

# SpEd Updates & Information

2019

# Why do we have Special Education?

Civil Rights for  
students with  
disabilities

*Public Law 94-142:*

*The Education for All  
Handicapped Children  
Act of 1975*

PRESIDENT GERALD FORD  
SIGNING A NEW LAW



*Parents with handicapped children are optimistic about this change.*

On Nov. 29, 1975, then President Gerald Ford signed into law the Education for All Handicapped Children Act (Public Law 94-142). With the adoption of this act, Congress opens public school doors for many children with disabilities and sets the foundation of the country's commitment to ensuring that children with disabilities have opportunities to develop their talents, share their gifts, and contribute to their

# Special Education Law

***“TO ASSURE THE  
FREE APPROPRIATE  
PUBLIC EDUCATION  
OF ALL HANDICAPPED  
CHILDREN”***

Education of the Handicapped Act, Section 814,  
as amended by Public Law 94-142

Law has been amended:

- 1983
- 1986
- 1990
  - Renamed: Individuals with Disabilities Education Act (IDEA)
- 1997
- 2004 [currently in effect]

# Who is Special Education for?

Students with disabilities.

...not for *any* student who needs small group instruction

...not for *any* student who needs extra help or extra time

...not for *any* student whose skills are behind peers

Other reasons a student may be behind in their learning or need extra help:

*History of trauma; Living in poverty; Emerging bilingualism, etc.*

# Who has disabilities?



**10-15%**

of World's  
population identified  
with a disability

(WHO, 2011)



**12.2%**

of U.S. student  
population identified  
with a disability that  
needs special education

(NCLD, 2017)



