



DESERT / MOUNTAIN  
CHARTER SELPA

## Chapter 22: Supports and Services

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### Introduction

It is the philosophy of the Desert/Mountain Charter Special Education Local Plan Area (SELPA) that children with disabilities be provided a free appropriate public education (FAPE) in the least restrictive environment (LRE). This philosophy is in accordance with state and federal mandates.

If a related service or services cannot be provided by a Charter Local Education Agency (LEA), the Charter LEA may contract with a California Department of Education (CDE) certified nonpublic, nonsectarian school or agency (NPS/NPA) in accordance with the requirements of a Master Contract and an Individual Service Agreement (ISA). For mental health services, employees, vendors or contractors of the State Department of Mental Health, or any designated local public mental health agency, may provide related services in accordance with procedures outlined in local interagency agreements.

*NOTE: All services may not be available in all areas. Please check with the program specialist assigned to the specific Charter LEA with any questions regarding this chapter.*

All special education and related services determined by the Individualized Education Program (IEP) team to be necessary for a child with a disability to benefit from education shall be listed on the child's IEP. A Charter LEA shall assure that each child with a disability is provided services in accordance with his/her IEP, regardless of whether the Charter LEA, a nonpublic agency, or contractor is to provide the service.

When an outside and/or contracted agency fails to provide related services listed on the child's IEP, the Charter LEA is responsible and shall provide the service in accordance with an IEP unless otherwise provided by law, without a disruption in service and at no cost to the parent.

Special education programs, appropriate to provide for a child's needs, are housed on regular school campuses as well as on leased sites, and are dispersed throughout the Charter SELPA as equitably as possible to ensure that children with disabilities are served as close to home as much as possible. Each Charter LEA shall ensure that the physical location of special education programs is selected to facilitate continuing social interaction with children with disabilities. Each Charter LEA shall ensure that children with disabilities shall have equal access to general education activities, programs, and facilities while on the regular school site, and participate in those activities as appropriate to meet their needs. The Charter SELPA IEP form contains a statement of supplementary aids and supports that the child with a disability may need to ensure his/her participation in the general education curriculum. Each Charter LEA shall encourage the close cooperation of all school personnel to facilitate opportunities for social as well as academic interaction between children with disabilities and nondisabled children. Each Charter LEA shall ensure that all children with disabilities are educated and participate with nondisabled children in academic, nonacademic, and extracurricular activities to the extent appropriate. The IEP shall contain a statement of the program modifications and/or supports for school personnel that will be provided for the child with a disability in order to be educated and participate in activities with nondisabled children.

The Charter LEA ensures that removal of children with disabilities from the general education environment occurs only when the nature or severity of the disability is such that education in regular classes even with the use of supplementary aids and services cannot be achieved satisfactorily. The IEP shall include an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in extracurricular and other nonacademic activities.

Each Charter LEA shall provide school personnel the necessary support to ensure student success. The Charter SELPA's funding allocation plan shall consider the distribution of resources to ensure that each Charter LEA can provide the necessary supports. Each Charter LEA shall ensure that a child will be referred for special education instruction and services only after the resources of the general education program have been considered and, where appropriate, utilized. Such resources may include, but are not limited to, Student Study Teams (SST), early literacy programs, and remediation programs.

The Charter SELPA also coordinates the distribution of low incidence equipment (see Chapter 12 for additional information).

## **Section A – Least Restrictive Environment, A Continuum of Services and Placement Options**

*California Education Code § 56360. Each special education local plan area shall ensure that a continuum of program options is available to meet the needs of individuals with exceptional needs for special education and related services, as required by the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and federal regulations relating thereto.*

*California Education Code § 56361. The continuum of program options shall include, but not necessarily be limited to, all of the following or any combination of the following:*

- (a) Regular education program consistent with subparagraph (A) of paragraph (5) of subsection (a) of Section 1412 of Title 20 of the United States Code and implementing regulations.*
- (b) A resource specialist program pursuant to Section 56362.*
- (c) Designated instruction and services pursuant to Section 56363.*
- (d) Special classes pursuant to Section 56364.2.*
- (e) Nonpublic, nonsectarian school services pursuant to Section 56365.*
- (f) State special schools pursuant to Section 56367.*
- (g) Instruction in settings other than classrooms where specially designed instruction may occur.*
- (h) Itinerant instruction in classrooms, resource rooms, and settings other than classrooms where specially designed instruction may occur to the extent required by federal law or regulation.*
- (i) Instruction using telecommunication, and instruction in the home, in hospitals, and in other institutions to the extent required by federal law or regulation.*

A full continuum of program options is available for the educational placement of children with disabilities. Program options provide a spectrum of educational offerings, which range from regular classroom alternatives to the special site designed to deliver intensive and specialized services. The IEP team remains the primary decision-making body in determining the individual needs of children and the appropriate placement. Every effort is made to ensure that children with disabilities have access to state determined frameworks and standards, and participation in academic and extracurricular activities.

The child's instructional program is based on the core curriculum, standards, and frameworks identified by specific baseline goals and outlined in the IEP. The instructional settings and coordination of instruction varies depending upon the concepts and skills deemed appropriate for individual needs. Settings for instruction may include regular classrooms, regular classrooms with support services, special education classrooms, or community nonpublic schools/nonpublic agencies (NPS/NPA) as well as all other options outlined within the Service Delivery Options Section of the Charter SELPA Local Plan.

Children with low incidence disabilities shall receive services consistent with the state guidelines and child's needs. Children are referred for special education consideration after general education modifications are deemed not to be appropriate. Children are identified and provided with special education services in accordance with appropriate legal assessment standards. The Charter SELPA staff and Charter LEA administrators review programs on a regular basis to determine whether a disproportionate representation of any one ethnicity exists.

Specialized instruction within the continuum of program options is supported with staff development activities including disability awareness training, classroom visitations, and appropriately developed curricular programs. Charter SELPA and Charter LEA support encourages successful student transition toward the least restrictive environment (LRE).

The extent of placement within the LRE is regularly reviewed by the Charter SELPA. It is the Charter SELPA's expressed intent that all children be educated to the maximum extent appropriate with their nondisabled peers, and special classes or removal of children with disabilities from the general educational environment shall only occur if 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.

In summary, children are placed in settings based on the needs set forth in their IEP and not solely on the disabling condition, configuration of services, availability of staff, or administrative expediency.

## **Section B – Related Services**

*California Education Code § 56363(a). As used in this part, the term “designated instruction and services” means “related services” as that term is defined in Section 1401(26) of Title 20 of the United States Code and Section 300.34 of Title 34 of the Code of Federal Regulations. The term “related services” means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation, and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist an*

*individual with exceptional needs to benefit from special education, and includes the early identification and assessment of disabling conditions in children.*

**California Education Code § 56363(b).** *These services may include, but are not limited to, the following:*

- 1. Language and speech development and remediation. The language and speech development and remediation services may be provided by a speech-language pathology assistant as defined in subdivision (i) of Section 2530.2 of the Business and Professions Code.*
- 2. Audiological services.*
- 3. Orientation and mobility services.*
- 4. Instruction in the home or hospital.*
- 5. Adapted physical education.*
- 6. Physical and occupational therapy.*
- 7. Vision services.*
- 8. Specialized driver training instruction.*
- 9. Counseling and guidance services, including rehabilitation counseling.*
- 10. Psychological services other than assessment and development of the individualized education program.*
- 11. Parent counseling and training.*
- 12. Health and nursing services, including school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program.*
- 13. Social worker services.*
- 14. Specially designed vocational education and career development.*
- 15. Recreation services.*
- 16. Specialized services for low-incidence disabilities, such as readers, transcribers, and vision and hearing services.*
- 17. Interpreting services.*

**California Education Code § 56363(c).** *The terms “designated instruction and services” and “related services” do not include a medical device that is surgically implanted, including cochlear implants, the optimization of the functioning of a medical device, maintenance of that device, or the replacement of that device, pursuant to Section 300.34(b) of Title 34 of the Code of Federal Regulations...*

Designated instruction and services shall meet the standards adopted by the Charter LEA Governing Board.

These services may include, but are not limited to the following:

**Language, Speech and Hearing Development and Remediation (Title 5 of California Code of Regulations § 3051.1)**

*(a) Language, Speech and Hearing Development and Remediation services include:*

- (1) Referral and assessment of individuals suspected of having a disorder of language, speech, or hearing. Such individuals are not considered as part of the caseload pursuant to Education Code section 56363.3 unless an IEP is developed and services are provided pursuant to sections 3051.1(a)(2) and (3).*
- (2) Specialized instruction and services for individuals with disorders of language, speech, and hearing, including monitoring of pupil progress on a regular basis, providing information for the review, and when necessary participating in the review and revision of IEPs of pupils.*
- (3) Consultative services to pupils, parents, teachers, or other school personnel.*
- (4) Coordination of speech and language services with an individual's regular and special education program.*

*(b) Caseloads of full-time equivalent language, speech and hearing specialists providing instruction and services within the district, SELPA, or county office shall not exceed a district-wide, SELPA-wide, or county-wide average of 55 individuals unless prior written approval has been granted by the SSPI.*

*(c) Language and speech development and remediation shall be provided only by personnel who possess:*

- (1) a license in Speech-Language Pathology issued by a licensing agency within the Department of Consumer Affairs; or*
- (2) a credential authorizing language or speech services.*

*(d) Services may also be provided by speech-language pathology assistants working under the direct supervision of a qualified language, speech, and hearing specialist, as defined in Business and Professions Code section 2530.2(i), and if specified in the IEP. No more than two assistants may be supervised by one qualified language, speech, and hearing specialist. The caseloads of persons in subdivision (b) shall not be increased by the use of assistants.*

**Audiological Services (Title 5 of the California Code of Regulations § 3051.2)**

*(a) In addition to provisions of 34 C.F.R. Section 300.34, audiological instruction and services may include:*

*(b) Audiological services shall be provided only by personnel who possess:*

- (1) Aural rehabilitation (auditory training, speech reading, language habilitation, and speech conversation) and habilitation with individual pupils or groups and support for the hearing-impaired pupils in the regular classroom.*
- (2) Monitoring hearing levels, auditory behavior, and amplification for all pupils requiring personal or group amplification in the instructional setting.*
- (3) Planning, organizing, and implementing an audiology program for individuals with auditory dysfunctions, as specified in the IEP.*
- (4) Consultative services regarding test findings, amplification needs and equipment, ontological referrals, home training programs, acoustic treatment of rooms, and coordination of educational services to hearing-impaired individuals.*

*(c) Audiological services shall be provided only by personnel who possess:*

- (1) a license in Audiology issued by a licensing agency within the Department of Consumer Affairs; or*
- (2) a credential authorizing audiology services.*

### **Orientation and Mobility Services (Title 5 of the California Code of Regulations § 3051.3)**

*(a) Orientation and mobility instruction may include:*

- (1) Specialized instruction for individuals in orientation and mobility techniques.*
- (2) Consultative services to other educators and parents regarding instructional planning and implementation of the IEP relative to the development of orientation and mobility skills and independent living skills.*

*(b) Orientation and mobility instruction shall be provided only by personnel who possess a credential that authorizes services in orientation and mobility instruction.*

### **Instruction in the Home or Hospital (Title 5 of the California Code of Regulations § 3051.4)**

*(a) Special education and related services provided in the home or hospital for school age pupils is limited to those pupils who have been identified as individuals with exceptional needs in accordance with section 3030 and for whom the IEP team recommends such instructions or services.*

*(b) Instructions may be delivered individually, in small groups or by teleclass.*

*(c) For those individuals with exceptional needs with a medical condition such as those related to surgery, accidents, short-term illness or medical treatment for a chronic illness, the IEP team shall review, and revise, if*

*appropriate, the IEP whenever there is a significant change in the pupil's current medical condition.*

- (d) When recommending placement for home instruction, the IEP team shall have in the assessment information a medical report from the attending physician and surgeon or the report of the psychologist, as appropriate, stating the diagnosed condition and certifying that the severity of the condition prevents the pupil from attending a less restrictive placement. The report shall include a projected calendar date for the pupil's return to school. The IEP team shall meet to reconsider the IEP prior to the projected calendar date for the pupil's return to school.*
- (e) Instruction in the home or hospital shall be provided by a regular class teacher, the special class teacher or the resource specialist teacher, if the teacher or specialist is competent to provide such instruction and services and if the provision of such instruction and services by the teacher or specialist is feasible. If not, the appropriate related services specialist shall provide such instruction.*
- (f) The teacher providing the home instruction shall contact the pupil's previous school and teacher to determine:
  - (1) The course work to be covered;*
  - (2) The books and materials to be used;*
  - (3) Who is responsible for issuing grades and promoting the pupil when appropriate;*
  - (4) For pupils in grades 7 to 12, the teacher shall confer with the school guidance counselor to determine:
    - (a) For the hours the pupil has earned toward semester course credit in each subject included in the IEP and the grade as of the last day of attendance;*
    - (b) Who is responsible for issuing credits when the course work is completed;*
    - (c) Who will issue the diploma if the pupil is to graduate.***

**Adapted Physical Education (Title 5 of the California Code of Regulations § 3051.5)**

- (a) Adapted physical education is for individuals with exceptional needs who require developmental or corrective instruction and who are precluded from participation in the activities of the general physical education program, modified general physical education program, or in a specially designed physical education program in a special class. Consultative services may be provided to pupils, parents, teachers, or other school personnel for the purpose of identifying supplementary aids and services or modifications necessary for successful participation in the regular "D"*



*Physical education program or specially designed physical education programs.*

- (b) Adapted physical education shall be provided only by personnel who possess a credential issued by the California CTC that authorizes service in adapted physical education.*

**Physical and Occupational Therapy (Title 5 of the California Code of Regulations § 3051.6)**

- (a) When the district, SELPA, or county office contracts for the services of a physical therapist or an occupational therapist, the following standards shall apply:*

- (1) Occupational or physical therapists shall provide services based upon recommendation of the IEP team. Physical therapy and occupational therapy services for infants are limited by Education Code section 56426.6. Physical therapy services may not exceed the services specified in the Business and Professions Code section 2620. Occupational therapy services may not exceed the services specified in the Business and Professions Code 2570.2(k).*

- (2) The district, SELPA, or county office shall assure that the therapist has available safe and appropriate equipment.*

- (b) Individuals providing physical or occupational therapy shall be qualified.*

- (1) Physical therapy shall be provided only by personnel who possess a valid license in Physical Therapy issued by a licensing agency within the Department of Consumer Affairs.*

- (2) Occupational therapy shall be provided only by personnel who possess a license in occupational therapy issued by a licensing agency within the Department of Consumer Affairs. Services provided by a Certified Occupational Therapy Assistant shall be supervised by a registered occupational therapist in accordance with professional standards outlined by the American Occupational Therapy Association.*

**Vision Services (Title 5 of the California Code of Regulations § 3051.7)**

- (a) Vision services may include:*

- (1) Adaptations in curriculum, media, and the environment, as well as instruction in special skills.*

