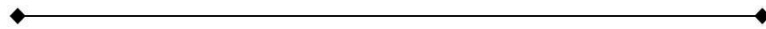


Special Education
Policies and Procedures
Manual



Monroe Township School District

<u>INTRODUCTION</u>	5
<u>CHILD FIND</u>	7
<u>PRE-REFERRAL INTERVENTIONS</u>	8
<u>Intervention and Referral Services</u>	8
<u>SECTION 504 OF THE REHABILITATION ACT OF 1973</u>	9
<u>IDENTIFICATION AND REFERRAL</u>	12
<u>INITIAL EVALUATION</u>	13
<u>Preschool</u>	13
<u>THE EVALUATION PLAN</u>	14
<u>Standardized testing</u>	14
<u>Functional Assessment</u>	15
<u>DETERMINING ELIGIBILITY</u>	16
<u>INDEPENDENT EVALUATIONS</u>	18
<u>ELIGIBILITY CONFERENCE</u>	18
<u>INDIVIDUALIZED EDUCATION PROGRAM</u>	19
<u>CHANGING THE IEP</u>	20
<u>REEVALUATION</u>	20
<u>ANNUAL REVIEW</u>	21
<u>TIPS FOR PARENT PARTICIPATION AT THE MEETING</u>	21
<u>LEAST RESTRICTIVE ENVIRONMENT</u>	22
<u>EDUCATIONAL PLACEMENT</u>	22
<u>SPEECH AND LANGUAGE SERVICES</u>	23
<u>A speech disorder</u>	24
<u>A language disorder</u>	24

<u>RELATED SERVICES</u>	24
<u>ASSISTIVE TECHNOLOGY</u>	25
<u>SUPPLEMENTARY AIDS AND SERVICES</u>	25
<u>OUT-OF-DISTRICT PLACEMENT</u>	26
<u>STATEWIDE ASSESSMENT</u>	26
<u>EXTENDED SCHOOL YEAR PROGRAM</u>	26
<u>TRANSITION</u>	27
<u>TRANSFER STUDENTS</u>	27
<u>DISMISSAL FROM SPECIAL EDUCATION</u>	27
<u>Timelines</u>	28
<u>COMMUNITY RESOURCES</u>	29
<u>GOVERNMENT AGENCIES AND COMMITTEES</u>	30
<u>APPENDIX</u>	31
<u>SUBCHAPTER 7. INTERVENTION AND REFERRAL SERVICES</u>	31
<u>6A:16-7.1 Establishment of intervention and referral services</u>	31
<u>6A:16-7.2 Functions of intervention and referral services</u>	31
<u>6A:16-7.3 School staff and community member roles for planning and implementing intervention and referral services</u>	32
<u>PARENT PREPARATION FOR THE IEP MEETING</u>	33
<u>Accommodations and Modifications of Test Administration</u>	34
<u>Procedures for Statewide Assessments</u>	34
<u>Code</u>	35

INTRODUCTION

In accordance with the requirements of the special education code (N.J.A.C. 6A:14-2.3(e) 7, the New Jersey Department of Education has developed a document titled “Parental Rights in Special Education (PRISE).” This Parent Handbook is intended to be an additional resource for parents whose children attend Monroe Township School District. The information that is included in PRISE will not be repeated in this handbook. PRISE is available from the Special Services office. It is also available on the following [website](#).

New Jersey Administrative Code for special education (N.J.A.C. 6A:14) is based on the federal Individuals with Disabilities Education Act (IDEA). A copy of the N.J.A.C. 6A:14 regulations is available in the CST office. Both regulations are available on the web:

N.J.A.C. 6A:14 is available at:

<http://www.state.nj.us/education/code/current/title6a/chap14.pdf>

The IDEA is available at:

<https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html>

This document is provided as a guide for the provision of special education and related services. If any portion of this document conflicts with law or regulation, the law or regulation takes precedence.

The IDEA is under reauthorization by Congress. The district will keep abreast of the changes and will inform the parents of these changes when they become available. Direct access to IDEA reauthorization information is available at the Federal Department of Education website <http://www.ed.gov/>

The handbook is a dynamic document. Revisions will be made as changes in special education requirements, policy, or practice occur. The district would appreciate knowing of any errors found in the handbook, as well as any suggestions for improvement.

CHILD FIND

Schools are responsible for finding children with disabilities living in the school district. They also must evaluate these children to see if they need special education. They must have policies and procedures for all children with disabilities residing in the district who are identified, located, and evaluated. This includes children with disabilities attending private schools.

An ongoing effort is made to locate and identify every exceptional child, ages 3 to 21, who lives in Monroe Township. This search applies to disabled children who are already attending school and those who are not yet enrolled.

The district's Child Find activities include but are not limited to:

- Letters to doctors, particularly pediatricians
- Area nursery schools
- Community organizations
- Announcements in newspapers
- Postings at the library
- Fliers sent to area stores for posting
- Community newsletters such as PTA, Superintendent, school calendar

If your school-age child is having difficulties in school, first talk to his or her teacher. Our school district offers many supports within regular education.

If you have a preschool child and have noticed that your child is not developing skills such as walking, talking, or playing like other young children of the same age, you may want to talk to your family doctor. He or she may be able to reassure you that children develop at different rates and your child is within the normal developmental scales. If, however, you and your doctor are not comfortable with your child's progress, you may wish to make a referral to the Child Study Team.

Children from birth to three are referred to Early Intervention. Early Intervention operates under the Division of Family Health Services which implements New Jersey's statewide system of services for infants and toddlers with developmental delays or disabilities and their families. They can be reached at 609.777.7734. Their website is: <http://www.nj.gov/health/fhs/eis/>

If you know of any child who may be in need of special education, please have them call the Child Study Team office at 609.642.6128. For further information on scheduled Child Find activities, please contact the Director of Pupil Personnel Services.

PRE-REFERRAL INTERVENTIONS

The rationale for systematic regular education intervention is to identify problems early and prevent them from becoming significant problems. Successful regular education interventions can negate the need for special education in the future by attending to the difficulties in the present.

Good instructional practices necessitate that teachers use specific strategies and techniques to assist students who are experiencing difficulties in the classroom. Teachers consult with other school staff members who have extensive knowledge of interventions.