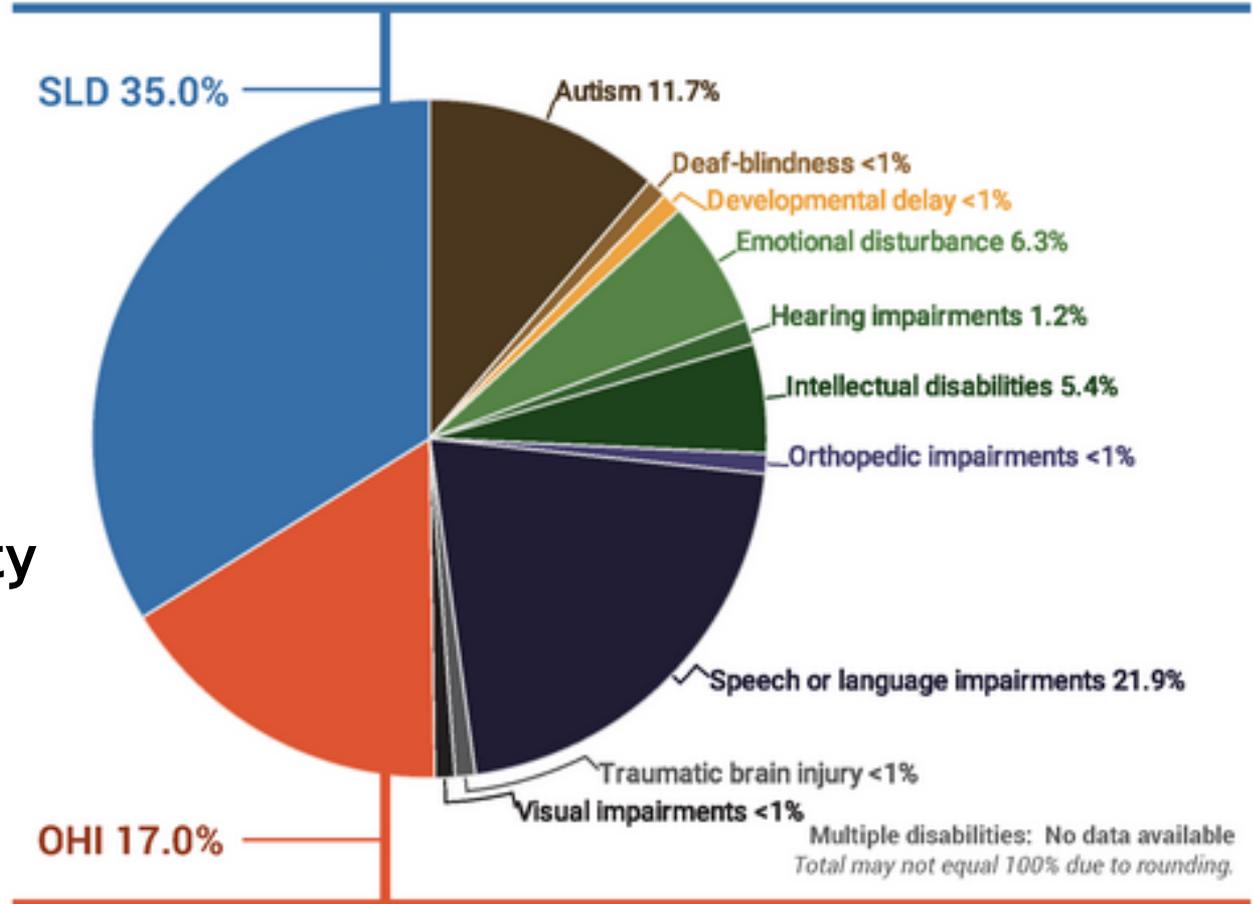
**14%**

of 4J student population  
identified with a  
disability that needs  
special education

(ODE, 2017)

# Disability Categories in Oregon

Educational Disability  
≠  
Diagnosis



# How does a child get special education?

Review of all existing data (to see if we suspect a disability?)

Planning Meeting

Eligibility determination

Annual IEP and 3-year reevaluation

Interventions and Progress Monitoring

Referral for Evaluation

Comprehensive Evaluation

Individualized Education Plan (IEP) created



# Referral for Evaluation

- Agency referral: Team from district, ESD, or DHS
- Parent referral: Verbal or written request from parent (not doctor, etc.)

Regardless of referral source:

Building team must collect submit a Referral Packet so the Referral Review Team can help determine if a disability is suspected.

*Parent referrals do not automatically result in evaluation.*

# Evaluation of Disability

- Referral Review Team provides guidance on suspecting disability
  - Based on data from interventions and other sources
- Building team (including parent) decides about & plans evaluation
  - Minimum team (OAR 581-015-2115): Parent, Teacher, Evaluator
  - Each evaluation plan is specific to the student's needs
  - Eval plan = Consent form (only Psychs and SLPs write these)
- Parent must agree to the evaluation *in writing*

# Eligibility for Special Education

- Must meet ALL three “prongs”
  - Meet the *criteria* for the disability category
    - As described in the legal regulations
  - Demonstrate *adverse impact* on educational performance
    - Academic, cognitive, social, emotional, behavioral, physical, communication, self-help (*measured!*)
  - Need special education to benefit from GenEd
    - General Ed accommodations and interventions have been exhausted and student still needs more

# Who is making these decisions?

- Evaluation decision & planning ⇒ Parent(s), Evaluator(s), & Teacher
- Eligibility determination ⇒ Parent(s), Evaluator(s), & Teacher

\*Special case: Specific Learning Disability eligibility ⇒

Parent, Evaluator(s), Reg Ed Teacher, & SpEd Teacher

# Who is making these decisions?

- IEP design ⇒
  - Parent(s),
  - Student, if appropriate (required for age 15+)
  - Regular Education teacher,
  - Special Education teacher or provider,
  - Individual who can interpret evaluation results,
  - District Representative,
  - Others who provide services to the student.

# Pre-Referral

**Before referring for a Special Education evaluation**

# Child Find

District must evaluate any child that it

knows or suspects

may have a disability.

# What does “suspect” mean?

- Suspecting a disability is based on **data**:
  - Student shows little **academic** growth, despite long-term, evidence-based, targeted interventions
  - Student shows little **social/emotional/behavioral** improvement, despite long-term, evidence-based, targeted interventions
  - Student exhibits **drastic, unexpected changes** in academics, behavior, communication, or other performance

# Exclusionary Factors

Student cannot be identified as a student with a disability if the student's challenges can *primarily* be attributed to:

- A lack of appropriate instruction in reading or math; or
- Limited English proficiency; or
- Environmental or economic disadvantage (SLD specific requirement).

(OAR 581-015-2120 & 582-015-2170)

These can be reasons *not* to proceed with evaluation; or,  
they can be reasons to find a student *not eligible*.

# Interventions

- **Target** the problem with instruction and support
- **Implement** daily, if possible
- **Take data** on intervention progress (is target skill changing?)
- **Review data** and **decide** what happens next
  - Discontinue, continue, or change the intervention?
  - Refer for evaluation?