- (2) Consultative services to pupils, parents, teachers, and other school personnel.*

- (b) An assessment of and provision for services to visually impaired pupils may be conducted by an eye specialist who has training and expertise in low vision disabilities and has available the appropriate low vision aids for the purpose of assessment. The eye specialist may provide consultation to the*

*pupil, parents, teacher and other school personnel as may be requested by an IEP team.*

- (c) Procedures which may be utilized by qualified personnel are those procedures authorized by federal and state laws and regulations and performed in accordance with these laws and regulations and standards of the profession.*
- (d) For the purposes of this section, an eye specialist shall mean a licensed optometrist, ophthalmologist, or other licensed physician and surgeon who has training and expertise in low vision disabilities.*
- (e) Vision services shall be provided only by personnel who possess:*
  - (1) a license as an Optometrist, Ophthalmologist, Physician or Surgeon, issued by a licensing agency within the Department of Consumer Affairs and authorizing the licensee to provide the service rendered, or*
  - (2) a valid credential authorizing vision instruction or services.*

**Specialized Driver Training Instruction (Title 5 of the California Code of Regulations § 3051.8)**

- (a) Specialized driver training instruction may include instruction to an individual with exceptional needs to supplement the regular driving training program. The IEP team shall determine the need for supplementary specialized driver training instruction. The need to supplement the regular program shall be based on an assessment of the pupil's health, physical, and/or educational needs which require modifications which cannot be met through a regular driver training program.*
- (b) Driver training for individuals herein described must be provided by qualified teachers, as defined by Education Code sections 41906 and 41907.*

**Counseling and Guidance Services (Title 5 of the California Code of Regulations § 3051.9)**

- (a) Counseling and guidance services may be provided to an individual with exceptional needs who requires additional counseling and guidance services to supplement the regular guidance and counseling program. The IEP team shall determine the need for additional guidance and counseling services.*
- (b) Counseling and guidance services necessary to implement the IEP may include:*
  - (1) Educational counseling in which the pupil is assisted in planning and implementing his or her immediate and long-range educational program.*

- (2) *Career counseling in which the pupil is assisted in assessing his or her aptitudes, abilities, and interests in order to make realistic career decisions.*
  - (3) *Personal counseling in which the pupil is helped to develop his or her ability to function with social and personal responsibility.*
  - (4) *Counseling and consultation with parents and staff members on learning problems and guidance programs for pupils.*
- (c) *Counseling and guidance shall be provided only by personnel who possess a:*
- (1) *License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs.*
  - (2) *License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social Worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or*
  - (3) *License as an Educational Psychologist issued by a licensing agency within the Department of Consumer Affairs; or*
  - (4) *Pupil Personnel Services Credential, which authorizes school counseling or school psychology.*
  - (5) *Licenses as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.*

**Psychological Services Other than Assessment and Development of the IEP (Title 5 of the California Code of Regulations § 3051.10)**

- (a) *Psychological services may include:*
- (1) *Counseling provided to an individual with exceptional needs by a credentialed or licensed psychologist or other qualified personnel.*
  - (2) *Consultative services to parents, pupils, teachers, and other school personnel.*

- (3) *Planning and implementing a program of psychological counseling for individuals with exceptional needs and parents.*
  - (4) *Assisting in developing positive behavioral intervention strategies.*
  - (5) *This term does not include assessment services and the development of an IEP.*
- (b) *Psychological services required by a student's IEP may be rendered by any of the following professionals who possess the credential or license required by law for the performance of particular psychological services by members of that profession:*
- (1) *Licensed Educational Psychologist pursuant to Business and Professions Code section 4989.14;*
  - (2) *Licensed Marriage and Family Therapist pursuant to Business and Professions Code section 4980.02;*
  - (3) *Licensed Clinical Social Worker pursuant to Business and Professions Code section 4996.9; or*
  - (4) *Licensed Psychologist pursuant to Business and Professions Code section 2903; or*
  - (5) *Pupil Personnel Services Credential that authorizes school psychology.*

**Parent Counseling and Training (Title 5 of the California Code of Regulations § 3051.11)**

- (a) *Parent counseling and training may include:*
- (1) *Assisting parents in understanding the special needs of their child, and*
  - (2) *Providing parents with information about child development.*
- (b) *Parent counseling and training shall be provided only by personnel who possess a:*
- (1) *Credential that authorizes special education instruction; or*
  - (2) *Credential that authorizes health and nursing services; or*
  - (3) *License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs; or*
  - (4) *License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical*

*Social Worker or a Licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or*

- (5) License as an Educational Psychologist, issued by a licensing agency within the Department of Consumer Affairs; or*
- (6) License as a Psychologist, or who are working under the supervision of a licensed Psychologist, both regulated by the Board of Psychology, within the Department of Consumer Affairs; or*
- (7) Pupil Personnel Services Credential that authorizes school counseling or school psychology or school social work.*
- (8) License as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a Licensed Marriage and Family Therapist, a Licensed Clinical Social worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.*

**Health and Nursing Services. (Title 5 of the California Code of Regulations § 3051.12)**

*(a) Health and nursing services may include:*

- (1) Providing services by qualified personnel.*
- (2) Managing the individual's health problems on the school site.*
- (3) Consulting with pupils, parents, teachers, and other personnel.*
- (4) Group and individual counseling with parents and pupils regarding health problems.*
- (5) Maintain communication with health agencies providing care to individuals with disabilities.*

*(b) Specialized physical health care may be provided as described in Education Code section 49423.5.*

*(1) Definitions*

- A. Specialized physical health care services means those health services prescribed by the child's licensed physician and surgeon requiring medically related training for the individual who performs the services and which are necessary during the school day to enable the child to attend school.*
- B. Standardized procedures means protocols and procedures developed through collaboration among school or hospital administrators and health professionals, including licensed physicians and surgeons and nurses, to be utilized in the provision of the specialized physical health care services.*

C. *Qualified means the ability to demonstrate competence in Cardio-Pulmonary Resuscitation, current knowledge of community emergency medical resources, and skill in the use of equipment and performance of techniques necessary to provide specialized physical health care services for individuals with exceptional needs. In addition:*

(1) *“Qualified” for the professional school or public health nurse or licensed physician and surgeon shall mean trained in the procedures to a level of competence and safety which meets the objectives of the training.*

(2) *“Qualified” for the designated school personnel shall mean trained in the procedures to a level of competence and safety which meets the objectives of the training as provided by the school nurse, public health nurse, licensed physician and surgeon, or other programs which provide the training.*

D. *Supervision means review, observation, and/or instruction of a designated school person’s performance and of physical health care services, but does not necessarily require the immediate presence of the supervisor at all times.*

(1) *Immediate supervision means that the supervisor shall be physically present while a procedure is being administered.*

(2) *Direct supervision means that the supervisor shall be present in the same building as the person being supervised and available for consultation and/or assistance.*

(3) *Indirect supervision means that the supervisor shall be available to the qualified designated school person either in person or through electronic means to provide necessary instruction, consultation, and referral to appropriate care and services as needed. Supervision of designated school persons shall include review on-site by a qualified school nurse, qualified public health nurse, or qualified licensed physician and surgeon. Supervision shall also include review of the competence of that individual in performing the specialized health care service, maintenance of appropriate records, physical environment, and equipment.*

E. *Training means preparation in the appropriate delivery and skillful performance of specialized physical health care services. In addition:*

(1) *Medically related training of credentialed school nurses or public health nurses shall be that training in an approved program which may be necessary to update or make current the nurse’s professional skills and knowledge related to meeting pupils’ needs for specialized physical health care services.*

(2) *Medically related training of employed designated school personnel is that training in an approved program in standardized procedures provided by a qualified school nurse, qualified public health nurse, qualified licensed physician and surgeon, or other approved programs to enable the person to provide specialized physical health care services necessary to enable the child to attend school.*

F. *Competence in Cardio-Pulmonary Resuscitation means possession of a current valid certificate from an approved program.*

### **Social Work Services (Title 5 of the California Code of Regulations § 3051.13)**

(a) *Social work services may include:*

- (1) *Individual and group counseling with the individual and his or her immediate family.*
- (2) *Consultation with pupils, parents, teachers, and other personnel regarding the effects of family and other social factors on the learning and developmental requirements of individual pupils with exceptional needs.*
- (3) *Developing a network of community resources, making appropriate referral and maintaining liaison relationships among the school, the pupil with exceptional needs, the family, and the various agencies providing social, income maintenance, employment development, mental health, or other developmental services.*

(b) *Social work services shall be provided only by personnel who possess a:*

- (1) *License as a Clinical Social Worker, or Associate Clinical Social Worker who is under the supervision of either a Licensed Clinical Social worker or a licensed Mental Health Professional by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or*
- (2) *License as a Marriage and Family Therapist, or Marriage and Family Therapist Registered Intern who is under the supervision of a Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Professional Clinical Counselor, a Licensed Psychologist, or a Physician who is certified in psychiatry by the Medical Board of California, the Board of Behavioral Sciences, or the Board of Psychology, within the Department of Consumer Affairs; or*
- (3) *Credential authorizing school social work.*
- (4) *License as a Licensed Professional Clinical Counselor, or a Professional Clinical Counselor Registered Intern who is under the supervision of a Licensed Professional Clinical Counselor, a*

*Licensed Marriage and Family Therapist, a Licensed Clinical Social Worker, a Licensed Clinical Psychologist, or a Physician who is certified in psychiatry by the American Board of Psychiatry and Neurology.*

**Specially Designed Vocational Education and Career Development (Title 5 of the California Code of Regulations § 3051.14)**

*(a) Specially designed vocational education and career development for individuals with exceptional needs regardless of severity of disability may include:*

- (1) Providing prevocational programs and assessing work-related skills, interests, aptitudes, and attitudes.*
- (2) Coordinating and modifying the regular vocational education program.*
- (3) Assisting individual in developing attitudes, self-confidence, and vocational competencies to locate, secure, and retain employment in the community or sheltered environment, and to enable such individuals to become participating members of the community.*
- (4) Establishing work training programs within the school and community.*
- (5) Assisting in job placement.*
- (6) Instructing job trainers and employers as to the unique needs of the individuals.*
- (7) Maintaining regularly scheduled contact with all work stations and job-site trainers.*
- (8) Coordinating services with the Department of Rehabilitation and other agencies as designated in the IEP.*

*(b) Specially designed vocational education and career development shall be provided only by personnel who possess:*

- (1) An adult education credential with a career development authorization; or*
- (2) A credential that authorizes instruction in special education or vocational education; or*
- (3) A Pupil Personnel Services Credential that authorizes school counseling.*

**Recreation Services (Title 5 of the California Code of Regulations § 3051.15)**

*(a) Recreation services include but are not limited to:*



- (1) *Therapeutic recreation services which are those specialized instructional programs designed to assist pupils in becoming as independent as possible in leisure activities, and when possible and appropriate, facilitate the pupil's integration into regular recreation programs.*
  - (2) *Recreation programs in schools and the community which are those programs that emphasize the use of leisure activity in the teaching of academic, social, and daily living skills; and, the provision of nonacademic and extracurricular leisure activities and the utilization of community recreation programs and facilities.*
  - (3) *Leisure education programs which are those specific programs designed to prepare the pupil for optimum independent participation in appropriate leisure activities, including teaching social skills necessary to engage in leisure activities, and developing awareness of personal and community leisure resources.*
- (b) *Recreation services shall be provided only by personnel who possess:*
- (1) *A certificate issued by the California Board of Recreation and Park Certification; or*
  - (2) *A certificate issued by the National Council for Therapeutic Recreation; or*
  - (3) *The National Recreation and Park Association, authorizing services in recreation or therapeutic recreation.*

**Specialized Services for Low-Incidence Disabilities (Title 5 of the California Code of Regulations § 3051.16)**

- (a) *Specialized services for low-incidence disabilities may include:*
- (1) *Specially designed instruction related to the unique needs of pupils with low-incidence disabilities provided by teachers credentialed pursuant to Education Code section 44265.*
  - (2) *Specialized services related to the unique needs of pupils with low-incidence disabilities provided by qualified individuals such as interpreters, notetakers, readers, transcribers, and other individuals who provide specialized materials and equipment.*
- (b) *An “educational interpreter” provides communication facilitation between students who are deaf or hard of hearing, and others, in the general education classroom and for other school-related activities, including extracurricular activities, as designated in a student’s IEP.*
- (c) *An educational interpreter shall be certified by the national Registry of Interpreters for the Deaf (RID), or equivalent, in lieu of RID certification or equivalent, an educational interpreter must have achieved a score of 4.0 or above on the Educational Interpreter Performance Assessment (EIPA),*

*the Educational Sign Skills Evaluation-Interpreter and Receptive (ESSE-I/R), or the National Association of the Deaf/American Consortium of Certified Interpreters (NAD/ACCI) assessment. If providing Cued Language transliteration, a transliterator shall possess Testing/Evaluation and Certification Unit (TEC Unit) certification, or have achieved a score of 4.0 or above on the EIPA – Cued Speech.*

- (d) Specialized services for pupils with low-incidence disabilities shall be provided only by personnel who possess a credential that authorizes services in special education or clinical rehabilitation services in the appropriate area of disability.*

**Services for Pupils with Chronic Illnesses or Acute Health Problems (Title 5 of the California Code of Regulations § 3051.17)**

- (a) Specialized services may be provided to pupils determined eligible pursuant to section 3030(f). Such services include but are not limited to:
  - (1) Individual consultation;*
  - (2) Home or hospital instruction; and*
  - (3) Other instructional methods using advanced communication technology.**
- (b) For pupils, whose medical condition is in remission or in a passive state, the IEP team shall specify the frequency for monitoring the pupil's educational progress to assure that the illness does not interfere with the pupil's educational progress.*
- (c) When a pupil identified pursuant to section 3030(f) experiences an acute health problem which results in his or her non-attendance at school for more than five consecutive days, upon notification of the classroom teacher or the parent, the school principal or designee shall assure that an IEP team is convened to determine the appropriate educational services.*
- (d) If there is a pattern of sporadic illness, the IEP team shall convene to consider alternative means for the pupil to demonstrate competencies in the required course of study so that the cumulative number of absences do not prevent educational progress.*

**Related Services for the Deaf and Hard of Hearing (Title 5 of the California Code of Regulations § 3051.18)**

- (a) Instruction and services for deaf and hard of hearing pupils shall be provided by an individual holding an appropriate credential, who has competencies to provide services to the hearing impaired and who has training, experience and proficient communication skills for educating pupils with hearing impairments. Such services may include but need not to be limited to:*

- (1) *Speech, speech reading and auditory training.*
  - (2) *Instruction in oral, sign, and written language development.*
  - (3) *Rehabilitative and educational services for hearing impaired individuals to include monitoring amplification, coordinating information for the annual review, and recommending additional services.*
  - (4) *Adapting curricula, methods, media, and the environment to facilitate the learning process.*
  - (5) *Consultation to pupils, parents, teachers, and other school personnel as necessary to maximize the pupil's experience in the regular education program.*
- (b) *A specially trained instructional aide, working with and under the direct supervision of the credentialed teacher of the deaf and hard-of-hearing, may assist in the implementation of the pupil's educational program.*