Intervention and Referral Services

New Jersey requires that all school districts have a multidisciplinary team in each building that provides assistance to students who are experiencing academic, health, or behavioral difficulties. A copy of the regulations - **N.J.A.C. 6A: 16-7 Intervention and Referral Services** is available in the appendix.

A resource manual for implementing intervention and referral services is available on the Department of Education (DOE) website:
<http://www.state.nj.us/njded/students/irs/>

The Monroe Township School District has an Intervention and Referral Services committee in each school. The following members make up the I&RS committee:

- The School Principal
- School Social Worker (Sickles)
- Guidance Counselor (Knollwood)
- A member of the CST
- A regular education teacher
- The referring teacher(s)

The purpose of the I&RS committee is to work collaboratively with the teacher(s) to identify the student's problem and come up with meaningful solutions. The committee develops an Action Plan with the teacher(s). The committee provides support to the teacher(s) in the implementation of specific strategies. When necessary the committee will recommend outside resources for the student such as a Basic Skills program. The

parents are an integral part of the process; however, parental consent is not required for the I&RS committee to act on a particular case.

It is recommended that a student experiencing difficulty in school first go through the I&RS committee before going to the Child Study Team (CST). It is important that the type, duration, and result of regular education interventions be well documented. The data collected and recorded by the I&RS committee will indicate the effectiveness of various interventions tried. If the child is eventually referred to the CST for an evaluation, this regular education intervention information will provide important data to the CST members. A parent may request assistance for their child from the I&RS committee by contacting the Building Principal.

The special education code requires that interventions in the general education program be provided to alleviate educational problems. The teachers in the general education program are required to maintain written documentation of the implementation and effectiveness of the interventions.

Regular education intervention activities must not be used to divert or delay a referral to the CST. When it can be documented that a student's educational problems are such that a direct referral to the CST is warranted, the district must proceed without delay.

A parent may make a direct referral to the CST. If the CST determines that an immediate referral has not been warranted and that sufficient interventions in general education have not been documented, the CST may decide not to evaluate the student at that time. If the CST feels that an evaluation is warranted, it is appropriate for the I&RS committee to continue to provide support to the teacher and services to the student for as long as necessary.

SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 sets forth the requirement that no qualified student with a disability shall, on the basis of disability, be denied services and access to general education. If a student is disabled under IDEA 97, the student will automatically qualify as disabled under Section 504 of the Rehabilitation Act of 1973. It is possible for a student to qualify for Section 504 services and not qualify for special education services.

In Monroe Township School District, the determination for whether a general education student will receive services under Section 504 is made through a variety of sources including, but not limited to, independent assessments (i.e. doctor's report), and teacher and parent input.

If the 504 Team believes that there is "the presence of a physical or mental impairment that substantially limits a major life activity such as walking, seeing, hearing, speaking,

breathing, or learning,” the team then assesses the student and develops an accommodation plan that describes the impairment (disability), the life activity, and the accommodations and modifications needed to offer the student equal access to the curriculum.

The "504 Accommodation Plan" requires the written consent of the parent before it can be implemented. Copies are shared with each staff member responsible for implementation of the accommodations and the parent. Accommodation Plans must be reviewed annually (12 months from the date of implementation) and revised as needed.

Some examples of services a student may receive under Section 504 include:

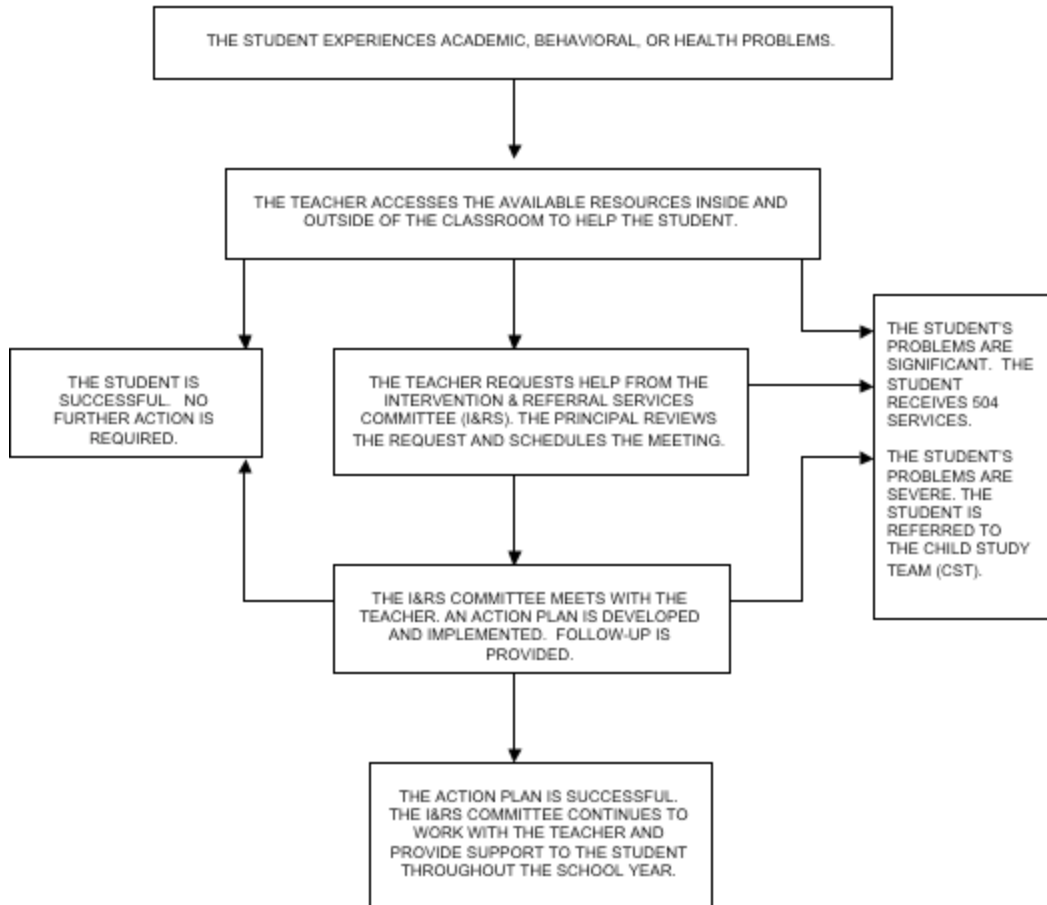
- Nurses’ services for blood/sugar disorders, heart malfunctions, etc.
- Monitoring of medication for an Attention Deficit Disorder
- Accommodations and modifications of test administration procedures for statewide assessments (See Appendix.)
- Specific accommodations in the classroom such as modified assignments

Additional information on Section 504 can be accessed by visiting the following websites:

<http://www.ed.gov/policy/rights/guid/ocr/disability.html>

<http://www.ed.gov/about/offices/list/ocr/504faq.html>

FLOW CHART OF THE PREREFFERAL PROCESS



CHILD STUDY TEAM (CST)

The CST consists of a Learning-Disabilities Teacher Consultant (LDTC), School Psychologist, and School Social Worker. In cases where a speech and/or language impairment is suspected, the Speech-Language Specialist may function as a member of the CST.