**The goal: Prevent learning *differences* from becoming *disabilities*.**

# Academic problem-solving

- Tier 1: Student receives grade-level instruction
  - Use a measurement tool to determine if student is at-risk
- Tier 2: Student receives additional in-class support
  - Provide instructional-level groups AND measure student progress
- Tier 3: Student receives **targeted, evidence-based** interventions
  - Provide pull-out instruction to focus on specific skills AND measure student progress
- If student continues to make little or no progress, might refer for evaluation

# Behavioral problem-solving

- Tier 1: Student experiences schoolwide prevention activities
  - Use measurement tool to determine if student is at-risk
- Tier 2: Student receives additional behavior supports
  - Provide support AND measure student progress
- Tier 3: Student receives **targeted, evidence-based** behavior supports (BSP)
  - Provide supports targeted specifically for this child and this behavior  
AND measure student progress
- If student continues to make little or no progress, might refer for evaluation

# What does “evidence-based” mean?

- Research studies have been conducted and demonstrate that, when implemented consistently and appropriately, this curriculum or intervention will likely improve student skills.

Instruction and intervention (**at all Tiers**) should be evidence-based.

Check out *What Works Clearinghouse* to learn what research says about the effectiveness of your curricula and interventions.

- <https://ies.ed.gov/ncee/wwc/>

## Designing Schoolwide Systems for Student Success

### Academic Instruction

#### Tertiary Interventions (for individual students)

- Assessment-based
- High Intensity

#### Secondary Interventions (for some students)

- High Efficiency
- Rapid Response

#### Universal Interventions (for all students)

- Preventive, Proactive

← 1-5%

← 5-10%

← 80-90%



→ 1-5%

→ 5-10%

→ 80-90%

### Behavioral Instruction

#### Tertiary Interventions (for individual students)

- Assessment-based
- Intense, durable procedures

#### Secondary Interventions (for some students: at-risk)

- High Efficiency
- Rapid Response

#### Universal Interventions (for all students)

- All Settings
- Preventive, Proactive

# Referral Process

What to do when the it's time to refer for evaluation

# Team Referral

- Gather all relevant information to complete Referral Packet.
- **Teacher contacts the parent to tell them about the SpEd referral**
  - Inform them of your concerns and that you're making a referral.
  - Tell them about the Referral packet and offer to include any additional information they want to share.
  - Remind them that SpEd = Children with disabilities.
  - Assure them there will be a meeting to discuss plans after the packet is returned.
- When referral packet is received, Psych/Consult will create legal notification document.

# Parent Referral

- Immediately inform your School Psych or SpEd Consultant!
- They will talk with parent to verify the referral and tell them about the referral process (and create legal notification document)
- ***Within two weeks of parent contact***, building team completes Referral Packet and gives to School Psych or SpEd Consultant.

# Referral Review Team

- School Psych delivers packets to Referral Review Team (meets 2x/mo.)  
*Give packets to Sch Psych by Wednesday of a Review week!*
- Packet reviewed by a team of School Psychologists, Special Education Consultants, and Speech-Language Therapists.
  - Examine ALL info that is included in packet
  - *Looking for a reasonable suspicion of a disability.*
- Review Team will write a recommendation to the school team about next steps.

# Proceeding with Referral

- Packet will be returned to the Psych/Consultant, who will initiate an Evaluation Planning meeting with (at minimum) Parent, Teacher, & Evaluator.
- At this meeting, *all* existing data and information will be reviewed and discussed, including the Review Team's recommendation.
- At this meeting, the participants will decide if an Evaluation is warranted, based on existing information.

# Filling out the Referral Packet

- The packet collects all the data that should be considered before suspecting a disability for a student (*this is not new*)
- This is a TEAM activity - no one person should be filling out the whole thing. (Ideally, packets start at Data Team meetings).
- Feel free to attach additional info - more is better.
- Goal: Show the Referral Team why they should suspect a disability for this student.

# **Myths & Misconceptions**

**Things we may have mis-learned about SpEd**

# Common questions:

- Isn't SpEd is how struggling kids get the help they need?
  - No. SpEd is how kids *with disabilities* get the help they need.
- Aren't there other struggling kids who need help?
  - Yes. Gen Ed is how kids *without disabilities* get the help they need.
    - Title or other intervention groups,
    - Accommodations in class or activities,
    - Scaffolding and differentiation,
    - Creative scheduling,
    - Afterschool tutoring or homework clubs, etc.