**Assistive Technology Services (Title 5 of the California Code of Regulations § 3051.19)**

- (a) *“Assistive technology service” means any service that directly assists an individual with exceptional needs in the selection or use of an assistive technology device that is educationally necessary. The term includes the evaluation of the needs of an individual with exceptional needs including a functional evaluation of the individual in the individual's customary environment; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education programs and rehabilitation plans and programs; training or technical assistance for an individual with exceptional needs or, where appropriate, the family of an individual with exceptional needs or, if appropriate, that individual's family; and training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with exceptional needs.*
- (b) *Assistive technology services shall be provided only by personnel who possess a:*
- (1) *license in Physical Therapy issued by a licensing agency within the Department of Consumer Affairs, where the utilization of assistive technology services falls within the scope of practice of physical therapy as defined in Business and Professions Code section 2620 and implementing regulations; or*
  - (2) *license in Occupational Therapy issued by a licensing agency within the Department of Consumer Affairs; or*

- (3) *license in Speech-Language Pathology issued by a licensing agency within the Department of Consumer Affairs or a valid document, issued by the California CTC, where the function of the assistive technology service is augmentative communication; or*
- (4) *baccalaureate degree in engineering with emphasis in assistive technology; or*
- (5) *baccalaureate degree in a related field of engineering with a graduate certificate in rehabilitation technology or assistive technology; or*
- (6) *certification from the Rehabilitation Engineering and Assistive Technology Society of North America and Assistive Technology Provider (RESNA/ATP); or*
- (7) *certificate in assistive technology applications issued by a regionally accredited post-secondary institution; or*
- (8) *credential that authorizes special education of physically impaired, orthopedically impaired, or severely impaired pupils.*

**Early Education Programs (Title 5 of the California Code of Regulations § 3051.20)**

- (a) *“Early education” means the program and services specified by Education Code section 56425 et. seq.*
- (b) *Early education programs for children with disabilities, as defined in Education Code section 56426, shall be provided only by personnel who meet the appropriate personnel qualifications set forth in this article and comply with Education Code section 56426.2.*

**Music Therapy (Title 5 of the California Code of Regulations § 3051.21)**

- (a) *According to the Certification Board for Music Therapists “Music therapy is the specialized use of music by a credentialed professional who develops individualized treatment and supportive interventions for people of all ages and ability levels to address their social, communication, emotional, physical, cognitive, sensory and spiritual needs.”*
- (b) *Music therapy shall be provided only by personnel who hold a Music Therapist - Board Certified credential from the Certification Board for Music Therapists (CBMT) on the completion of all academic and clinical training requirements, and after successfully passing the CBMT National Board Certification Examination.*

**Transcription Services (Title 5 of the California Code of Regulations § 3051.22)**

*Transcribers for visually impaired pupils shall have a certificate issued by the Library of Congress as a Braille Transcriber.*

**Behavioral Intervention (Title 5 of the California Code of Regulations § 3051.23)**

(a) Pursuant to Education Code section 56520, behavioral interventions shall be designed or planned only by personnel who have a:

- (1) Pupil Personnel Services Credential that authorizes school counseling or school psychology; or
- (2) credential authorizing the holder to deliver special education instruction; or
- (3) license as a Marriage and Family Therapist certified by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or
- (4) license as a Clinical Social Worker by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or
- (5) license as an Educational Psychologist issued by a licensing agency within the Department of Consumer Affairs; or
- (6) license in psychology regulated by the Board of Psychology, within the Department of Consumer Affairs; or
- (7) master's degree issued by a regionally accredited post-secondary institution in education, psychology, counseling, behavior analysis, behavior science, human development, social work, rehabilitation, or in a related field.

(b) To provide behavioral intervention, including implementation of behavior intervention plans, but not including development or modification of behavior intervention plans, an LEA shall deliver those services using personnel who:

- (1) possess the qualifications under subdivision (a); or
- (2)
  - A. are under the supervision of personnel qualified under subdivision (a); and
  - B. possess a high school diploma or its equivalent; and
  - C. receive the specific level of supervision required in the pupil's IEP.

**Other Related Services (Title 5 of the California Code of Regulations § 3051.24)**

Other related services not identified in sections 3051.1 through 3051.23 shall be provided only by staff who possess a:

- (a) license to perform the service issued by an entity within the Department of Consumer Affairs or another state licensing office; or
- (b) credential issued by the California CTC authorizing the service.

## **Special Classes (*Title 5 of the California Code of Regulations § 3053*)**

- (a) *Placement in a special day class shall not limit or restrict the consideration of other options, including services provided in a vocational education program or any combination of programs and placements as may be required to provide the services specified in a pupil's IEP.*
- (b) *The following standards for special classes shall be met:*
  - (1) *A special class shall be composed of individuals whose needs as specified in the IEPs can be appropriately met within the class.*
  - (2) *Pupils in a special class shall be provided with an educational program in accordance with their IEPs for at least the same length of time as the regular school day for that chronological peer group:*
    - A. *When an individual can benefit by attending a regular program for part of the day, the amount of time shall be written in the IEP.*
    - B. *When the IEP team determines that an individual cannot function for the period of time of a regular school day, and when it is so specified in the IEP, an individual may be permitted to attend a special class for less time than the regular school day for that chronological peer group.*
  - (3) *The procedure for allocation of aides for special classes shall be specified in the local plan. Additional aide time may be provided when the severity of the disabling conditions of the pupils or the age of the pupils justifies it, based on the IEPs.*
  - (4) *Special class(es) shall be located to promote maximum appropriate interaction with regular educational programs.*
- (c) *The special class shall be taught by a full-time-equivalent teacher whose responsibility is the instruction, supervision, and coordination of the educational program for those individuals enrolled in the special class.*

*The special class shall be taught by a teacher who holds an appropriate special education credential authorized by the Commission on Teacher Credentialing and who possesses the necessary competencies to teach individuals assigned to the class. Special class teachers with a Special Education Credential employed as of September 1, 1975, as teachers in special classes for pupils in severe language disorder aphasia programs and who possess the necessary competencies to teach individuals assigned to the class, shall be authorized to continue to teach.*

All services currently listed in Education Code § 56363(b), are available to children with disabilities within the Charter SELPA based upon what the child needs to benefit from his/her instructional program. Services are offered to appropriately identified children. Care is continually taken to ensure a uniformity of meaningful and appropriate services. Caseload assignments to

various related services staff members are periodically reviewed to ensure compliance with state regulations and adherence to program guidelines.

There are basic tasks performed by related services personnel. First, to assist with the determination of eligibility of children with disabilities. Second, to conduct therapeutic and remedial work that attempts to offset or to mitigate the effects of the child's disability. The emphasis is to extend education services provided by the regular classroom teacher and personnel designated to provide specialized academic instruction. These specialized educational services promote student success with the standards and frameworks through appropriate application of the core curriculum or the alternate curriculum.

The IEP substantiates the need for specific related services and identifies the goals to be reached. When the child has reached the goals specified, the child is reviewed by the appropriate service provider. Related services that are normally provided through public and private agencies, such as California Children's Services (CCS), continue to be provided by these agencies when appropriate. When needed services are not available within the Charter LEA, the service(s) are contracted through private vendors. The IEP team, in cooperation with parents, can assist with the necessary services and the appropriate provider. The Charter SELPA contracts for NPS/NPA services and is responsible for the oversight of those services to children and parents.

## Section C – Service Animals

The Charter SELPA recognizes that animals can be an effective support aid, and that animals may perform vital service functions for children with disabilities. In addition, that instruction related to the care and treatment of animals teaches children a sense of responsibility and promotes the humane treatment of living creatures. The following information is designed to provide guidance regarding the use of guide dogs, signal dogs, and service dogs by children with disabilities enrolled in schools within the Charter SELPA, as well as the use of such dogs by visitors and staff on school property and at school-sponsored programs and activities.

*(Americans with Disabilities Act Title II § 35.136. Service Animals)*

### DEFINITIONS

- (a) Individual with a Disability: as defined by section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.*
- (b) Guide Dog: defined by California Civil Code section 54.1 as any dog trained by an appropriately licensed person to assist an individual with a disability.*
- (c) Signal Dog: defined by California Civil Code section 54.1 as any dog individually trained to alert an individual, who is deaf or hearing impaired, to intruders or sounds.*
- (d) Service Dog: defined by California Civil Code section 54.1 as any dog individually trained to the requirements of the individual with a disability, including, but not limited to, minimal protection work, rescue work, pulling a wheelchair, or fetching dropped items.*

(e) *User: an individual with a disability as defined in paragraph (a) above and persons authorized to train guide dogs, signal dogs, or service dogs for individuals with disabilities, consistent with California Civil Code sections 54.1 and 54.2.*

(f) *Service Animal: defined by Title II of the Americans with Disabilities Act of 1990 as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks performed by service animals include, but are not limited to, assisting individuals who are visually-impaired with navigation and other tasks, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, and helping individuals with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. Other animals, whether wild or domestic, do not qualify as service animals.*

Dogs that are trained to perform tasks that mitigate the effects of a disability, including dogs that are used purely for emotional support, are not service animals nor shall it be considered a guide dog or service dog if its sole function is to provide emotional support, comfort, therapy, companionship, or therapeutic benefits. Provision of emotional support, well-being, comfort or companionship does not constitute work or tasks performed.

If an individual with a disability or an authorized trainer seeks to bring a service animal other than a guide dog, signal dog, or service dog, as defined in Civil Code § 54.1, on school property or to a school-sponsored program or activity, the site administrator or designee shall make the determination as to whether the individual may bring the service animal on a case-by-case basis using the guidelines specified herein.

### **Written Notification to Parents**

Before an individual may bring a guide dog, signal dog, or service dog into the classroom, the site administrator or designee shall provide written notification to all parents of children in the affected class and/or LEA program asking them to verify whether their child has any known allergies, asthma, or other health conditions that may be affected by the animal's presence. Special consideration shall be given to any child who has allergies to certain animals, except that all reasonable accommodations shall be made for service animals used by individuals with disabilities.

- All animals brought to school must be:
- In good physical condition;
- Vaccinated against transmittable diseases;
- In clean, safe and suitable cages or containers, or otherwise appropriately controlled at all times; and
- Must be housebroken.

Any guide dog, signal dog, or service dog brought to school by an individual with a disability shall be taken home the same day.



The site administrator or designee should be familiar with the needs and behaviors of a given species prior to its introduction into the classroom. Children should be instructed on proper animal care and handling before having direct contact with the animal.

The Charter LEA assumes no liability and shall not be responsible for the provision of a guide dog, signal dog, or service dog. The user of the dog is responsible for its care and conduct at all times.

### **Right to Use of Facilities and Services**

A user has the right to be accompanied in, or on County Office property/facilities, or at school-sponsored programs or activities by a guide dog, signal dog, or service dog specially trained for an individual with a disability. However, prior to receiving permission from the site administrator or designee to bring a guide dog, signal dog, or service dog on school property or to a school-sponsored program or activity, the user of the dog shall:

1. Ensure the dog is properly harnessed, on a leash or other tether unless either the handler is unable to because of a disability to use a harness, leash, or other tether, or the use of a harness, leash, or other tether would interfere with the service animal's safe, effective performance of work or tasks, in which case the service animal must be otherwise under the handler's control (e.g., voice control, signals, or other effective means) (*ADA Title II § 35.136(d)*)
2. Complete and sign a release of liability form, which shall release the Charter LEA from any and all liability for damage to persons, premises, or facilities caused by the dog. If the user is a minor under the age of eighteen (18) years old, the parent shall complete and sign the release of liability form (Appendix F). By signing the release, the individual or the parent, if the individual is a minor, agrees to assume all liability for any and all damages to persons, premises, or facilities caused by the dog.
3. Be responsible for the care and conduct of the dog at all times. The dog shall be under the user's control at all times. The user is responsible for the cleanliness of the dog, including flea control and ensuring the dog is housebroken to protect the health and safety of others.

The site administrator or designee shall not permit the user to bring the guide dog, signal dog, or service dog on school property or to school-sponsored programs or activities if any of the conditions stated in items 1 through 3 above are not met. If the site administrator or designee grants permission to the user to bring the guide dog, signal dog, or service dog on school property or to school-sponsored programs or activities, the user shall continue to be subject to the conditions stated above. If any of the above conditions are not met, the user requiring the use of the dog can be required to remove the animal immediately and not bring the animal back to the school premises until he/she can demonstrate that all conditions are met. If the public entity properly excludes a service animal under ADA Title II §35.136(b), it shall give the individual with a disability the opportunity to participate in the service, program, or activity without having the service animal on the premises (*ADA Title II § 35.136(c)*).

The user may be asked to remove his or her service animal from the premises if (*ADA Title II § 35.136(b)*):

1. The animal is out of control and the animal's handler does not take effective action to control it; or
2. The animal is not housebroken.

The Charter LEA shall not ask about the nature or extent of the individual's disability, but may make two inquiries to determine whether an animal qualifies as a service animal: (1) the Charter LEA may ask if the animal is required because of a disability, and (2) what work or task the animal has been trained to perform. The Charter LEA shall not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal. Generally, the Charter LEA may not make these inquiries about a service animal when it is readily apparent that an animal is trained to do work or perform tasks for an individual with a disability (e.g., the dog is observed guiding an individual who is blind or has low vision, pulling a persons' wheelchair, or providing assistance with stability or balance to an individual with an observable mobility disability) (*ADA Title II § 35.136(f)*).

### **Section 504 Plan and IEP – FAPE**

Before granting permission to a child with a disability, who is enrolled in a public school of the Charter LEA and has a Section 504 plan or an IEP, to bring a guide dog, signal dog, or service animal on school property or to school-sponsored programs or activities, the site administrator or designee shall determine whether the child's Section 504 or IEP team has addressed the child's educational needs in another manner that would eliminate his or her need for the dog in order to receive FAPE.

Nothing shall preclude the site administrator or designee, upon receiving a request from or on behalf of a child with a disability to bring a guide dog, signal dog, or service dog on school property or to school-sponsored programs or activities, from convening a Section 504 or IEP team meeting to further clarify the child's need for additional support. Should such a service animal be found to be required by an IEP team, conditions for the use of such a service animal should be referenced in the IEP document. Similarly, should a service animal be included in a child's Section 504 plan, the conditions for the use of such a service animal should be referenced in the 504 Plan document.

### **Liability for Service Animals**

The user of the service animal shall keep the service animal properly harnessed or leashed and under control at all times. The owner/user of the service animal is solely responsible for any damage to persons, premises or facilities caused by that service animal. The LEA assumes no responsibility for any guide dog, signal dog, or service dog brought on school property or to school-sponsored programs or activities.