The functions of the CST members include the following:

- Participating in the evaluation of students
- Participating in the determination of eligibility for special education services
- Delivering appropriate related services to students
- Providing consultation services to special and general education staff
- Designing, implementing, and evaluating techniques to prevent and/or remediate educational difficulties

CASE MANAGER

A Case Manager is a member of the CST who is assigned to a student when it is determined that a student will be evaluated. Every special education student is assigned a Case Manager. The Case Manager coordinates the development, monitoring, and evaluation of the effectiveness of the individualized program. The Case Manager facilitates communication between the home and school and coordinates the entire process. The Case Manager is the parent's first line of contact after the classroom teacher.

IDENTIFICATION AND REFERRAL

Whenever a teacher, parent, staff member, or other person with knowledge of a student's development believes that a student may have an educational disability that requires special education and related services, a written request is made to the Child Study Team. The parent, the student's teacher, and the CST meet within 20 days of receipt of the referral to determine if an evaluation is warranted. The parent must provide written consent for the initial evaluation to proceed.

When you give your permission to evaluate, be sure to note the name of the Case Manager because this is your primary contact person. Prepare your child as best you can for the evaluation. Let your child know that people at the school will be asking to work with him or her outside of the classroom. You may not know the specific days when the testing will take place so try to be sure that your child is well rested and eats a good breakfast each day during the evaluation period. If conditions exist that may affect

your child adversely on certain days, for example, if your child has a cold or allergies, let the teacher know so the evaluators can try to reschedule the testing if necessary.

INITIAL EVALUATION

A child must be evaluated in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional functioning, general intelligence, academic performance, communicative status, and motor abilities. In addition, the evaluation must be sufficiently comprehensive to identify all of the child's special education and related services needs.

No single assessment procedure may be used as the sole criterion for determining whether a child has a disability or for determining an appropriate educational program. The evaluation materials must be technically sound and may assess the relative contribution of cognitive and behavioral factors, in addition to physical and developmental factors.

Evaluation of a child who may have limited English proficiency should assess the child's proficiency in English as well as in the child's native language to distinguish language proficiency from disability needs. Evaluation materials and procedures must be in the child's native language or other mode of communication unless it is clearly not feasible to do so.

The school nurse will perform an audiometric and vision screening and will provide the Child Study Team with a medical history.

Preschool

When a preschool age child transitions from an early intervention program, a Child Study Team member participates in the preschool transition planning conference arranged by the Department of Health. A preschooler's IEP must be implemented no later than age three. To assure that preschoolers with disabilities have their initial IEPs implemented no later than age three, a written request for initial evaluation must be forwarded to the district at least 120 days prior to the preschooler attaining age three. When a preschool age child is referred for an initial evaluation, a Speech-Language Specialist participates as a member of the Child Study Team in the meeting to determine whether to evaluate and the nature and scope of the evaluation.

The Preschool Disabled Program is designed for students with identified developmental delays in the areas of speech and language, motor, behavioral and/or cognitive functioning and are identified as being eligible for special education. This program is designed to provide early intervention in each of the developmental areas.

THE EVALUATION PLAN

The CST, the parent, and the regular education teacher meet and review the existing data to determine what additional data is necessary and which CST members and specialists will conduct the evaluation. A minimum of two CST members is required to conduct an evaluation based on the presenting information. If necessary, a health appraisal or specialized medical evaluation will be recommended. An evaluation plan is completed and the parent is given a copy.

Standardized testing

An initial evaluation to the CST requires the use of standardized testing. Standardized testing must be:

- Individually administered
- Valid and reliable
- Normed on a representative population
- Scored as either standard score with standard deviation or norm referenced scores with a cutoff score

Some examples of standardized tests used to measure achievement include the following:

- ❖ Kaufman Test of Educational Achievement (KTEA)
- ❖ Wechsler Individual Achievement Test (WIAT)
- ❖ Woodcock-Johnson Psychoeducational Battery-Achievement Battery – Fourth Edition (WJ-IV)
- ❖ The Test of Written Language, 3rd Edition (TOWL-3)

Some examples of standardized tests used to measure cognitive ability include the following:

- ❖ Wechsler Intelligence Scale for Children IV (WISC-IV)
- ❖ Woodcock Johnson Psychoeducational Battery Test of Cognitive Ability – 3rd Edition (WJ-III)

Some examples of speech and language tests include the following:

- ❖ Goldman-Fristoe Test of Articulation-2 (GPTA-2)
- ❖ The Listening Test
- ❖ The Language Processing Test
- ❖ The Phonological Awareness Test
- ❖ The Auditory Conceptualization Test
- ❖ Clinical Evaluation of Fundamental Language Preschool (CELF-Preschool)

Preschool Language Scale

- ❖ Comprehensive Assessment of Spoken Language
- ❖ Photo Articulation Test
- ❖ Test of Language Development-Primary (TOLD-P)
- ❖ Test of Language Development-Intermediate (TOLD-1)
- ❖ Peabody Picture Vocabulary Test-Revised

Social and emotional growth and adaptive behavior is measured using the following instruments:

- ❖ Child Developmental Inventory
- ❖ Battelle Developmental Inventory
- ❖ Connor's Rating Scale
- ❖ Piers-Harris Children's Self-Concept Scale

Functional Assessment

A functional assessment must be completed by at least one of the evaluators, and the information needs to be included in the written report. Examples are:

- A minimum of one structured observation
- An interview with the student's parent
- An interview with the referring teacher
- A review of the student's developmental/educational history
- A review of the documented interventions
- One or more informal measures (i.e. checklists, survey)

Following are some examples of additional evaluations that may be recommended and why they might be recommended:

- An occupational therapist evaluation to assess extent of fine motor difficulties
- A physical therapist evaluation to assess extent of gross motor difficulties
- A neurological evaluation to determine the extent of an attention deficit disorder
- A psychiatric evaluation to identify emotional and mental health problems
- A medical evaluation to evaluate health issues
- An audiological evaluation to measure acuity, central auditory processing, and to make appropriate recommendations for assistive listening devices
- An assistive technology evaluation to determine the need for communication support

DETERMINING ELIGIBILITY

In order to qualify for services the student must meet the criteria in one or more of the following areas. In addition to the two members of the CST assessing the student other evaluations may be required. The speech and language evaluation may be one of the two.

Criteria	Definition
Auditorily Impaired	An inability to hear within normal limits
Autistic	A pervasive developmental disability that impacts verbal and nonverbal communication and social interaction
Cognitively Impaired	Significantly below average cognitive functioning with deficits in adaptive behavior and can be mild, moderate, or severe
Communication Impaired	A language disorder in the areas of morphology, syntax, semantics, and/or pragmatics/discourse
Emotionally Disturbed	An inability to build or maintain interpersonal relationships, inappropriate behaviors, depression, or physical systems of fears
Multiply Disabled	The presence of two or more disabling conditions
Orthopedically Impaired	A severe orthopedic impairment
Other Health Impaired	A disability characterized by having limited strength, vitality or alertness or heightened alertness
Preschool Disabled	A measurable developmental impairment between the ages of 3 - 5
Socially Maladjusted	An inability to conform to normal standards of behavior
Specific Learning Disability	See below
Traumatic Brain Injury	An acquired injury to the brain caused by an external physical force
Visually Impaired	An impairment in vision that is not helped with correction

Please refer to N.J.A.C. 6A: 14-3.5(c) for more detailed information.

Specific Learning Disability

A “Specific learning disability (SLD)” is a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

The term does not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities, general cognitive deficits, emotional disturbance or environmental, cultural, or economic disadvantage.

A specific learning disability is characterized by a severe discrepancy between the student’s current achievement and intellectual ability in one or more of the following areas:

- Basic reading skills
- Reading comprehension
- Oral expression
- Listening comprehension
- Mathematical computation
- Mathematical reasoning
- Written expression

The district is required to adopt procedures that utilize a statistical formula and criteria for determining severe discrepancy.

A severe discrepancy formula is only one procedure for making the SLD determination. Functional assessments must also be considered.

When a student is suspected of having a specific learning disability, the CST must include the following information in the written report(s):

- Whether the student has a specific learning disability
- The basis for making the determination
- The relevant behavior noted during the observation
- The relationship of the behavior to the student’s academic performance
- Educationally relevant medical findings, if any
- The effects of environmental, cultural, or economic disadvantage, if any
- Whether there is a severe discrepancy between achievement and ability

INDEPENDENT EVALUATIONS

Each parent of a student with a disability has a right to obtain an independent educational evaluation of the student at public expense if the parent disagrees with the school's evaluation. The independent evaluation must be conducted by a qualified examiner who is not employed by the school district responsible for the education of the student. The contents of the independent evaluation become the school's property if it is paid for by the school district. A list of independent evaluators is available in the Child Study Team office.

The school district may begin a due process hearing to show that its evaluation was appropriate. If the final decision shows that the evaluation was appropriate, the parent still has the right to an independent educational evaluation, but not at public expense.

When requesting an independent evaluation at the school district's expense, parents should:

- Make the request in writing to the Director of Pupil Personnel Services
- Include in the letter who the evaluation is for, the reason for the evaluation, their plan for obtaining the independent evaluation, and their understanding that the evaluation is at public expense

If a parent pays for an independent educational evaluation, the results must be considered in the evaluation process and in planning the IEP, provided that the independent evaluation meets the standards of the school district. A list of approved clinics or agencies may be found in the Appendix.

For more information on independent evaluations please refer to [PRISE](#).

ELIGIBILITY CONFERENCE

After the evaluation process is completed a meeting is held. The purpose of the meeting is to determine eligibility for special education. If eligible, the student is classified as "Eligible for Special Education and Related Services."

The parents, the Case Manager, the classroom teacher(s), and other appropriate persons are invited to attend the meeting. Ten days before the meeting the parents are sent a copy of the written reports.

If the parent agrees that the child should receive special education services, a program plan may be developed at the meeting. The parent must give written consent for the special education program and services to begin.

INDIVIDUALIZED EDUCATION PROGRAM

The Individualized Education Program (IEP) is the written plan developed after the eligibility meeting that drives the student's program. It describes the special education and related services specifically designed to meet the unique educational needs of a student with disability. The IEP team meeting helps parents and educators work together as partners. The IEP is not a daily lesson plan. It is a long-term plan and, thus, will not tell you everything that a teacher will do with your child. The IEP is not a contract. The IEP describes things that you and school have agreed to do for your child, but it is not a guarantee that the interventions will work. The IEP is a fluid document. It can be changed as your child's needs change.

The IEP Team

- Student, if appropriate
- Parent
- Special education teacher, if appropriate
- Regular education teacher, if the student is or will be participating in regular education
- Case Manager
- Others at the discretion of the parent or school district

IEP Content

- A statement of the student's present levels of educational performance
- A statement of measurable goals and benchmarks or short-term objectives
- A statement of how the student's progress toward the annual goals will be measured
- An explanation of the extent, if any, to which the student shall not participate with nondisabled students in the general education class and in extracurricular and nonacademic activities
- Modifications needed to participate in the administration of statewide or districtwide assessments
- A description of the placement decision, program, and related services
- The projected date for the beginning and ending of the program and services and the anticipated frequency, location, and duration of these
- Beginning at age 14, a statement of the state and local graduation requirements that the student shall be expected to meet
- A statement of student's transition from an elementary program to A secondary program
- A Behavioral Intervention Plan (BIP) for students experiencing significant behavior difficulties.