# Things that are not true...

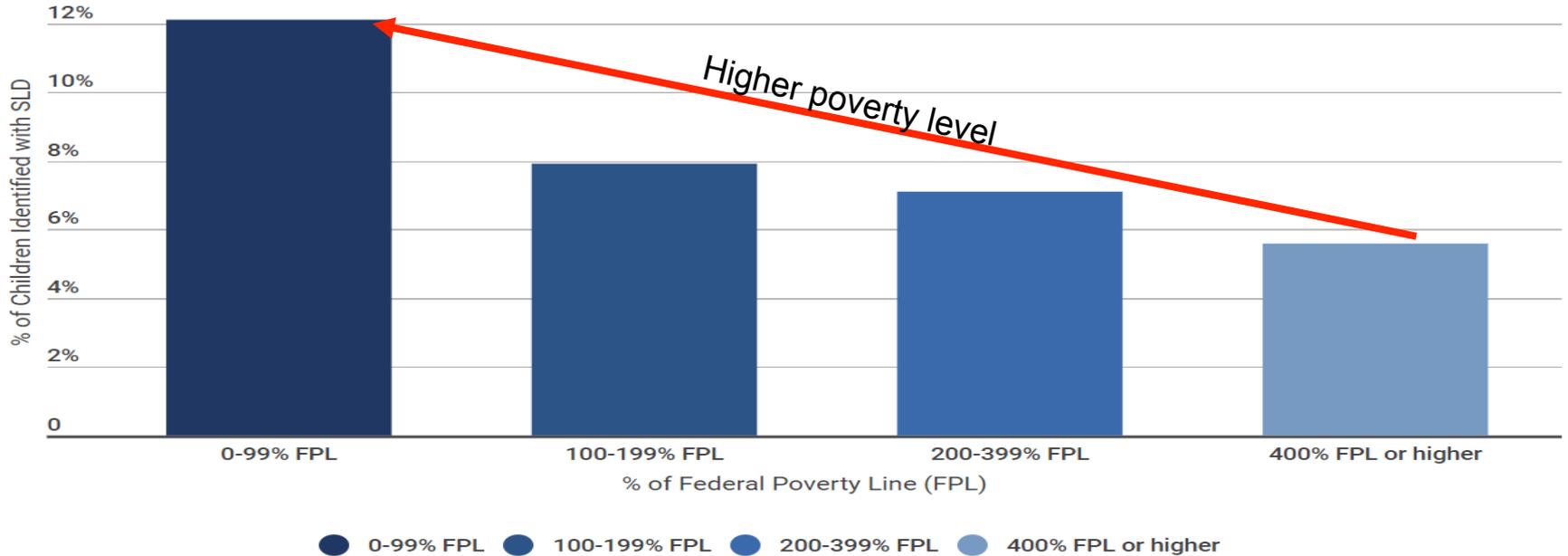
1. There's no harm in mis-identifying a student for special education.
2. If the student has a diagnose or a letter from an expert or doctor, they will qualify for special education.
3. If the *parent* asks for an evaluation, the student will get evaluated.
4. If a student gets special education, we will “fix” the learning problem.
5. Getting special education will help a student graduate.
6. We are under-identifying students for services.

# False reasoning...

1. Let's refer the student so we can "just get them the help they need."
2. We need to identify more kids so we can get more SpEd teachers or EAs in our school.
3. If a student is found eligible for SpEd, then his/her difficulty learning is no longer my responsibility.
4. We should evaluate a student "just to find out more about their learning."
5. Interventions and progress-monitoring are "hoops" we have to jump through to get a student evaluated.

# Disability vs. Environmental Factors

## SLD Identification by Income Level



*The State of LD*, National Center for Learning Disabilities (2017)

Source: [Mental Disorders and Disabilities Among Low-Income Children](#), National Academies Press (2015)

# Other things to avoid...

1. Talking about students using diagnostic terms (e.g., “This student is clearly oppositional-defiant.”)
2. Telling a parent that we think their child need special education *before* the school team has reviewed the intervention data and decided to refer.
3. Telling a parent that we think their child “has ADHD” (or some other condition) or “needs to see a doctor about X.”
4. Making referrals for evaluations because the goal is to “get the child out of my classroom.”
5. Making excessive referrals at middle and high school.

# Questions?

It takes a village :)