### **Transportation on School Bus**

Animals shall not be brought to school on school buses without express permission of the appropriate site administrator or designee, except that guide dogs, signal dogs, and service dogs trained to provide assistance to individuals with a disability may be transported in a school bus when accompanied by children with disabilities enrolled in a public or private school or by teachers

with disabilities employed in a public or private school or community college or by persons training the dogs (*Education Code § 39839; Civil Code 54.2*)

### **Court Cases Regarding the Use of Service Animals**

- Bakersfield (CA) City Sch. Dist., 50 IDELR 169 (OCRIX, San Francisco (CA) 2008);
- Sullivan v. Vallejo City Unified Sch. Dist., 16 IDELR 597 (E.D. Cal. 1990); and
- Bakersfield City School District, California State Educational Agency, 51 IDELR 142.

## **Section D – Assistive Technology**

Assistive technology needs must be considered for each child with a disability. Amendments to the IDEA require the IEP team to consider whether the child requires assistive technology and supports (*IDEA; Title 20 of the United States Code § 1414(d)(3)(B)(v)*).

**Assistive Technology and Services is defined in Federal Law as follows:**

Assistive Technology Device: The term “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 functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.

Assistive Technology Service: The term “assistive technology service” means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Such terms include:

- The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with a disability or, if appropriate, that child’s family; and
- Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.

### **Kinds of Assistive Technology and Services that are to be Considered by the IEP Team**

It is important that members of the IEP team recognize that technology is just one strategy in a multi-faceted approach in addressing the needs and strengths of children with disabilities. IEP teams will therefore need to balance the degree of technology assistance with the child's learning potential, motivation, chronological developmental level, and goals/objectives, which include, but are not limited to:

1. **Low-Tech:** Equipment and other supports readily available in schools, including off the shelf items to accommodate the needs of children, which can be provided by general and special education through the SST/IEP processes (e.g., calculators, tape recorder, pencil grip, and larger pencils).
2. **High-Tech:** Supports children who may need more specialized equipment and support services beyond basic assistive technology, often children with low incidence and/or significant/severe disabilities, which requires more in-depth assessment (e.g., closed circuit television (CCTV), FM systems, augmentative communication devices, sound field systems, alternative computer access, and specialized software).

### **Process for Considering Whether the Child Requires Assistive Technology and Services**

Assistive technology is as much a process as it is a product. Assistive technology is a tool for access (e.g., school environment, core curriculum) and for independence (e.g., communication, mobility) and will therefore change as the needs of the child change and as the technology continues to change. The need for assistive technology should therefore be an integral part of a comprehensive assessment for a child with a disability in all areas related to his/her disabilities, as appropriate, and must be considered by the IEP team, based upon each child's identified areas of need. It is important to use a collaborative school-based team approach in education settings for assessment, planning, and provision of needed assistive technology, which includes individuals who are knowledgeable about the child's areas of need and relative strengths in the area of assistive technology.

The **Wisconsin Assistive Technology Initiative (WATI)** developed a "checklist" of additional examples of assistive technology which may be needed by children with disabilities.

It is also important to consider and use the technology purchased with state and federal technology funds for **all children** (e.g., computers, basic software), and to request funding for children with disabilities who do not have access to the technology purchased with these funds.

<b>ASSISTIVE TECHNOLOGY CHECKLIST</b>	
<b>Writing: Mechanics of Writing</b>	
	Pencil/pen with adaptive grip
	Adapted paper (e.g., raised line, highlighted lines)
	Slantboard
	Typewriter
	Portable word processor
	Computer
	Other: _____
<b>Alternate Computer Access</b>	
	Keyboard with easy access
	Keyguard
	Arm support
	Track ball/track pad/joystick with on-screen keyboard
	Alternate keyboard
	Mouth stick/head pointer with standard/alternate keyboard
	Head mouse/head master/tracker with on-screen keyboard
	Switch with Morse Code
	Switch with scanning
	Voice recognition software
	Word prediction to reduce keystrokes
	Other: _____
<b>Composing Written Material</b>	
	Word cards/word book/word wall
	Pocket dictionary/thesaurus
	Electronic/talking electronic dictionary/thesaurus/spell checker
	Word processor with spell check/grammar check
	Word processor with word prediction to facilitate spelling and sentence construction
	Talking word processor for multi-sensory typing
	Voice recognition software
	Multimedia software for expression of ideas (assignments)
	Other: _____
<b>Reading, Studying and Math</b>	
	Changes in text size, spacing, color, background color
	Use of pictures with text
	Book adapted for page turning (e.g., page fluffers, 3-ring binder)
	Talking electronic device to pronounce challenging words
	Scanner with talking word processor
	Electronic books
	Other: _____

<b>Learning/Studying</b>	
	Print or picture schedule
	Low tech aids to find materials (e.g., index tabs, color coded folders)
	Highlight text (e.g., markers, highlight tape, ruler, etc.)
	Voice output reminders for assignments, steps of task, etc.
	Software for manipulation of objects/concept development input device (e.g., switch, touch window)
	Software for organization of ideas and studying
	Recorded material (e.g., books on tape, taped lectures with number coded index)
	Other: _____
<b>Math</b>	
	Abacus/math line
	Calculator/calculator with print out
	Talking calculator
	Calculator with large keys and/or large LCD print out
	On screen calculator
	Software with templates for math computation (may use adapted input methods)
	Tactile/voice output measuring devices (e.g., clock, ruler)
	Other: _____
<b>Communication</b>	
	Communication board/book with pictures/objects/letters/words
	Eye gaze board (eye gaze communication)
	Simple voice output device
	Voice output device with levels
	Device with speech synthesis for typing
	Other: _____
<b>Activities of Daily Living Skills (ADL)</b>	
	Adaptive eating devices (e.g., foam handle on utensil)
	Adaptive drinking devices (e.g., cup with cut out rim)
	Adaptive dressing equipment (e.g., button hook, reacher)
	Other: _____
<b>Mobility Walker</b>	
	Grab rails
	Manual wheelchair
	Powered mobility toy
	Powered wheelchair with joystick, head switch or sip/puff control
	Other: _____
<b>Environmental Control</b>	
	Light switch extension
	Use of universal link and switch to turn on electrical appliances (e.g., radio, fan blender)
	Radio/ultra sound/remote controlled appliances
	Other: _____

<b>Recreation and Leisure</b>	
	Adapted toys and games (e.g., toy with adaptive handle)
	Use of battery interrupter and switch to operate a toy
	Adaptive sporting equipment (e.g., lighted/bell ball, Velcro mitt)
	Universal cut to hold crayons, markers, paint brush
	Modified utensils (e.g., rollers, stampers, scissors)
	Arm rest to support arm for drawing/painting
	Drawing/graphic program on computer
	Playing games on the computer
	Music software on computer
	Other: <input type="text"/>
<b>Vision</b>	
	Eye glasses
	Magnifier
	Large print books
	Screen magnifier (mounted over screen)
	Screen color cornets
	Screen magnification software
	CCTV (closed-circuit television)
	Screen reader
	Braille keyboard and note taker
	Braille translation software
	Braille printer
	Other: <input type="text"/>
<b>Hearing</b>	
	Hearing aid
	Classroom amplification
	Captioning
	Signaling device (e.g., vibrating pager)
	TDD/TTY for phone access
	Screen flash for alert signals on computer
	Other: <input type="text"/>
<b>Positioning and Seating</b>	
	Non-slip surface on chair to prevent slipping
	Bolster, rolled towel, blocks for feet
	Adapted/alternate chair, side lyer, stander
	Custom fitted wheelchair or insert
	Other: <input type="text"/>

To order a copy of the complete Resource Manual for Assessing Student's Needs for Assistive Technology (\$50.00, including shipping and handling), contact: Polk Library, 800 Algoma Blvd., Oshgosh, MI 54901.

For information about other materials that have been developed by WATI, contact: <http://www.wati.org>

# **APPENDIX A: Guideline Statement: Least Restrictive Environment (LRE) Continuum of Placement Options, The Holland Factors**

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It is the philosophy of the Desert/Mountain Charter Special Education Local Plan Area (SELPA) that all children with disabilities shall be provided a free appropriate public education (FAPE) in the least restrictive environment (LRE). This philosophy is in accordance with state and federal mandates and specifically includes changes that were made in the provisions of the Individuals with Disabilities Education Act (IDEA) which addresses issues of education of children with disabilities in the LRE.

A full continuum of program options is available for educational placement of children with disabilities. Program options shall provide a spectrum of educational offerings, which range from regular alternatives to a site designed to deliver intense and specialized services. The Individualized Education Program (IEP) team remains the primary decision-making body in determining the individual needs of children and the appropriate placement for them. A strong preference for educating children with disabilities in general education classes with appropriate aids and supports is made to ensure that children with disabilities participate in meaningful academic and extracurricular activities, including meals, recess periods, and other activities, as much as possible.

The child's instructional program includes the core curriculum as well as the specific goals of the IEP. Instruction as well as coordination of instruction will vary depending upon the concepts and skills being taught. The instruction may take place in the regular classroom, special education classroom, or other setting determined by the IEP team.

Children with low-incidence disabilities receive services consistent with the state guidelines and children, including those who are ethnically and culturally diverse, are referred after general education modifications are deemed to not be appropriate. They are identified and served in special education in accordance with appropriate assessment standards. The Charter SELPA staff and Charter Local Education Agency (LEA) program administrators review programs on a regular basis to determine whether or not a disproportionate representation exists.

If the IEP team determines training for staff is necessary, then those trainings or supports must be delineated in the child's IEP. Such services may include, but are not limited to, professional learning activities including disability awareness in-services, classroom visitations, and training in appropriately developed curricular programs.

If the IEP team determines that the child requires supplemental aids or services, then those services must also be delineated in the child's IEP and provided to the child. Such reports may include, but are not limited to, Braille instruction, positive behavioral interventions, communication aids, assistive technology devices and services, language supports, related services, curricular modifications or adaptations, and classroom assistant support.



If it is determined that a child with a disability cannot be educated satisfactorily in the general education classroom even for some portion of the school day, then the child’s IEP team must provide the specific rationale for this on the IEP and select the appropriate option in the continuum of placement options that best meets the child’s needs. Whatever placement and program is determined appropriate for the child within the IEP process, opportunities must be considered for the child to interact with nondisabled peers to the greatest extent appropriate. Discussions by the team should continue annually regarding transition to less restrictive settings within the continuum of options. Every effort is made to encourage successful transition toward the least restrictive environment in which the current goals and services can be implemented by the IEP team.

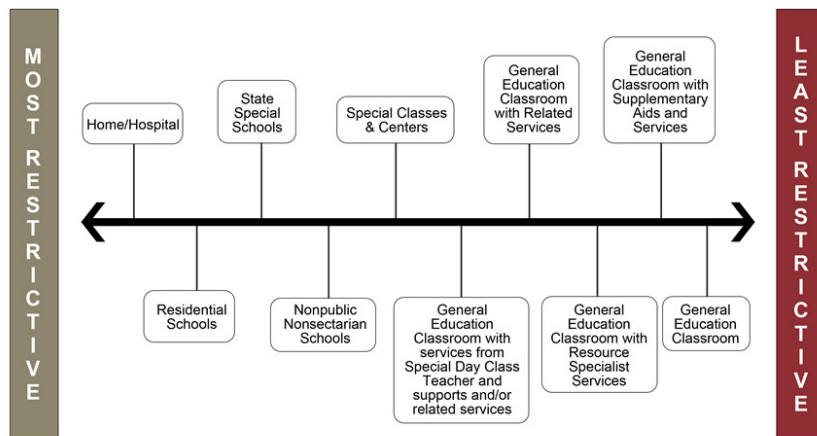
In accordance with state requirements, the Charter SELPA is prepared to work with the California Department of Education (CDE) on student performance standards to address the success of special education programs and services. All children with disabilities, regardless of placement or program, must have access to the general education curriculum and to any Charter LEA assessments and/or state assessments. All children, including those with disabilities, must be held to high expectations in accordance with state and Charter LEA standards of performance, as delineated in their IEPs. If the IEP team determines that the child cannot participate in the Charter LEA and/or state assessments with universal tools, designated supports, or accommodations, the child must participate in the state alternative assessment program.

In summary, all children shall be educated to the maximum extent possible with children who are not disabled, unless there are demonstrated and compelling reasons why a child must be provided education in a special class or center. As appropriate, a child with a disability may be educated with children who are less disabled than he or she may be which may not be the least restrictive environment but one that is considered to be less restrictive.

*(Education Code § 56205(a); Title 20 United States Code § 1412(a)(5)(A))*

### Continuum of Placement Options

Note: The continuum options include, but are not necessarily limited to all of the following or any combination of the following.



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# Least Restrictive Environment (LRE) Decisions

## Questions to Assist with LRE Decision-making

(Source: LRE Resources Project at WestEd, 916-492-4013, [dmeinde@wested.org](mailto:dmeinde@wested.org))

### 1. General Questions to Ask (Yes / No)

- a. Have the characteristics and needs of the student been identified?

**Evidence:**

- b. Were the student's strengths, interests, and preferences considered in planning his/her educational program?

**Evidence:**

- c. Is the student's progress assessed and documented?

**Evidence:**

- d. Has the LRE decision been reviewed at least annually?

**Evidence:**

### 2. Supplementary Aids and Services (Yes / No)

- a. Have supplementary aids and services been identified and assessed?

**Evidence:**

- b. Have a full array of supplementary aids and services been attempted and assessed?

**Evidence:**

- c. Have identified accommodations and/or modifications been implemented?

**Evidence:**

- d. Have accommodations and/or modifications been effective?

**Evidence:**

### 3. Assistive Technology (Yes / No)

- a. Has low-tech and high-tech assistive technology been considered to provide access to the general education?

**Evidence:**

### 4. Teacher Support

- a. Do teachers have support they need to provide core curriculum access (standards-based materials, assistive technology, etc.)?

**Evidence:**

- b. Has professional development been provided on:

- Evidence-based instructional practices
- Differentiating instruction for specific students

**Evidence:**

# **Least Restrictive Environment (LRE) Decisions**

## **Questions to Assist with LRE Decision-making**

(Source: LRE Resources Project at WestEd, 916-492-4013, [dmeinde@wested.org](mailto:dmeinde@wested.org))

### **Holland Factors**

1. Education benefit
2. Non-academic benefit
3. Effect on other children
4. Cost

#### **1. Assessing Academic Benefit**

Possible sources of evidence:

- List of supplemental aids and services which provide access to curriculum
- Documentation of effectiveness of accommodations and/or modifications
- State assessment scores
- District benchmark assessment results
- Description of how instruction was modified based on student assessment data

#### **2. Assessing non-academic Benefit**

Possible sources of evidence:

- Parent/teacher reports
- Observations in classroom and other school settings
- Assessments from mental health professionals
- List of student supports for non-academic activities

#### **3. Assessing the Effect on others**

Possible sources of evidence:

- List of supplementary aids and services provided to student
- Teacher charting/documenting classroom disruption
- Documentation of supports provided for teacher
- Observations from principal, psychologist, social worker

#### **4. Assessing the Costs**

Possible sources of evidence:

- Estimates from district for regular class placement vs. alternative placements
  - ❖ Itemized by per diem cost, supports and materials provided, and personnel

# **APPENDIX B: Determining the Need for Temporary Intensive Supports Assessment (TISA)**

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Section A: Rationale

Section B: Least Restrictive Environment (LRE)

Section C: Factors for Special Circumstances

Section D: Temporary Intensive Supports Assessment

Section E: Procedures for Requesting Temporary Intensive Supports Assessment (TISA)

Section F: Training

## **Introduction**

The purpose of this section is to provide Charter Local Education Agency (LEA) personnel information and guidance in determining a student’s need for temporary intensive supports. A recommendation for temporary intensive supports is a significant programmatic decision and one that should only be made after a comprehensive discussion of other options considered and clear documentation of as to why those options are not appropriate. While some students may need temporary intensive supports to receive a free appropriate public education (FAPE), for other students, the assignment of such supports may be unnecessary and inappropriately restrictive.