- Beginning at age 14, a statement of the transition service needs
- A statement of how the student's parents will be regularly informed of their student's progress toward the annual goals and the extent to which that progress is sufficient to enable the student to achieve the goals by the end of the year.
- In the case of a student whose behavior impedes learning, the Inclusion of a behavior intervention plan

Please refer to N.J.A.C. 6A:14-3.7 for more detailed information on the contents of the IEP.

CHANGING THE IEP

When an IEP meeting is held to change an IEP, the changes cannot be implemented before 15 days unless the parent gives written consent. After the 15 days the changes may be implemented. If the parent disagrees with the changes made to the IEP the parent must contact the school prior to the 15 days. Additionally, the changes cannot be implemented until the parent has been given a copy of the new IEP.

REEVALUATION

The purpose of a reevaluation is to determine if the student continues to be eligible for special education services. This determination must be made every three years or more often if necessary.

The IEP team meets to review the current data and decides whether additional testing is required to determine eligibility. If everyone agrees that the student continues to be eligible (or ineligible) no additional testing is required. If the parent disagrees with the decision made by the IEP team, the parent can request additional testing to determine eligibility (or ineligibility) for special education.

The school must obtain parental consent before conducting any testing as part of a reevaluation. However, if the school can demonstrate that it tried to get parental consent, and the parent did not respond, the school may proceed with the reevaluation as planned.

A reevaluation is conducted by at least two members of the CST using functional assessment and when appropriate, standardized tests.

A reevaluation meeting is required upon a student exiting a preschool program. The IEP participants make the decision whether additional testing is required to continue eligibility or to terminate eligibility.

ANNUAL REVIEW

The IEP Team meets once a year, or more if necessary, to review and revise the IEP. The Team discusses strengths, weaknesses, and the progress of the student. The IEP must be completed, written, and given to the parent by the anniversary date of the last IEP meeting.

TIPS FOR PARENT PARTICIPATION AT THE MEETING

- ❑ Write your questions down to bring to the meeting. Remember you will have the people at this meeting who can answer your questions or find out the answers and get back to you.
- ❑ Gather all the information that you have about your child that supports and documents your concerns. Organize your thoughts so you can present your concerns clearly and succinctly.
- ❑ Speak with your child's teacher(s) prior to the meeting about assessments used to determine your child's progress in meeting the goals of the IEP.
- ❑ If there are specific issues a parent would like to discuss at the meeting, it is helpful to supply that information to the Case Manager in advance so that the Case Manager can better prepare for the meeting with additional data and materials.
- ❑ If you have not seen the IEP draft in advance and you need more time to consider it, let the Case Manager know that you would like to take it home with you and review it. You have 15 days to contact the Case Manager and ask to change the IEP, and you may request another meeting. At that point, the IEP will go into effect as written.

Additional ideas for preparing for an IEP meeting are available in the Appendix.

LEAST RESTRICTIVE ENVIRONMENT

Least Restrictive Environment (LRE) means that students with disabilities are educated to the maximum extent possible with children who do not have disabilities. Removal of children from the regular education classroom should occur only when the nature or severity of the disability is such that education in regular classes or other natural environments with the use of supplementary aids cannot be achieved satisfactorily.

EDUCATIONAL PLACEMENT

Once the IEP team makes a decision to classify a student as Eligible for Special Education and/or Related Services, an appropriate program is selected. The program selected must be considered the least restrictive environment for that student. A description of the programs from least to most restrictive follows:

Resource Center Programs

- | | | |
|-----------------------|---|--|
| In-class support: | The special education teacher comes into the classroom and provides supplemental instruction. The general education teacher maintains primary responsibility for the student's program. The student is required to do what everyone else does with prescribed accommodations being listed in the IEP. | <u>Group limits:</u>
6 – K to 5 th grade
9 – 6 th to 8 th grade |
| In-class replacement: | The special education teacher provides instruction in the general education classroom. The special education teacher maintains primary responsibility for the student's program. The student follows a parallel curriculum and is not required to do what everyone else does. | <u>Group limits:</u>
3 – K to 8 th grade |
| Pull-out support: | The student is pulled out of the classroom and goes to the Resource Center. The special education teacher | <u>Group limits for one subject:</u>
6 – K to 5 th grade |

provides supplemental instruction in a particular subject. The general education teacher remains the primary teacher.	9 – 6 th to 8 th grade <u>Group limits</u> <u>multiple subjects:</u> 6 – K to 8 th grade
---	--

Pull-out replacement:	The student is pulled out of the classroom and goes to the Resource Center. The special education teacher provides instruction in a particular subject.	<u>Group limits for one subject:</u> 6 – K to 5 th grade 9 – 6 th to 8 th grade <u>Group limits</u> <u>multiple subjects:</u> 4 – K to 8 th grade
-----------------------	---	--

**The group size may be increased by three with the addition of a classroom aide for single subject groups. The age span in the pull-out program shall not exceed four years.

A determination of which resource center programs will be available to students varies from year to year depending upon student needs.

Full-time Programs

Students who require full-time special education are placed in a self-contained classroom and are taught by a certified special education teacher. When appropriate, the students participate in activities with non-disabled students.

The Preschool Handicapped Program services students from ages 3-5 who demonstrate difficulties in communication and/or physical, sensory, emotional, communication, cognitive, or social development.

The Learning and/or Language Disabilities Program services students from ages 5 to 14 who demonstrate difficulties in communication and/or physical, sensory, emotional, cognitive, or social development that require a more intensive level of educational assistance.

SPEECH AND LANGUAGE SERVICES

Students who are classified as “Eligible for Special Education and Related Services” may receive speech and language instruction as a related services from the Speech-Language Specialist. Students who do not require special education but require speech and language services are classified as “Eligible for Speech and Language Services.”

To receive speech and/or language services one or more of the following disorders must apply:

A speech disorder

- Articulation/phonology: On a standardized articulation or phonology assessment, the student exhibits one or more sound production error patterns beyond the age at which 90 percent of the population has achieved mastery, according to current developmental norms, and misarticulates sounds consistently in a speech sample.
- Fluency: The student demonstrates at least a mild rating, or its equivalent, on a formal fluency rating scale, and in a speech sample, the student exhibits disfluency in five percent or more of the words spoken.
- Voice: On a formal rating scale, the student performs below the normed level for voice quality, pitch, resonance, loudness, or duration, and the condition is evident on two separate occasions, three to four weeks apart, at different times.

