward system
- Use timers for task completion
- Design/write/use long-term assignment timelines
- Structure transitional time
- Other: _____

Instructional Materials

- Arrangement of material on page
- Taped texts
- Taped class materials
- Highlighted texts or study guides
- Use supplementary materials
- Provide note taking & study skills
- Type teacher material
- Large print
- Review & practice in real situations
- Plan for generalizations
- Teach skill in multiple settings
- Written reminder/cues
- Use pictorial cues
- Special equipment
- Computer
- Calculator
- Assistive communication
- Other: _____



Presentation of Subject Matter

- List and use student's interests
- Utilize specialized curriculum
- Tape lecture/discussions for replay
- Use facilitated communication
- Pre-teach vocabulary
- Make vocabulary files
- Reduce language level of assignment
- Provide learning games
- Present demonstrations/model
- Emphasize critical information
- Use books on tape, taped notes
- Functional application
- Teach to student's learning style
(linguistic, spatial, interpersonal, logical/math, bodily/ kinesthetic, musical, intrapersonal, experiential)
- Use a computer
- Use calculator
- Teacher provides notes
- Use individualized instruction
- Reduce degree of difficulty of task
- Provide additional practice
- Break task into small steps
- Use small group instruction
- Use more concrete materials
- Utilize manipulatives
- Use high interest activity/reading materials
- Increase difficulty of task
- Other: _____



6.8 Reinforcer Sentence Completion Form

REINFORCER SENTENCE COMPLETION

This form may be filled out by a student or with the assistance of an adult.

Student: _____

Date: _____

If I had ten dollars I would _____

I am really good at _____

My best friends are _____

My favorite music is _____

My favorite subject at school is _____

I really want to go to _____

When I grow up I want to be a _____

I want to be just like _____

My favorite movie is _____

I really want to learn about _____

Two of my favorite foods are:

1) _____

2) _____

The three things I like to do most are:

1) _____

2) _____

3) _____

The best thing about me is _____

CHAPTER 7: RESOURCES

7.1 Special Education Acronyms

ABC	Antecedent, Behavior, Consequence	IEP	Individualized Educational Program
ADD	Attention Deficit Disorder	ITP	Individualized Transition Plan
ADHD	Attention Deficit Hyperactivity Disorder	IQ	Intelligence Quotient
AE	Age Equivalency (score)	LD	Learning Disabled
APE	Adaptive Physical Education	LH	Learning Handicapped
AYP	Adequate Yearly Progress	LRE	Least Restrictive Environment
BIE	Bureau of Indian Education	MA	Mental Age
BSP	Behavior Support Plan	NCLB	No Child Left Behind
CAC	Community Advisory Council/Committee	NPA	Non-Public Agency
CH	Communicatively Handicapped	NPS	Non-Public School
COE	County Office of Education (usually preceded with initial of county)	OT	Occupational Therapist/Therapy
DIBELS	Dynamic Indicators of Basic Early Literacy	PBS	Positive Behavior Supports
ED	Emotionally Disturbed	PEI	Plan Educativo Individualizado (Spanish acronym for an IEP)
ESY	Extended School Year	PT	Physical Therapist/Therapy
FI	Full Inclusion	RSP	Resource Specialist Program
FSIQ	Full Scale Intelligence Quotient	RTI	Response to Intervention
GATE	Gifted and Talented Education	SDC	Special Day Class
GE	General Education	SELPA	Special Education Local Plan Area
ID	Intellectual Disability (formally Mental Retardation)	SH	Severely Handicapped
IDEA	Individuals with Disability Improvement Education Act 2004	SLD	Specific Learning Disability
		SST	Student Study Team





7.2 Web Resources

Organization	Web Address
California Association for the Gifted	www.cagifted.org
California Department of Education Special Education division	www.cde.ca.gov/sp/se
Center for Parent Information and Resources	www.parentcenterhub.org/repository/categories/
Center on Response to Intervention at American Institutes for Research	www.rti4success.org
Children and Adult with Attention Deficit Disorder	www.chadd.org
Council for Exceptional Children	www.cec.sped.org
County Office's of Education website <i>(visit SELPA for information, supports, organizations and research related to supporting disabled students)</i>	www.delnorte.k12.ca.us www.humboldt.k12.ca.us www.lake-coe.k12.ca.us www.mcoe.us www.nevco.org www.scoe.org
Learning Disabilities Association of America	www.ldanatl.org
National Center on Accessible Instructional Materials	www.aim.cast.org
Positive Environments, Network of Trainers (PENT)	www.pent.ca.gov
Positively Autism	www.positivelyautism.com
Sonoma County Special Education Local Plan Area (SELPA)	www.sonomaselpa.org
The Iris Center	www.iris.peabody.vanderbilt.edu
The Learning Disability Association of California	www.ldaca.org