A goal for all students with disabilities is to promote and maximize independence. Charter LEAs are responsible for developing and implementing individualized education programs (IEPs) that promote such independence. When an IEP team determines that a student needs temporary intensive supports, it should always be considered a time-limited recommendation and specific conditions/goals must be established to fade the use of such supports.

California Education Code states,

***E.C. § 56363 (a)** As used in this part, the term “designated instruction and services” means “related services” as that term is defined in Section 1401(26) of Title 20 of the United States Code and Section 300.34 of Title 34 of the Code of Federal Regulations. The term “related services” means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purpose only) as may be required to assist an individual with exceptional needs to*

*benefit from special education, and includes the early identifications and assessment of disabling conditions in children.*

## **Section A: Rationale**

Every Charter LEA within the Desert/Mountain Charter Special Education Local Plan Area (SELPA) is required to provide a full continuum of placement options for students with identified disabilities who are receiving special education services. The Individuals with Disabilities Education Act (IDEA 2004) and California laws and regulations describe a continuum of alternative placements such as instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions [*Title 34 of the Code of Federal Regulations (CFR) 300.551(b)(1)*]. Both federal and state laws also contain provisions to ensure that children with disabilities are educated to the maximum extent possible with children who are not disabled, and that children are removed from the general education environment only when the nature and severity of the disability is such that education in the regular classroom cannot be satisfactorily achieved with the use of related services.

## **Section B: Least Restrictive Environment (LRE)**

By law, services to students with special needs must be delivered in the "least restrictive environment." When an IEP team is considering temporary intensive supports for a student, all aspects of the student's program must be considered with the intent of maximizing student independence. The teacher(s) is responsible for the design and implementation of the student's program.

## **Section C: Factors for Temporary Intensive Supports**

Whenever temporary intensive supports are being considered by an IEP team for a student with special needs, the following factors need to be considered:

### **Personal Independence**

First and foremost, an important goal for all special education students is to encourage, promote, and maximize independence. If not carefully monitored, temporary intensive supports can easily and unintentionally foster dependence. A student's total educational program must be carefully evaluated to determine where support is indicated. Natural support and existing staff support should be used whenever possible to promote the least restrictive environment.

The general categories to be considered for temporary intensive supports include:

1. Health/Personal Care Issues
2. Behavioral Support
3. Instruction
4. Inclusion/Mainstreaming

## Section D: Temporary Intensive Supports Assessment

1. IEP teams should identify the need for related services based on appropriate documentation and assessment. If the IEP team recommends such services, the following statements must be considered for inclusion in the IEP:
  - a) The related service is necessary to the child to benefit from his/her special education program;
  - b) The program modifications or supports for school personnel are necessary to assist the child to:
    - (1) Advance appropriately toward the annual goals;
    - (2) Be involved in and progress in the general curriculum;
    - (3) Participate in extracurricular and other nonacademic activities; and
    - (4) Be educated and participate with other disabled and non-disabled children.
2. The IEP team shall address the means for reviewing and evaluating the necessity of continuing temporary intensive services to the student. It is recommended that these intensive supports be monitored every six months and reconsidered at every annual IEP.
3. The IEP team shall also include a statement of the anticipated frequency and duration for the services and modifications.
4. If it is determined that additional personnel support is required, the IEP team should periodically review the effectiveness of this additional support. A systematic, written plan needs to address how additional personnel support will be monitored.
5. For services requiring additional personnel support as a result of a student's behavioral difficulties, the student's IEP needs to include appropriate goals. In addition, a Behavioral Intervention Plan (BIP) should be developed in accordance with Sections 3001 and 3052 in Title 5 of the California Code of Regulations (CCR). The BIP needs to include a provision describing how and when support, including personnel, will be utilized to implement the plan, and when the plan will be reviewed and modified.
6. When determining the need for additional personnel support due to an instructional need, the IEP team must utilize appropriate assessment information to support this recommendation. The written plan must be developed by the IEP team in collaboration with a general and special education teachers specifying how the additional personnel will be utilized to support the teacher in implementing the student's goals and objectives and what attempts will be made to transition other available classroom resources and supports.
7. When a need for additional support is due to medical need, a specialized health care plan will need to be developed. (Utilize D/M SELPA Form 93, 94, and 95, as appropriate)

8. When temporary intensive supports in the form of personnel are being considered for a specific student, a Charter LEA representative shall be required to participate in the decision-making process of the IEP meeting.

## **Section E: Procedures for Requesting a Temporary Intensive Supports Assessment (TISA)**

Temporary intensive supports may be provided for students with disabilities when additional support is necessary to the student in order to meet his or her goals and to benefit educationally. Whenever possible, additional assistance is assigned to a school environment, class, or case manager. Occasionally, however, a student requires individual support for a designated period of time to address a unique need. By law, services to students with special needs must be delivered in the "least restrictive environment." When the IEP team is considering a temporary intensive support, all aspects of the student's program must be considered. A request for Temporary Intensive Supports Assessment (TISA) is made only after other site interventions have proven to be ineffective. A student's educational program must be carefully evaluated to determine when and where the additional support is required. Additionally, the IEP team must plan for periodic reviews to assess the continued need for this type of individualized assistance.

It is expected that students enrolling in a non-public school (NPS) will not require temporary intensive supports. For students currently in NPS, if the need for temporary intensive supports becomes evident, the NPS should contact the student's Charter LEA of residence to initiate a referral for a Temporary Intensive Supports Assessment (TISA). The Charter LEA will evaluate the student and present findings and recommendations to the IEP team. Whether in public school or NPS, if the student already has designated temporary intensive supports, it is recommended that the Charter LEA conduct an evaluation to determine the continued need for that level of support prior to the next annual IEP meeting. When a student new to the Charter LEA enrolls with an existing IEP that indicates assistance is needed, a temporary substitute should be assigned until the evaluation process is completed.

- **Step 1: Referral for Temporary Intensive Supports Assessment (TISA)**  
If the principal and special education team at the site believe extra support may be necessary to meet the student's goals, they must conduct an assessment of the student's needs prior to an IEP meeting, at which time this topic will be considered. The ***Referral for Temporary Intensive Supports Assessment (D/M 157A)*** needs to be completed. Use the ***Student Needs for Additional Support Rubric (D/M 157B)*** to assist in quantifying the severity of student need. Supporting documentation should include ***Review of IEP Goals (D/M 157C)***, ***Review of Behavioral Intervention Plan (BIP) (D/M 157D)*** and review of other documents as appropriate, such as a nurse's assessment, health report, discipline records, independent assessments, etc.

If the parent requests additional support, the school principal, designee, or special education director shall confer with the parent to clarify his or her concerns, discuss options, and assist the parent in completing the ***Referral for Temporary Intensive Supports Assessment (D/M 157A)***. The parent should sign as the person requesting

referral. The 15-day timeline for developing the evaluation plan begins on the date of the parent signature.

If Temporary intensive supports are is requested during an IEP meeting without a previous referral, the procedure for requesting TISA must be initiated at that time. The IEP meeting should be completed and the referral for a TISA should be indicated in the IEP notes. Another IEP meeting will need to be scheduled to review the results of the evaluation.

Submit the *Referral for Temporary Intensive Supports Assessment (D/M 157A)*, *Student Needs for Additional Support Rubric (D/M 157B)*, *Review of IEP Goals (D/M 157C)*, and *Review of Behavioral Intervention Plan (BIP) (D/M 157D)* if appropriate, with additional supplemental documentation, if necessary, to the director of special education. The TISA evaluation should be completed by any certificated staff who received training in the completion of such evaluation, and by an individual who can objectively consider all circumstances and make recommendations in the best interest of the student.

- **Step 2: Assessment Plan and Parent Permission**

The director of special education will assign the referral to appropriate staff who will be responsible for securing written parent permission/consent on an *Assessment Plan (D/M 66)*, within 15 days of completion of the referral.

- **Step 3: Parent/Teacher/Student Interviews**

Best practices would be for the interviews to be completed at the beginning of the evaluation process. The TISA case manager/coordinator should complete the *TISA Parent Interview (D/M 157E)* and the *TISA Teacher Interview (D/M 157F)* to identify specific areas of concern. When appropriate the *TISA Student Interview (D/M 157G)* should be completed.

- **Step 4: Complete Observations**

It is necessary for, and the responsibility of the TISA case manager/coordinator to ensure that observations of the student are conducted, using the *TISA Student Observation Worksheet (D/M 157H)*. The TISA case manager/coordinator, in addition to the other appropriate assessors, will review strategies, materials, modifications, and/or accommodations currently in place to assist the student toward achieving goals and objectives. To the maximum extent possible and whenever appropriate, quantifiable data should be collected as part of the observation process. The data collected will later be used to develop independence goals, should the IEP team determine that temporary intensive supports are needed. When necessary and appropriate, the assessors should also utilize the *TISA Evidence-Based Classroom practices Observation Checklist (D/M 157 Appendix A)* in order to assist the IEP team in determining the educational environment of the student.

- **Step 5: Develop TISA Evaluation Report**

When an IEP team is considering temporary intensive supports for a student, all aspects of the student's program must be considered with the intent of maximizing student



independence. The *TISA Evaluation Report (D/M 157I)* should address the areas of concern identified in the referral, background information and educational history, summary of interviews, and summary of observations, and include the assessor's results and recommendations. The TISA case manager/coordinator will ensure the *TISA Evaluation Report (D/M 157I)* is developed.

- **Step 6: Review Evaluation at IEP Meeting**

Within 60 days following the receipt of parent consent to evaluate for temporary intensive supports, an IEP team shall review the results of the evaluation and recommendations at an IEP meeting. If the IEP team determines a need for temporary intensive supports, it is written on the IEP with specific goals, monitoring strategies, fading strategies, and review dates. Regardless of the circumstances that may indicate the need for support, it is imperative for every IEP to address the skills that will be taught in order for the temporary intensive supports to be faded. The level of support required for the student to advance appropriately toward annual goals needs to be defined. A systematic, written plan should specify how additional support should be utilized and monitored. The *TISA Initial Plan (D/M 157J)* should be used to develop the initial plan. An IEP meeting should be convened if necessary to modify the temporary intensive supports. Discussion at this meeting should be concluded with a written plan outlining the team's criteria and possible timeline for phasing out the necessity for temporary intensive supports.

To assist Charter LEAs in developing appropriate independence and fading plans, IEP teams should refer to the *TISA Terms and Definitions of Fading (D/M 157 Appendix B)*, *TISA Checklist to Support Independence (D/M 157 Appendix C)*, and the *TISA Independence/Fading Resources (D/M 157 Appendix D)*.

- **Step 7: Request/Assign Temporary Intensive Support: Personnel**

When an IEP team has determined that temporary intensive supports in the form of additional staff is required, the special education director or designee will process the appropriate paperwork in accordance with Charter LEA procedures.

- **Step 8: Annual Review**

The goal for any student with special needs is to encourage, promote, and maximize independence. Periodic observations and review of data may be required to assess the effectiveness of this additional support and to monitor the duration of services. The IEP team should identify the next scheduled observation date, often within six months and no later than the next annual IEP review, to continually monitor the effectiveness of the temporary intensive supports provided to the student. The *TISA Annual Review Fading Plan (D/M 157K)* should be used to review and determine the current needs of the student.

## **Section F: Training**

It is critical that all staff receive appropriate training on the student's health issues, curriculum modifications, the student's instructional environment, behavioral interventions, using and fading prompts, data collection and reporting, etc.

# Form D/M 157A - Referral for Temporary Intensive Supports Assessment

DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA  
 DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA  
 17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  
 (760) 552-6700 • (760) 242-5363 FAX



## Referral for Temporary Intensive Supports Assessment (TISA)

### STUDENT INFORMATION

Student Name:		Date of Birth:		Age:	
Disability:		Grade:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
School Site:		Program/Placement:			
General Education Teacher:		Contact Phone:			
Special Education Teacher:		Contact Phone:			
Case Manager/Coordinator:		Contact Phone:			

**DIRECTIONS:** Please complete the following information. Submit the Referral for TISA and the following forms: TISA Rubric (D/M 157C and D), Review of IEP Goals (D/M 157E), and Review of Behavioral Intervention Plan (BIP) (D/M 157F) to the special education office.