A language disorder

- The problem must be demonstrated through functional assessment of language in a setting other than a testing situation and performance below 1.5 standard deviations, or the 10th percentile, on at least two standardized oral language tests, where such tests are appropriate.

Additionally, the student's teacher must provide evidence that the speech problem is causing a negative educational impact.

RELATED SERVICES

Some students will need services in addition to the Special Education program. These services might include, but are not limited to the following:

- ❖ speech and language therapy
- ❖ physical therapy
- ❖ occupational therapy
- ❖ counseling
- ❖ school health services
- ❖ adaptive physical education
- ❖ sign language interpreter for the hearing impaired
- ❖ reader services for the visually impaired
- ❖ orientation and mobility instruction
- ❖ special transportation
- ❖ assistive technology services

A service may be a benefit to a child with a disability, but this does not automatically qualify it as a related service. There are services that may be of benefit to such a child, but may not be the responsibility of the district to provide because the services are not required for a child to benefit from special education. For example, a student with a speech impairment that does not adversely affect his/her educational performance would not require speech and language services.

ASSISTIVE TECHNOLOGY

An “assistive technology device” means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. The IEP team considers any device (from a simple pencil grip to computerized equipment) that may help the child learn. The team may get information from a specialist to help them with the child's needs.

The following are examples of assistive technology:

- FM devices
- Voice recognition products
- Keyboard filters
- Speech synthesizers
- Touch screens
- Word prediction programs
- Technological tools for improving reading, writing, and math
- Communication devices

SUPPLEMENTARY AIDS AND SERVICES

Supplementary aids and services are provided to students who require it. Some examples include, but are not limited to, the following:

- Computer assisted instruction
- Modified grading
- Classroom aide
- Modified evaluation testing procedure
- Use of audio visual aids
- Alternate tests
- Student-directed small group instructional settings
- Cooperative learning groups
- Peer tutor
- Before/after school assistance
- Supportive instruction

OUT-OF-DISTRICT PLACEMENT

In extreme cases where the IEP Team determines that the student's needs cannot be met with the programs that are available in the district, the student may be sent to a program outside of the district. The program selected must be considered the least restrictive environment for that student. Following are examples of out-of-district programs listed from least to most restrictive:

- Program in another public school
- Regional day school
- Program in a private school
- Public residential placement
- Private residential placement

STATEWIDE ASSESSMENT

The majority of special education students will be expected to participate in the statewide tests. This includes the PARCC and the [New Jersey Assessment of Skills and Knowledge for Science \(NJ ASK\)](#), administered in grades 4 and 8.

The Alternate Proficiency Assessment (APA) is a portfolio assessment designed to measure progress toward achieving New Jersey's state educational standards for those students with severe cognitive disabilities who are unable to participate in the statewide tests.

Students with disabilities eligible for special education and related services and those students eligible under [Section 504 of the Rehabilitation Act](#) may have accommodations and/or modifications during the administration of the statewide assessments. A copy of the state recommended accommodations and modifications is included in the Appendix.

EXTENDED SCHOOL YEAR PROGRAM

Some children may require the provision of services beyond the traditional school year. Such services are known as Extended School Year (ESY) services. An Extended School Year (ESY) program is provided when regression during extended breaks from school is so severe that a student is unable to recoup the losses in a reasonable period of time. The New Jersey Department of Education has put together a technical assistance document to help districts determine when an [ESY program](#) is appropriate for a particular student.

TRANSITION

Supports are provided to students to ensure successful adjustments as they transition from one level to the next. At the IEP meeting specific suggestions are made depending upon the needs of the student. Following are some examples:

From the preschool program to the elementary school

- Parents have the option of observing the classes available
- The child may visit the next year's classroom teacher

From the elementary school to the middle school

- CST teams hold articulation meetings to plan transition services

From the middle school to the high school

- Parents and student meet with the high school CST
- Parents and student meet with the guidance counselor to make high school course selections
- Students that require it visit the high school over the summer

For students who are 14, or who will turn 14 over the life of the IEP, transition planning must be included as part of IEP. The purpose is to ascertain the student's interests and preferences as they begin to plan their high school program. Students are personally invited to attend the meeting to discuss their future goals. Parents are encouraged to discuss these issues with their child prior to attending an IEP meeting where transition needs will be discussed.

TRANSFER STUDENTS

When a classified pupil transfers from one district to another, the pupil will continue to get special education services. The Monroe Township School District will send for the current IEP and evaluations from the old school. The paperwork is updated and a new IEP written. The process is expedited when the parents immediately inform the school that their child was in special education, bring a copy of the IEP and most recent evaluations, and provide the name and telephone number of a contact person from the previous school.

DISMISSAL FROM SPECIAL EDUCATION

When a student no longer requires special education programs and related services he/she must be considered for declassification from special education. A reevaluation meeting is held, and the IEP participants decide whether additional testing is required to determine ineligibility for special education.

Timelines

Annual Review

The student's IEP must be reviewed once a year and more often if necessary.

CST Referral

When a child is referred to the CST team, a meeting must be held within 20 days (excluding school holidays, but not summer vacation) to determine whether an evaluation is warranted.

<u>Evaluation</u>	Day 1	-	Date of determination meeting
			Parent provides written consent for meeting.
	by Day 65	-	Parents are sent a copy of the evaluation reports.
	by Day 75	-	A meeting is held to determine eligibility for special education.
		-	If the child is eligible, an IEP meeting is held.
	by Day 90	-	The student is placed in the special education program.

The entire evaluation process may not take longer than 90 days.

Written Notice

When the district proposes or declines an action, the district must give the parent written notification. If the district does not hear from the parent within 15 days, the district may proceed with the action. At any time the parent can give approval by signing a form, and the action can then be implemented sooner.

Examples of when the district must notify the parent before taking action:

- Change of placement as a result of an IEP meeting
- Decision to evaluate a student

Reevaluation

A determination whether a child still qualifies for special education must be made every three years or more often if necessary.