Behavior	Health
<input type="checkbox"/> Non-compliant behaviors in class	<input type="checkbox"/> Specialized physical health care plan
<input type="checkbox"/> Non-compliant behaviors on campus	<input type="checkbox"/> G-tube feeding
<input type="checkbox"/> Self-injurious	<input type="checkbox"/> Medication
<input type="checkbox"/> Eloping	<input type="checkbox"/> Suction
<input type="checkbox"/> Intense sensory needs	<input type="checkbox"/> Food preparation
<input type="checkbox"/> Severe physical aggression	<input type="checkbox"/> Toileting assistance
<input type="checkbox"/> Substantial attentional problems	<input type="checkbox"/> Feeding – full support
<input type="checkbox"/> Significant disruptive behaviors	<input type="checkbox"/> Seizures
<input type="checkbox"/> Non-compliant behavior on bus	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Comments:
<input type="checkbox"/> Comments:	
Mobility	Instructional/Mainstreaming
<input type="checkbox"/> Lifting/transfers	<input type="checkbox"/> AAC supports
<input type="checkbox"/> Physical support/positioning	<input type="checkbox"/> Significant need for verbal/physical prompts
<input type="checkbox"/> Toileting assistance	<input type="checkbox"/> Severe attentional problems
<input type="checkbox"/> Mainstreaming needs	<input type="checkbox"/> Significant transitional time needs
<input type="checkbox"/> Other:	<input type="checkbox"/> Mainstreaming
<input type="checkbox"/> Comments:	<input type="checkbox"/> Other:
	<input type="checkbox"/> Comments:

This referral is made at the request of the:

Teacher     Case Manager     Parent/Guardian     Other:

Individual Requesting Referral: \_\_\_\_\_ Date: \_\_\_\_\_

Site Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

# Form D/M 157B – Student Needs for Additional Support Rubric

DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA  
 DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA  
 17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  
 (760) 552-6700 • (760) 242-5363 FAX



## Student Needs for Additional Support Rubric

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Review Date: \_\_\_\_\_  
 Disability: \_\_\_\_\_ Program/Placement: \_\_\_\_\_ Teacher: \_\_\_\_\_

	Health/Personal Care/Mobility Rating	Behavior Rating	Instruction Rating	Inclusion/Mainstreaming Rating
0	General good health. No specialized health care procedure, medications taken, or time for health care. Independently maintains all "age appropriate" personal care. Is able to navigate environment without any excessive delays. Can transition from and within classrooms requiring few modifications. <input type="checkbox"/>	Follows adult directions without frequent prompts or close supervision. Handles change and redirection. Usually gets along with peers and adults. Seeks out friends. <input type="checkbox"/>	Participates fully in whole class instruction. Stays on task during typical instruction activity. Follows direction with few to no additional prompts. <input type="checkbox"/>	Participates in some core curriculum within general education class and requires few modifications. Can find classroom. Usually socializes well with peers. <input type="checkbox"/>
1	Mild or occasional health concerns. Allergies or other chronic health conditions. No specialized health care procedures. Medication administration takes less than 10 minutes. Needs reminders to complete "age appropriate" personal care activities. Can independently navigate from one location to another. Minimal assistance to transition from and within classrooms. <input type="checkbox"/>	Follows adult direction but occasionally requires additional encouragement and prompts. Occasional difficulty with peers or adults. Does not always seek out friends but plays if invited. <input type="checkbox"/>	Participates in groups at instructional level but may require additional prompts, cues or reinforcement. Requires reminders to stay on task, follow directions, and to remain engaged in learning. <input type="checkbox"/>	Participates with modifications and accommodations. Needs occasional reminders of room and schedule. Requires some additional support to finish work and be responsible. Needs some social cueing to interact with peers appropriately. <input type="checkbox"/>
2	Chronic health issues, generic specialized health care procedure. Takes medication. Health care intervention for 10-15 minutes daily (diet, blood sugar, medication). Requires reminders and additional prompts or limited hands-on assistance for washing hands, using bathroom, wiping mouth, shoes, buttons, zippers, etc. Occasional toileting accidents. Requires limited assistance to mobilize from one location to another. Requires limited assistance with mobility in order to care for self. <input type="checkbox"/>	Has problems following directions and behaving appropriately. Can be managed adequately with a classroom behavioral management plan, but unable to experience much success without behavioral intervention plan implementation. <input type="checkbox"/>	Cannot always participate in whole class instruction. Requires smaller groups and frequent verbal prompts, cues, or reinforcement. On task about 50% of the time with support. Requires more verbal prompts to follow directions. <input type="checkbox"/>	Participates with visual supervision and occasional verbal prompts. Requires visual shadowing to get to class. Needs modifications and accommodations to benefit from class activities. Regular socialization may require adult facilitation. <input type="checkbox"/>
3	Very specialized health care procedure and medication. Limited mobility. Physical limitations requiring assistance (stander, walker, gait trainer, or wheelchair). Special food prep or feeding. Health related interventions 15-45 minutes daily. Frequent physical prompts and direction assistance for personal care. Food prep required regularly. Requires toilet schedule, training, direct help, and diapering. <input type="checkbox"/>	Serious behavioral problems almost daily. Defiant and/or prone to physical aggression. Requires a Behavioral Intervention Plan (BIP) and behavioral goals and objectives on the IEP. Requires close visual supervision to implement BIP. Medication for ADHD or other behaviors. <input type="checkbox"/>	Difficult to participate in a large group. Requires low student staff ratio, close adult proximity and prompts including physical assistance to stay on task. Primarily complies only with 1:1 directions and monitoring. Cognitive abilities and skills likely require modifications not typical for class as a whole. Needs additional support(s) as determined by the IEP team. <input type="checkbox"/>	Participation may require additional staff for direct instructional and behavioral support. Requires direct supervision going to and from class. Always requires modifications and accommodations for class work. Requires adult to facilitate social interaction with peers. <input type="checkbox"/>
4	Specialized health care procedure requiring care by specially trained employee (G tube, tracheotomy, cauterization). Takes medication, requires positioning or bracing multiple times daily. Health related interventions 45 minutes daily. Direct assistance with most personal care. Direct 1:1 assistance 45 or more minutes daily. Requires two-person lift. Requires direct supervision going to & from class. <input type="checkbox"/>	Serious behavioral problems with potential for injury to self and others, runs away, aggressive on a daily basis. Functional Behavioral Analysis (FBA) has been completed and the student has a well-developed BIP, which must be implemented to allow the student to safely attend school. Staff has been trained in the management of assaultive behaviors. <input type="checkbox"/>	Cannot participate in a group without constant 1:1 support. Requires constant verbal and physical prompting to stay on task and follow directions. Regularly requires specific 1:1 instructional strategies to benefit from the IEP. Cognitive abilities and skills require significant accommodations and modifications not typical for the class group. <input type="checkbox"/>	Always requires 1:1 staff in close proximity for direct instruction, safety, mobility, or behavior monitoring. Requires 1:1 assistance to go to and from class 80% of the time. Requires adult to facilitate social interaction with peers and remain in close proximity at all times. <input type="checkbox"/>

\*Attach a copy of documentation indicating frequency and duration over a period of time to determine further consideration of special circumstance instructional assistance. If mostly ratings of 3's and 4's, in two or more areas, continue with needs assessment process.

# Form D/M 157C – Temporary Intensive Supports Assessment (TISA) Review of IEP Goals

Temporary Intensive Supports Assessment (TISA) Review of IEP Goals			
STUDENT INFORMATION			
Student Name:		DOB:	
TISA Case Manager/Coordinator:		Contact Phone:	
<b>DIRECTIONS:</b> Attach IEP goals and latest progress of goals. The following information is to be completed by the school site staff. Initial and date where indicated as items are completed.			
Date	Initial	Yes	No
[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>
All goals are developmentally appropriate for student			
[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>
All goals are current			
[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>
All goals are clear and measurable			
[ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>
The goals address needs for which a TISA is needed (behavior, academic, independence, self-help, etc.)			
Is the student making progress in the obtainment of goals? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe progress and indicate supporting evidence (e.g., grades, rate of work completion, etc.) [ ]			
<b>Level of assistance student requires to perform/achieve goals?</b>			
<input type="checkbox"/>	Physical prompt:	[ ]	
<input type="checkbox"/>	Modeling:	[ ]	
<input type="checkbox"/>	Verbal cue:	[ ]	
<input type="checkbox"/>	Independent:	[ ]	

# Form D/M 157D – Temporary Intensive Supports Assessment (TISA) Review of Behavioral Intervention Plan

Student Name:	DOB:	Date:
<b>Temporary Intensive Supports Assessment (TISA) Review of Behavioral Intervention Plan</b>		
<b>DIRECTIONS:</b> Attach BIP. The following information to be completed by the school site staff. Initial and date as items are completed.		
Does the student have a Behavioral Intervention Plan (BIP)? <input type="checkbox"/> Yes <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2		
<input type="checkbox"/> No If no, refer to ACTIONS Section		
<b>Date</b>	<b>Initial</b>	
[ ]	[ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No The request for TISA is related to the identified targeted behaviors in the BIP.
[ ]	[ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No Does the BIP address the behavioral identified on the initial concern checklist?
[ ]	[ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No All interventions are developmentally appropriate for the student.
[ ]	[ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No BIP is written with enough clarity and detail for any new staff to understand and implement.
[ ]	[ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No All implementers have a copy of the plan.
[ ]	[ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No The BIP is being fully implemented.
[ ]	[ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No All implementers understand and/or have training in the strategies contained in the plan.
[ ]	[ ]	<input type="checkbox"/> Yes <input type="checkbox"/> No Behavioral support for the plan is adequate.
Is the student making progress in the targeted behaviors? Indicate supporting evidence (e.g., grades, rate of homework completion, duration of on-task behavioral, frequency and quality of social interactions). [ ]		
<b>ACTIONS:</b>		
<input type="checkbox"/>	Develop BIP	
<input type="checkbox"/>	BIP is appropriate, and no modifications are needed	
<input type="checkbox"/>	Revise BIP	
<input type="checkbox"/>	Behavioral Plan is based on a Functional Behavioral Analysis (FBA)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In process <input type="checkbox"/> Need to initiate if function of behavioral is unknown
<input type="checkbox"/>	Additional staff training needed:	
	Describe: [ ]	
<input type="checkbox"/>	Other: Describe: [ ]	
	[ ]	
Comments: [ ]		

# Form D/M 157E – Temporary Intensive Supports Assessment (TISA) Parent Interview

Temporary Intensive Supports (TISA) Parent Interview		
STUDENT INFORMATION		
Student Name:	DOB:	Date:
Interviewee Name:	Interviewed By:	
What are the educational concerns you have for your child?		
What needs does your child have?		
What recent changes have occurred in your child (health, medication, family status, etc.)?		
What supports does your child receive outside of school? Frequency? How long?		
What skills would you like your child to develop to be more independent?		
Is there anything else you would like us to consider?		

# Form D/M 157F – Temporary Intensive Supports Assessment (TISA) Teacher Interview

Temporary Intensive Supports (TISA) Teacher Interview		
STUDENT INFORMATION		
Student Name:	█	DOB: █ Date: █
Interviewee Name:	█	Interviewed By: █
What supports/programs are working? █		
When is the student successful? █		
What are the areas of difficulty or concern? █		
What staff and classroom supports are provided? █		
What skills would you like the student to develop to be more independent? █		
Is there anything else you would like us to consider? █		

# Form D/M 157G – Temporary Intensive Supports Assessment (TISA) Student Interview



Temporary Intensive Supports (TISA) Student Interview			
STUDENT INFORMATION			
Student Name:	<input type="text"/>	DOB:	<input type="text"/>
Date:	<input type="text"/>		
Interviewed By:	<input type="text"/>	Title:	<input type="text"/>
What do you like about school? <input type="text"/>			
When are you successful? <input type="text"/>			
When do you have problems during your school day? <input type="text"/>			
How do school staff members help you during the day? <input type="text"/>			
Who else helps you in school? <input type="text"/>			
What are some things you would like to learn to help you to be more independent? <input type="text"/>			
Is there anything else you would like us to know about you? <input type="text"/>			





# Form D/M 157H – Temporary Intensive Supports Assessment (TISA) Student Observation Worksheet

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Temporary Intensive Supports (TISA) Student Observation Worksheet			
STUDENT INFORMATION			
Student Name:	<input type="text"/>	DOB:	<input type="text"/>
		Date:	<input type="text"/>
<p><b>DIRECTIONS:</b> The individual conducting the observation should complete the domains that are applicable based on the referral. It is recommended that the student be observed on several occasions at different times during the instructional day. Quantifiable data will be collected whenever possible as a way of establishing a baseline for the apparent need for additional intensive supports. Such data will be critical as a fading plan is designed later in the process. See Appendix A</p>			
Instruction/Inclusion Domain			
Is there an individual student schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student uses the following format for individualized schedule:			
<input type="checkbox"/> Object	<input type="checkbox"/> Picture	<input type="checkbox"/> Icon	<input type="checkbox"/> Photograph <input type="checkbox"/> Word
Student's ability to follow the schedule:			
<input type="checkbox"/> Independent	<input type="checkbox"/> With indirect verbal or gestural prompts	<input type="checkbox"/> With direct verbal prompts	<input type="checkbox"/> With physical prompts <input type="checkbox"/> Inconsistent
Student's use of the schedule:			
<input type="checkbox"/> Student carries schedule	<input type="checkbox"/> Student goes to schedule board	<input type="checkbox"/> Student carries transition cards	<input type="checkbox"/> Teacher carries and shows the schedule
Room is arranged with structure to correlate with tasks on schedule (check all that apply):			
<input type="checkbox"/> Area for one-to-one work	<input type="checkbox"/> Area for group work	<input type="checkbox"/> Area for independent work	<input type="checkbox"/> Area for leisure <input type="checkbox"/> Not applicable
What curricular accommodations/modifications are being used for this student? (Describe):			
<input type="text"/>			
What is the student's engagement in classroom activities? (Describe):			
<input type="text"/>			
Check the curricular domains included in the student's program:			
<input type="checkbox"/> Communication	<input type="checkbox"/> Domestic skills	<input type="checkbox"/> Self-care	<input type="checkbox"/> Social skills
<input type="checkbox"/> Academics	<input type="checkbox"/> Pre-vocational/vocational	<input type="checkbox"/> Recreation/leisure	<input type="checkbox"/> Motor skills/mobility
<input type="checkbox"/> Other:	<input type="text"/>		
Describe, using quantifiable data, the student level of support needed to participate, remain on task, complete assignments (i.e., frequency of reinforcement, prompting level, redirection):			
<input type="text"/>			
List equipment or device used/available that may relate to the need for assistance (may be low incidence equipment or assistive technology devices):			
<input type="text"/>			
Describe at what level of independence the student is able to navigate the school campus.			
<input type="text"/>			

Behavior Domain		
Are there problem behaviors interfering with learning of self or others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Brief description of problem behavior: _____		
Where does the behavior(s) typically occur? _____		
When do the behaviors occur? _____		
Frequency: _____	Duration: _____	Intensity: _____
What activities can the student do without assistance? ( <i>time of day, group, transitions, etc.</i> ) _____		
Describe the school day and assistance now provided and natural supports such as peers, school staff, volunteers, etc. _____		
Is the classroom behavior system appropriate for the student? ( <i>developmentally appropriate, engagement, effectiveness, etc.</i> ) _____		
Describe, using <b>quantifiable data</b> , the student's interaction with peers: _____		
Describe, using <b>quantifiable data</b> , the student's interaction with staff in structured and non-structured environments: _____		
Are there any adjustments that need to be made to help the student be successful? _____		
Are there significant medical needs/concerns observed that could affect behavior? _____		

Health Domain					
Does that student have an existing health care plan? <input type="checkbox"/> Yes (Is so, attach) <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Need to initiate					
<b>Indicate which health/personal care the student requires:</b>					
Health/Personal Care	Frequency/Duration	Time of Day Support is Needed	Existing Support Available	Level of Support	Training Needed
G-tube feeding	█	█	█	█	█
Medication	█	█	█	█	█
Suctioning	█	█	█	█	█
Food preparation	█	█	█	█	█
Toileting assistance	█	█	█	█	█
Diapering	█	█	█	█	█
Feeding – full support	█	█	█	█	█
Seizures	█	█	█	█	█
Lifting/transfers	█	█	█	█	█
Other: █					
Are appropriate safety and medical procedures being used? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: █					
What activities can the student do without assistance? ( <i>time of day, group, transitions, etc.</i> ) █					
Describe the school day and assistance now provided and natural supports such as peers, school staff, volunteers, etc. █					
Specify the student-teacher ratio: █					
Number of students requiring assistance in:					
Health: █	Personal Care: █	Behavior: █	Instruction: █	Inclusion: █	
Can current conditions be modified to meet the student's goals and/or objectives and/or personal care needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: █					

Mobility Domain					
Does the student have an existing health care plan? <input type="checkbox"/> Yes (If so, attach) <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Need to initiate					
<b>Indicate which mobility/personal care the student requires:</b>					
Needs	Frequency/Duration	Time of Day Support is Needed	Existing Support Available	Level of Support	Training Needed
Lifting	█	█	█	█	█
Transfer	█	█	█	█	█
Physical Support/Positioning	█	█	█	█	█
Toileting assistance	█	█	█	█	█
Diapering	█	█	█	█	█
Feeding – full support	█	█	█	█	█
Bracing	█	█	█	█	█
Use of mobility equipment ( <i>Specify</i> ): █					
Other: █					
Are there appropriate safety equipment(s) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comment: █					
What level of support is needed for the student to transition ( <i>from one class to another, or from one activity to another, or mainstream</i> )? █					
What activities can the student do without assistance? ( <i>time of day, group, transitions, etc.</i> ) █					
Describe the school day and assistance now provided. Specify and include the student-teacher ratio, and natural supports such as peers, school staff, volunteers, etc. █					
Can current conditions be modified to meet the student's goals and/or objectives and/or personal care needs? █					
First Observation Date: █		Time: █			
Completed by: █		Title: █			
Second Observation Date: █		Time: █			
Completed by: █		Title: █			

# Form D/M 157I – Temporary Intensive Supports Assessment (TISA) Evaluation Report



DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA  
 DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA  
 17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  
 (760) 552-6700 • (760) 242-5363 FAX



## Temporary Intensive Supports (TISA) Evaluation Report

Student Name:	DOB:	Date Completed:
Evaluation Report Prepared By:		

1. **Reason for Referral:** *(Review of Behavioral Intervention Plan, disciplinary information, academic progress, and progress on IEP goals.)*

2. **Background Information and Educational Setting:** *(Summarize previous interventions and outcomes, include information regarding educationally relevant health, developmental, and medical findings; and include the results of any independent educational evaluations.)*

3. **Summary of Interviews:** *(Summarize results of the parent, teacher, and student interviews)*

4. **Summary of Observations:** *(Include quantifiable data collected during observations, include information regarding relevant behavior noted during the observation of the student.)*

5. **Results and Recommendations:** *(Include information regarding the need for specialized services, materials, and equipment and indicate if the student's needs can be met in the current setting with the current level of support; recommend goals for apparent need(s) observed.)*

# Form D/M 157J – Temporary Intensive Supports Assessment (TISA) Initial Plan

Temporary Intensive Supports Assessment (TISA) Initial Plan		
STUDENT INFORMATION		
Student Name: [ ]	DOB: [ ]	Date: [ ]
<p><b>DIRECTIONS:</b> When Temporary Intensive Support Assistance is determined by the IEP team to be necessary for a student, the IEP team should develop an independence and fading plan in order to promote the student's independence and to avoid potential harmful effects, such as dependency. This form should be completed by the IEP team with input from all members, including parents.</p>		
IDENTIFIED NEEDS		
Time/Subject Area	Support Needed (ratio, equipment, materials, etc.)	Does support require additional staff? <i>(Please check)</i>
[ ]	[ ]	<input type="checkbox"/>
[ ]	[ ]	<input type="checkbox"/>
[ ]	[ ]	<input type="checkbox"/>
[ ]	[ ]	<input type="checkbox"/>
[ ]	[ ]	<input type="checkbox"/>
[ ]	[ ]	<input type="checkbox"/>
INDEPENDENCE GOAL (TO BE ADDED TO IEP GOALS)		
		Comment
Present Level of Independence (Baseline)		[ ]
Independence Goal (to reduce and/or eliminate Temporary Intensive Support Assistance)		[ ]
FADING PLAN (See Appendix B) MAY NOT BE APPLICABLE FOR STUDENTS WITH MOBILITY OR HEALTH NEEDS		
		Comment
		Person(s) Responsible
1. <b>Procedure:</b> What will be taught so the student learns the replacement behavior/skills? (Task analysis of skill development. What does the teacher or staff do to get the student to perform the behavior?)	[ ]	[ ]
a. <b>Level of Support:</b> Description of how and who support changes as student independence increases. Prompting type; frequency; proximity of personnel; role of teacher/paraprofessional.	[ ]	[ ]
2. <b>Progress Monitoring Method:</b> Who, how often, and how will the data be collected (If using a documentation sheet, please attach.)	[ ]	[ ]
a. <b>Evaluation:</b> How will the data be evaluated to determine if intervention is working?	[ ]	[ ]
b. <b>Measurement:</b> What are the criteria for fading and description of the level of TISA support?	[ ]	[ ]
3. <b>Maintenance:</b> What are the adaptations/accommodations that will be used to promote and sustain independence?	[ ]	[ ]

# Form D/M 157K – Temporary Intensive Supports Assessment (TISA) Annual Review Fading Plan

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Temporary Intensive Supports (TISA) Annual Review Fading Plan		
STUDENT INFORMATION		
Student Name:	DOB:	Date:
<p><b>DIRECTIONS:</b> When Temporary Intensive Support Assistance is determined by the IEP team to be necessary for a student, the IEP team should develop an independence and fading plan in order to promote the student's independence and to avoid potential harmful effects, such as dependency. This form should be completed by the IEP team with input from all members, including parents.</p>		
INDEPENDENCE PLAN DISCUSSION		
Team Discussion Questions	Comment	
In what setting(s) and/or time of day is the highest level of assistance needed?		
What tasks/activity needs the highest level of assistance?		
What are the expectations and instructional demands on the student that requires intensive support?		
What natural student-teacher ratio supports are available?		
What environmental cues are currently available in the natural environment?		
Are there any schedule changes available to support independence?		
What is the prompting hierarchy needed for student to increase independence?		
Has assistive technology and/or equipment been considered to support independence?		
Has any staff and/or student training been considered to support independence?		
What are the next steps needed for the next level of independence?		
Other things for team to consider:		
	Student's Independence Strengths What can student already do independently?	Student's Independence Concerns What are the student's areas of struggle/need?
<i>Consider setting, instruction, curriculum, activities, social interaction, and participation</i>		
Health/Personal Care/Mobility		
Communication		
Behavior		
Academic/Instruction (Task Initiation & Output)		
Social/Inclusion		

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

IDENTIFIED NEEDS		
Time/Subject Area	Support Needed (ratio, equipment, materials, etc.)	Does support require additional staff? <i>(Please check)</i>
■	■	<input type="checkbox"/>
■	■	<input type="checkbox"/>
■	■	<input type="checkbox"/>
■	■	<input type="checkbox"/>
■	■	<input type="checkbox"/>
■	■	<input type="checkbox"/>

**INDEPENDENCE GOAL (TO BE ADDED TO IEP GOALS)**

Comment	
Present Level of Independence (Baseline)	■
<b>Independence Goal</b> (to reduce and/or eliminate Temporary Intensive Support Assistance)	■

**FADING PLAN (See Appendix B)  
MAY NOT BE APPLICABLE FOR STUDENTS WITH MOBILITY OR HEALTH NEEDS**

	Comment	Person(s) Responsible
1. <b>Procedure:</b> What will be taught so the student learns the replacement behavior/skills? (Task analysis of skill development. What does the teacher or staff do to get the student to perform the behavior?)	■	■
a. <b>Level of Support:</b> Description of how and who support changes as student independence increases. Prompting type; frequency; proximity of personnel; role of teacher/paraprofessional.	■	■
2. <b>Progress Monitoring Method:</b> Who, how often, and how will the data be collected (If using a documentation sheet, please attach.)	■	■
a. <b>Evaluation:</b> How will the data be evaluated to determine if intervention is working?	■	■
b. <b>Measurement:</b> What are the criteria for fading and description of the level of TISA support?	■	■
3. <b>Maintenance:</b> What are the adaptations/accommodations that will be used to promote and sustain independence?	■	■



# D/M 157 Appendix A – Temporary Intensive Supports Assessment (TISA) Evidence-Based Classroom Practices Observation Checklist

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Appendix A Temporary Intensive Supports (TISA) Evidence-Based Classroom Practices Observation Checklist	
STUDENT INFORMATION	
Student Name: <input type="text"/>	DOB: <input type="text"/> Date: <input type="text"/>
<p><b>DIRECTIONS:</b> To be used by the administrator, psychologist, or TISA case manager to examine a student's current environment and supports. To be used prior to requesting help for a student not making progress on IEP goals or if more student support in an area is needed. <i>(Not to be used for student with medical/health needs).</i></p>	
STRATEGIES	
Physical Design	Comments
<input type="checkbox"/> Layout of the classroom is such that facilitates typical instructional activities (e.g., small group, whole group, learning center)	
<input type="checkbox"/> Furniture is arranged to allow for smooth teacher and student movement	
<input type="checkbox"/> Instructional materials are neat, orderly, and ready for use	
<input type="checkbox"/> Posted materials that support critical learning content and learning strategies (e.g., word walls, steps for writing process, math formulas)	
<input type="checkbox"/> Teacher demonstrates organization and how to use classroom areas	
Routines	Comments
<input type="checkbox"/> Evidence of predictable patterns and activities	
<input type="checkbox"/> Evidence that routines and procedures are taught directly	
<input type="checkbox"/> Students are recognized when they successfully follow classroom routines and procedures	
<input type="checkbox"/> Students are encouraged to use self-management skills	
<input type="checkbox"/> Evidence of student-guided schedules and routines	
Expectations	Comments
<input type="checkbox"/> Evidence of 3-5 school-wide expectations adopted in the classroom	
<input type="checkbox"/> Expectations are observable, measurable, positively stated, understandable, and always applicable	
<input type="checkbox"/> Expectations are taught using examples and non-examples and with opportunities to practice and receive feedback	
<input type="checkbox"/> Evidence of student involvement in defining the 3-5 school-wide expectations within the classroom routines	
<input type="checkbox"/> Students are committed to supporting the expectations	
<input type="checkbox"/> Teacher manages classroom proactively and calmly	

Supervision		Comments
<input type="checkbox"/>	Teacher engages in active supervision which includes all the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Scanning: visual sweep of entire space</li> <li><input type="checkbox"/> Moving: continuous movement, proximity</li> <li><input type="checkbox"/> Interacting: verbal communication in a respectful manner, pre-corrections, non-contingent attention, specific verbal feedback</li> </ul>	
Opportunity		Comments
<input type="checkbox"/>	Instruction includes high rates of opportunities to respond, which includes at least one of the following during the observation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual or small group questioning</li> <li><input type="checkbox"/> Choral responding</li> <li><input type="checkbox"/> Nonverbal responding</li> </ul>	
Academic Rigor		Comments
<input type="checkbox"/>	Instruction is engaging	
<input type="checkbox"/>	Instruction is differentiated to support all types of learners	
<input type="checkbox"/>	Visual supports are used as appropriate	
<input type="checkbox"/>	Manipulatives are used to support learning	
<input type="checkbox"/>	Communication systems/strategies with non-verbal students are used, as necessary	
Social/Emotional Supports		Comments
<input type="checkbox"/>	Teacher models identification of feelings	
<input type="checkbox"/>	Self-talk strategies are taught and practiced	
<input type="checkbox"/>	Relaxation techniques are employed	
<input type="checkbox"/>	Role-play social interactions	
<input type="checkbox"/>	Emotional cards are used when appropriate	
<input type="checkbox"/>	Praise and encouragement are provided	
Sensory Supports		Comments
<input type="checkbox"/>	Observed used in the classroom/or by student: <ul style="list-style-type: none"> <li><input type="checkbox"/> Stretchy kick bands for chairs</li> <li><input type="checkbox"/> Vestibular cushions</li> <li><input type="checkbox"/> Headphones</li> <li><input type="checkbox"/> Music</li> <li><input type="checkbox"/> Partitions/corrals (individual or for an area)</li> <li><input type="checkbox"/> Flexible seating</li> <li><input type="checkbox"/> Sensory tactile tables</li> <li><input type="checkbox"/> Weighted vest</li> <li><input type="checkbox"/> Compression shirts</li> <li><input type="checkbox"/> Other:</li> </ul>	
Completed by: _____		Title: _____

# D/M 157 Appendix B – Temporary Intensive Supports Assessment (TISA) Terms and Definitions of Fading

Student Name:	DOB:	Date:
<b>Appendix B</b> <b>Temporary Intensive Supports (TISA)</b> <b>Terms and Definitions of Fading</b>		
<p><b>Prompt Hierarchy:</b> Prompts range from the least to the most intrusive. The amount of assistance increases with each level in the hierarchy.</p>		
<p><b>Natural Cue</b>            Behavior independently occurs because of a natural cue to a stimulus in the environment. The individual performs the behavior without any assistance.  <i>Example: John stands up to sing when he sees his peers stand up.</i></p>		
<p><b>Gestural (Nonverbal) Prompt</b>            Physical gestures that may include pointing, beckoning, pantomiming, or shaking one's head to indicate approval or disapproval.  <i>Example: Mrs. Brown points to the yellow square to signal time for yellow reading group. Mr. Jones holds up two fingers to signal "quiet now."</i></p>		
<p><b>Indirect Verbal Prompt</b>            The instructor uses words to imply that some behaviors need to occur.  <i>Example: Mr. Sanchez says, "Children, what should you be doing?" Students understand it is time to quiet down and open their books.</i></p>		
<p><b>Modeling</b>            Performing the desired behavior to encourage the initiation of the behavior by the individual.  <i>Example: Ms. Nguyen sits up tall in her seat with her hands folded on top of the desk as students come to a reading group. She waits until they copy her behavior.</i></p>		
<p><b>Symbolic (Pictorial or Written Prompt)</b>            Symbols (pictures or words) are presented to guide the behavior. Often a sequence of pictures or a list of words is used, combined with a gestural prompt of pointing to the symbol of the desired behavior for that moment in time.  <i>Example: Devon has 4 pictures of how to solve multi-digit addition which he uses in sequence to solve math problems. When he appears confused, his teacher gesturally redirects him to the correct picture.</i></p>		
<p><b>Direct Verbal Prompt</b>            The instructor explicitly states the behavior that needs to occur.  <i>Example: "Boys and girls, please stand up now."</i></p>		
<p><b>Minimal Physical Prompt</b>            Slight physical contact that guides the individual towards the behavior.  <i>Example: When Katie does not open the door when verbally told to do so, Ms. Hernandez lightly touches her elbow. *Note: depending on the situation, a minimal physical prompt may be less intrusive and facilitate more independence than a direct verbal prompt.</i></p>		
<p><b>Partial Physical Prompt</b>            The instructor physically starts the individual on the desired behavior, and then ceases the physical assistance to the individual to complete the behavior independently.  <i>Example: When Katie does not open the door after being lightly touched on the elbow, Ms. Hernandez gently nudges her arm upward until the knob is touched and then releases contact.</i></p>		
<p><b>Full Physical Prompt</b>            The instructor physically guides the individual through the entire behavior.  <i>Example: Amy's teacher physically positions her fingers on the pencil and guides Amy's hand as she writes her name.</i></p>		