COMMUNITY RESOURCES

800.4.AUTISM

Children and Adults with Attention Deficit Disorder (CHADD), <http://www.chadd.org/>

The Council for Exceptional Children (CEC), 1110 North Glebe Road, Suite 300
Arlington, VA 22201-5704, 703/620-3660; 888/232-7733, <http://www.cec.sped.org/>

Department of Education, Office of Sp. Ed. Programs 609.633.6833
<http://www.nj.gov/njded/specialed/>

Education Resource Information Center (ERIC) 800.328.0272

Muscular Dystrophy Association, 3300 E. Sunrise Dr., Tucson, AZ 85718, 800/572-1717,
<http://www.mdausa.org/>

National Easter Seal Society, 230 W. Monroe, #1800, Chicago, IL 60606
312.726.6200; 800.221.6827, <http://www.easter-seals.org/>

National Federation of the Blind 410.659.9314, <http://www.nfb.org/>

National Information Center for Children and Youth with Disabilities (NICHCY)
800-695-0285, <http://www.nichcy.org/>

NJ Center for Outreach and Services for Autism Community, Inc. (COSAC),
<http://www.njcosac.org/cosacindex>

NJ Coalition for Inclusive Education 732.613.0400

NJ Education Law Center 973.624.1815

NJ Protection and Advocacy, Inc. 800.922.7233

Parents of Blind Children – NJ (POBC-NJ) 973.377.0976

Parent Education Network 800.522.5827

Statewide Parent Advocacy Network, Inc. (SPAN) 800.654.SPAN
http://www.spannj.org/what_is_span.htm

United Cerebral Palsy Assoc. of NJ (UCP) 888.322.1918

GOVERNMENT AGENCIES AND COMMITTEES

Division of Developmental Disabilities 800.832.9173,
<http://www.state.nj.us/humanservices/ddd/>

Division of Vocational Rehabilitation 856.757.2775,
http://careerconnections.nj.gov/careerconnections/plan/foryou/disable/students_with_disabilities.shtml

Early Intervention Project Child (ages 0-3 years) 609.588.8515

Library for the Blind and Handicapped 800.792.8322, <http://www.njstatelib.org/>

NJ Commission for the Blind and Visually Impaired 732.255.0720,
<http://www.state.nj.us/humanservices/cbvi/>

NJ Developmental Disabilities Council 609.792.7114

Office of Special Education Programs (OSEP), Switzer Bldg., 330 C Street, SW
Washington DC 20202, 202.205.5507,
<https://ed.gov/about/offices/list/osers/osep/index.html>

APPENDIX

SUBCHAPTER 7. INTERVENTION AND REFERRAL SERVICES

6A:16-7.1 Establishment of intervention and referral services

District Boards of Education shall establish and implement a coordinated system in each school building for the planning and delivery of intervention and referral services that are designed to assist students who are experiencing learning, behavioral, or health difficulties, and to assist staff who have difficulties in addressing students' learning, behavior, or health needs. District Boards of Education shall choose the appropriate multidisciplinary team approach for planning and delivering the services required under this subchapter.

1. The intervention and referral services shall be provided to aid students in the general education program;
2. The intervention and referral services, pursuant to N.J.S.A. 18A:46-18.1 et seq. and this subchapter, may be provided for students who have been determined to be in need of special education programs and services; and
 - i. The intervention and referral services provided for students with learning disabilities shall be coordinated with the student's Individualized Education Program team, as appropriate.

6A:16-7.2 Functions of intervention and referral services

(a) The functions of the system of intervention and referral services in each school building shall be to:

1. Identify learning, behavior, and health difficulties of students;
2. Collect thorough information on the identified learning, behavioral, and health difficulties;
3. Develop and implement action plans which provide for appropriate school or community interventions or referrals to school and community resources, based on the collected data and desired outcomes for the identified learning, behavior, and health difficulties;
4. Provide support, guidance, and professional development to school staff who identify learning, behavior, and health difficulties;
5. Provide support, guidance, and professional development to school staff who participate in each building's system for planning and providing intervention and referral services;
6. Actively involve parents or guardians in the development and implementation of intervention and referral services action plans;

7. Coordinate the access to and delivery of school resources and services for achieving the outcomes identified in the intervention and referral services action plans;
8. Coordinate the services of community-based social and health provider agencies and other community resources for achieving the outcomes identified in the intervention and referral services action plans;
9. Maintain records of all requests for assistance and all intervention and referral services action plans, according to the requirements of 34 CFR Part 98, 34 CFR Part 99, 42 CFR Part II, N.J.S.A. 18A:40A-7.1, N.J.A.C. 6A:16-3.2, and N.J.A.C 6:3-2.1;
10. Review and assess the effectiveness of the provisions of each intervention and referral services action plan in achieving the outcomes identified in each action plan and modify each action plan to achieve the outcomes; and
11. At a minimum, annually review the intervention and referral services action plans and the actions taken as a result of the building's system of intervention and referral services and make recommendations to the principal for improving school programs and services.

6A:16-7.3 School staff and community member roles for planning and implementing intervention and referral services

(a) The district Board of Education shall establish guidelines for the involvement of school staff and community members in each building's system of intervention and referral services, which shall, at a minimum:

1. Identify the roles and responsibilities of the building staff who participate in each building's system for planning and providing intervention and referral services, including the roles and responsibilities of staff members who identify learning, behavior or health difficulties;
2. Identify the roles and responsibilities of other district staff for aiding in the development and implementation of intervention and referral services action plans; and
3. Identify the roles, responsibilities, and parameters for the participation of community members for aiding in the development and implementation of intervention and referral services action plans.

PARENT PREPARATION FOR THE IEP MEETING

My child's strengths (abilities, interests) academically and socially:

What my child has learned this year (in and outside of school):

What is difficult for my child to do in school:

What helps my child learn:

My goals for my child for the next school year:

My questions or concerns:

Accommodations and Modifications of Test Administration Procedures for Statewide Assessments

In accordance with the Individuals with Disabilities Education Act (IDEA), students who are receiving special education services must participate in the statewide assessment system with the following exception:

"Students with disabilities shall participate in the Alternate Proficiency Assessment in each content area where the nature of the student's disability is so severe that the student is not receiving instruction in any of the knowledge and skills measured by the general statewide assessment and the student cannot complete any of the types of questions on the assessment in the content area(s) even with accommodations and modifications. (New Jersey Administrative Code Chapter 6A:14-4.11[a]2)."

Students with disabilities eligible for special education and related services and those students eligible under Section 504 of the Rehabilitation Act may have accommodations and/or modifications during the administration of the statewide assessments. The Individualized Education Program (IEP) or 504 team makes decisions about accommodations/modifications. Information about test content and item types from the directories of test specifications can be used to make these decisions.

Accommodations that will be utilized during statewide assessments for a student must be listed in the IEP or 504 plans. **Accommodations used during statewide testing should be consistent with instructional and assessment procedures used in the classroom.**

These accommodations also appear in the test coordinator and/or examiner manuals distributed to districts prior to each test cycle using terminology that applies to the specific test. Please refer to the specific test manual for additional instructions regarding the use of accommodations and for logistical considerations. The use of accommodations must be recorded on the student's test booklet or answer folder according to the instructions in the test coordinator's manuals.

Advanced planning is integral to implementing accommodations/modifications effectively and ensuring that the security of test materials is maintained. If a student requires an accommodation or modification that is not listed below, contact the Supervisor of Special Education.

A. Setting Accommodations

1. Administering the assessment:
 - a. individually in a separate room
 - b. in a small group in a separate room
 - c. in the resource room
 - d. in a special education classroom
 - e. using carrels
 - f. at home or in a hospital (this will depend on the nature of the assessment task)
2. Seating the student in the front of the room near the examiner or Proctor
3. Seating the student facing the examiner or proctor
4. Providing special lighting
5. Providing special furniture (e.g., desks, trays, chairs)

B. Scheduling Accommodations

1. Adding time as needed
2. Providing frequent breaks
3. Terminating a section of the test when a student has indicated that he or she has
4. Completed all the items he/ she can

C. Test Materials Modifications

1. 1. Administering the large-print version of test materials
2. 2. Administering the Braille version of test materials
3. 3. Allowing separate additional continuation pages for writing tasks. These pages MUST be properly marked to link them to the correct student for credit.

D. Test Procedures Accommodations/Modifications

1. Administration accommodations/modifications:
 - a. Reading directions out loud
 - b. Reading test questions aloud (you may not read aloud or sign the reading passages in Language Arts Literacy- you may read the reading questions.)
 - c. Providing and ensuring that amplification (hearing aid and/or FM system) is in working order
 - d. Using a sign language or cued speech interpreter for administration of directions or questions but not reading passages masking a portion of the test booklet and/or answer folder to eliminate visual distractions or providing reading windows
 - e. Repeating, clarifying, or rewording directions
 - f. Providing written directions on a separate sheet or transparency
 - g. Using an examiner who is familiar with the student
 - h. Using an examiner who can communicate fluently in sign language (American Sign Language or a form of Manually Coded English)

- i. Providing manipulatives for math items
- j. Using graph paper for math section
- k. Using a Braille ruler and talking calculator
- l. Using tactile or visual cues for deaf or hard of hearing students to indicate time to begin, time remaining, and time to end a particular part of the test
- m. Response accommodations/modifications:
- n. Having an examiner record the student's identifying information on the test booklet or answer folder (see test manuals for specific information)
- o. Dictating oral responses to a scribe (person who writes from dictation) -student must indicate all punctuation and must spell all keywords
- p. Using a Braille writer to record responses
- q. Signing responses to sign language interpreter (student must indicate all punctuation and must spell all keywords)
- r. Recording responses on a word processor (tools, e.g., spelling and grammar tools are not permitted)
- s. Using large face calculators (except for non-calculator section)
- t. Using talking calculators (except for non-calculator section)
- u. Using an augmentative communication device
- v. Using a larger diameter or modified special grip #2 pencil
- w. Masking portions of the test booklet to eliminate visual distractions
- x. Marking answers in the test booklet (an examiner will transfer the answers to an answer folder for GEPA/HSPA)

Other Considerations

Ensure that:

1. Any medication has been appropriately adjusted so it will not interfere with the student's testing.
2. Functioning eyeglasses are used if needed.
3. Hearing aids, FM systems, augmentative communication devices, word processors, or other equipment are functioning properly.
4. Source and strength of light are appropriate.
5. All students can clearly see and hear the examiner.
6. All deaf or hard of hearing students who communicate aurally/orally are watching the examiner when instructions are given.
7. Responses to open-ended questions, writing tasks, and the writing project that are written or typed on separate sheets of paper by students eligible for this accommodation **must** be placed into the fluorescent orange envelope provided. Each of these pages must include at the top of the page the student's name, answer folder number, birth date, district name and code, and school name and code. **If these procedures are not followed, the student's responses cannot be linked to their responses on the other sections of the test and he/she will**

receive incomplete scores. Copies of these pages should be made and retained on file by the school district until scores are received.

8. Students using the large-print test booklets:
 - a. Mark their answers on the large-print test booklets.
 - b. May be instructed to skip some questions. The spaces for these questions must be left blank in the student's large-print test booklet or answer folder included in the large-print kit.
 - c. Who dictate responses on open-ended items and writing tasks indicate all punctuation and spell key words.
9. Students using Braille test booklets:
 - a. Are instructed to bring a Braille ruler and a talking calculator to the test session.
 - b. Are instructed to skip some items identified in the Braille instructions. The spaces for these items must be left blank on the student test booklet or answer folder included in the Braille kit.
10. Student answer folders are transcribed from Braille version by the examiner.
11. Students dictate their answers to the examiner or use a device that Produces Braille.
12. For dictations and responses recorded in Braille:
 - a. Students must indicate all punctuation and must spell all keywords.
 - b. Examiners must transcribe the Braille responses into the regular answer folder included in the Braille kit.
13. Students who communicate using sign language:
 - a. will have an interpreter interpret oral directions and test items (but not the reading passages in the Language Arts Literacy sections of the test). The interpreter should be able to communicate in the mode used by the student, American Sign Language or a form of Manually Coded English. The interpreter should be instructed to interpret so as not to give the answer to the student through the use of a particular sign or finger spelling.
 - b. For open-ended writing task responses will sign the responses to the interpreter who will interpret them into spoken English and a scribe will record the responses in the test booklet or answer folder.
 - c. Will sign/cue to the interpreter who will transliterate (word for word) into spoken English and a scribe will record the responses.