# D/M 157 Appendix C – Temporary Intensive Supports Assessment (TISA) Checklist to Support Independence

Student Name:	DOB:	Date:
<p><b>Appendix C</b>  <b>Temporary Intensive Supports (TISA)</b>  <b>Checklist to Support Independence</b></p>		
<p><b>DIRECTIONS:</b> For the IEP team to discuss with the family in the IEP to ensure team is working toward student's increasing independence.</p>		
	Student has a measurable <b>independence goal</b> in the IEP with a <b>proposed potential date</b> to have the support faded out	
	IEP informs the family of <b>concerns of having extra adult support</b> such as: prompt dependency, learned helplessness, decrease in independence and self-efficacy, social isolation, and social stigma	
	IEP team discusses what <b>Natural Supports</b> will be utilized <b>FIRST</b> before using extra adult support (peers, teacher, visuals, rules and routines, task analysis, classroom structure, CHAMPS, etc.)	
	IEP team tells family <b>WHY the extra support is needed</b> (to support behavior plan, academic on task, social facilitation, safety, medical reasons)	
	IEP team describes exactly <b>WHEN the support is needed and NOT needed</b> (during math, PE, reading, writing, social, etc.)	
	IEP team describes exactly <b>WHAT the support will look like</b> (will the paraprofessional roam around, sit next to the student, take small groups, use non-verbal gesture, point to and use visuals, or verbally prompt)	
	IEP team discusses <b>HOW they will support increasing the student's independence</b> (through goals, visuals, teaching independence, gestures, task analysis, self-monitoring, peer support, and/or other evidenced-based practices)	
	IEP team discusses <b>ON-going progress monitoring</b> , data collection, areas to teach independence, and gradual fading back of extra adult support	
	IEP team discusses the <b>student's progress</b> on independence goal in all future IEP's or as needed	

# D/M 157 Appendix D – Temporary Intensive Supports Assessment (TISA) Independence/Fading Resources

Student Name: _____		DOB: _____		Date: _____	
<b>Appendix D</b> <b>Temporary Intensive Supports (TISA)</b> <b>Independence/Fading Resources</b>					
Area of Need		Criteria			
Social – Emotional/Behavioral		Able to independently review his daily schedule/checklist and expectations first thing in the morning and prior to each transition			
Social – Emotional/Behavioral		Able to independently follow classroom procedures to transition between activities with the class			
Social – Emotional/Behavioral		Able to initiate a task with 2 or fewer prompts			
Social – Emotional/Behavioral		Able to eliminate incidents of socially inappropriate interactions with peers			
Social – Emotional/Behavioral		Able to independently use a sensory tool or strategy and return to task within 5 minutes			
Social – Emotional/Behavioral		Able to attend lectures and discussions using eye contact, head nodding, hand raising, and/or verbal participation with 2 or fewer prompts			
Social – Emotional/Behavioral		Independently demonstrate school-wide expected behaviors in common areas (playground, cafeteria, lunch line, restrooms, etc.)			
<b>Sample Specific Annual Goals and Objectives to Address Achieving Criteria for Independence</b>					
<ul style="list-style-type: none"> <li>Independently review daily schedule/checklist of expectations first thing in the morning and prior to each transition 80% of the time over 2 consecutive weeks as measured by teacher recorded data.</li> <li>Independently follow classroom procedures to transition between activities with the class 80% of the time over 2 consecutive weeks as measured by teacher recorded data.</li> <li>Initiate a task with 2 or fewer prompts in 80% of opportunities over 2 consecutive weeks as measured by teacher recorded data. Eliminate incidents of socially inappropriate physical interaction with peers in 90% of opportunities for a trimester as measured by teacher recorded data.</li> <li>Independently use a sensory tool or strategy and return to task within 5 minutes in 80% of opportunities over 2 consecutive weeks as measured by teacher recorded data.</li> <li>Attend to lectures and discussions using eye contact, head nodding, hand raising, and/or verbal participation with 2 or fewer prompts in 80% of opportunities over 2 consecutive weeks as measured by teacher recorded data.</li> <li>Independently demonstrate school-wide expected behaviors in common areas (playground, cafeteria, lunch line, restrooms) in 90% of opportunities for a trimester as measured by teacher recorded data.</li> </ul>					
<b>Environmental/Teaching Strategies to Support Independence and Fading of Intensive Supports</b>					
Environmental Strategies			Teaching Strategies		
Paraprofessionals and teachers should be reminded of the prompt hierarchy described below to avoid over-prompting. The least intrusive prompts possible will be utilized based on each individual situation.			Teach student how to independently utilize and review his schedule or checklist.		
It is recommended that various individuals work with student over time so that he/she does not become over-accustomed to the support/style of any one individual. This will increase student's flexibility and further develop independence.			Teach student to independently self-monitor his/her need for sensory breaks.		
Utilize checklists whenever possible to ensure that student gains independence in task completion.			Utilize role playing a practice to teach student how to respect personal space and to conduct self on the school campus.		
Identify effective reinforcers and provide positive reinforcement for independent work and appropriate social behaviors.			Teach student cause/effect (decision making) strategies to help him learn to take ownership of choices.		
Allow access to sensory breaks and tools when requested appropriately.			Teach student appropriate ways to request assistance.		
Prime student prior to all transitions of expectations, plans, and materials needed.					
When redirecting student, provide the expected/replacement behaviors instead of negative behavior being displayed.					

# APPENDIX C: Transportation Guidelines

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Section A: Determining Eligibility & Least Restrictive Environment: IEP Process

Section B: Transportation Options

Section C: Specialized Equipment

Section D: Considerations: School District & IEP Team Responsibilities

Section E: Special Considerations

Section F: Individualized Health Plan

Section G: Extracurricular Activities

Section H: Suspension from the Bus

Section I: Periodic Evaluation of Transportation Need

## Introduction

The following guidelines have been developed to assist Individualized Education Program (IEP) teams when determining eligibility for special education transportation as a related service. *Title 34 C.F.R. § 300.34*, states “related services” means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education. Under the Individuals with Disabilities Education Act (IDEA) 2004, Local Education Agencies (LEAs) are obligated to provide transportation if the child requires transportation in order to benefit from his/her special education program. Decisions about transportation must be documented on the child’s IEP and should address the type of vehicle and any necessary equipment. Services shall be described in enough detail to inform the parties of (how, when, from where to where transportation will be provided and, where arrangements for the reimbursement of parents is required, the amount and frequency of reimbursement). Failure to specify transportation provisions in the terms of an IEP is considered a procedural violation of the IDEA.

IDEA defines transportation as,

***34 C.F.R. § 300.34(c) (16)***

*Transportation includes:*

*(i) Travel to and from school and between schools;*

*(ii) Travel in and around school buildings; and*

*(iii) Specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability [§*

*300.34(c)(17)]*

California Education Code states,

*E.C. § 56040 (a) Every individual with exceptional needs who is eligible to receive special education instruction and related services under this part, shall receive that instruction and those services at no cost to his or her parents or, as appropriate, to him or her. A free appropriate public education shall be available to individuals with exceptional needs in accordance with Section 1412(a)(1) of Title 20 of the United States Code and Section 300.101 of Title 34 of the Code of Federal Regulations.*

## **Section A – Determining Eligibility and Least Restrictive Option: IEP Process**

Charter LEAs must identify and resolve most transportation issues through the date and information provided to the IEP team. The IEP team determines if the child is eligible for transportation as a related service. Although it is not necessary to include transportation staff in all IEP meetings, it is important to involve and/or invite appropriate transportation staff whenever there are unique or unusual circumstances regarding the child and his/her transportation needs. The IEP team must evaluate the need for transportation as a related service on an individual basis, providing the least restrictive environment (LRE). The IEP team must determine whether the child can use the same transportation provided to non-disabled children or whether the child can get to school in the same manner as non-disabled children.

Transportation is considered necessary for a child to benefit from special education if, in its absence, a child with a disability would be denied a genuine opportunity for equitable participation in a special education program (See *Donald B. v. Board of Sch. Commissioners of Mobile County, Ala., 26 IDELR 414 (11th Cir. 1997)*).

Transportation is **not** a related service when a child with a disability is eligible for transportation because the child lives outside the established walking distance to the school.

The IEP team shall consider the following:

1. Does the child require transportation in a manner different from his/her non-disabled peers due to his/her disability?
2. Is the program location to which the Charter has assigned the child different from the child's neighborhood school and beyond the Charter LEA's distance eligibility criteria?
3. Is transportation required in order for the child to benefit from his/her specialized instruction?

## **Section B – Transportation Options**

Transportation is appropriately discussed after an educational program (goals, services and placement) has been selected. The IEP team should have knowledge as to whether or not the entirety of the child's educational placement will take place within one building or if it requires that the child move between various educational facilities throughout the school day. Additionally,

related services and participation in supplemental educational programs, such as extracurricular activities, may also create additional transportation needs, particularly, if they are offered at times other than the typical school day. The IEP team must be knowledgeable of the details concerning both the length and location of the educational program to determine if a transportation is appropriate in order to derive educational benefit.

Several options are available to the IEP team regarding transportation arrangements or assignments. Children generally require transportation if the IEP cannot be implemented at their school of residence due to the unavailability of programs and/or services. Additionally, children may require transportation due to personal factors such as health, cognitive judgment, or lack of ability to communicate.

Charter LEAs, Districts, Special Education Local Plan Areas (SELPAs), and County Offices of Education (COEs) who are responsible for the implementation of IEPs should be knowledgeable of transportation policies and/or procedures that address the responsibilities of the IEP team regarding the transportation and delivery of services to eligible children in their least restrictive environments. This includes consideration of services that are provided in the setting appropriate for the needs of the child at his/her neighborhood school or within the Charter LEA or Charter SELPA. This includes regional and/or magnet programs and services that may also accommodate the needs of the child. IEP teams should consider the location of a placement and the length of time that a child will need to be transported to or from school each day. If a child is receiving services outside of his/her Charter LEA of residence, the placement should be reviewed, at the minimum, once a year, in order to determine if a placement closer to the child's residence would be more appropriate as the LRE.

### **Options to Consider:**

- **Regular Bus Stop:** Can the child access the regular bus stop with his/her peers?  
A child will be assigned to the regular bus stop if the child's disability does not prevent him/her from using the same transportation as non-disabled children. When discussing transportation requirements, always consider the regular bus stop first (LRE).
- **Nearest Corner:** Can the child be picked up at the nearest corner to his/her residence?  
A child will be assigned a bus stop closest to the nearest corner when it is determined that, because of the disability, he/she is unable to use the regular bus stop but is able to access the closest corner to his/her home.
- **Curb-to-Curb:** Must the child be picked up curb-to-curb or what is the safest closest location?  
In general, curb-to-curb is considered the street curb located closest to the front of the child's house that can be safely accessed by a school bus. A child is assigned a curb-to-curb bus stop when the child's disability prevents him/her from utilizing the regular bus stop or the nearest corner bus stop. Curb-to-curb assignment creates the most restrictive transportation service.
- **School-to-School Transportation (based on program location)**  
When the IEP team offers a child a special education program located somewhere other than in his/her neighborhood (or home) school or Charter LEA of residence, the Charter



LEA makes the offered services accessible by providing transportation. This option provides school bus transportation from a Charter LEA school site that is close to the child's home to the school of location (or program of attendance). Parents/guardians are responsible for getting the child to the pick-up site and ensuring supervision of the child is provided until the bus arrives. Parents/guardians are also responsible for picking up the child at the time determined for drop-off at the end of the school day. This option is available to children from pre-school through age 22.

For students where FAPE is offered in a school other than the neighborhood school, school-to-school transportation is the least restrictive option. It is also the first option the IEP team should consider when determining the need for transportation as a related service due to the student's disability.

School-to-school transportation may generally be considered appropriate for a student who requires transportation when programs and services that address his/her needs are not available in the school or Charter LEA of residence, and whose disability does not include personal factors such as health, cognitive judgment, or lack of ability to communicate to the extent that the safety of the student is a primary consideration.

- **Home-to-School Transportation (Door-to-Door)**

This option may be needed if the information provided to the IEP team indicates that the identified disabilities are so severe they preclude the child, when compared to same-age peers, from meeting the bus at the bus stop or other non-residence pick-up location. This option is more restrictive for children.

The IEP team must consider the most effective way to meet the child's needs when making a recommendation for home-to-school transportation. The IEP team must determine the need for home-to-school transportation with an understanding that special circumstances or exceptions may exist based on the child's needs.

For a child whose disability does include personal factors such as health, cognitive judgment, or lack of ability to communicate to the extent that the safety of the child is a primary consideration, home-to-school transportation or some other mode of transportation may be considered appropriate by the IEP team to address the child's needs.

- **Voluntary Parental Transportation of Child**

If a parent voluntarily elects to arrange for their own transportation for a child on an IEP, it is advisable that Charter LEAs document this fact in the IEP notes or under the service line (comment box). Thorough documentation is required and shall include (1) that the child is entitled to specialized transportation, (2) parents are knowledgeable about their special education rights, (3) parents prefer to provide their own transportation without the involvement of the Charter LEA, and (4) an explanation of how the reimbursement will be calculated (if applicable). The Charter LEA may offer reimbursement of a round trip travel to the parent who elects to provide personal (parent provided) transportation for the child.

*NOTE: If a parent elects to waive their right to financial compensation for the transportation, the Charter LEA shall reflect this waiver in writing, as well as a statement*

*to the effect that the Charter LEA has offered to provide this service without any financial costs on the part of the parent.*

When considering the identified needs of the child, transportation options may include but not be limited to:

- Walking
  - Riding the regular school bus
  - Utilizing available public transportation
  - Riding a special bus from a pick-up point
  - Riding a special bus door-to-door
  - Taxi/Charter LEA van/LEA vehicle
  - Reimbursed parent driving with parent's voluntary participation
  - Other mode determined by the IEP team
- **Other Mode of Transportation**

IEP teams should review assessment information, medical information, and other data, and consult with the appropriate transportation staff and/or other relevant health professionals, including district medical personnel, regarding the following factors in establishing the need for transportation as a related service:

    - Unique medical or assistive technology equipment, including wheelchairs or gurneys with unique designs, configurations, or adaptations requiring special handling.
    - When the school bus equipment may require modification.
    - When the child exhibits severe behavioral difficulties and a behavior plan involving transportation must be implemented. When behavior is an issue and an assistant is required on the bus, there must be a behavior support plan and behavior goals to address the need.
    - When the child is medically fragile, requires special assistance, or has other unique needs.
    - When climate control has been requested by a physician to address an identified medical need.
    - When a physician has imposed a limitation of time on the bus to address an identified medical need.
    - When use of the child's primary language is required for effective communication of evacuation procedures and other safety issues and students with special communication needs.
    - Other circumstances, as appropriate.

## **Section C – Specialized Equipment Use/Operation**

In some cases, a child with a disability may require specific equipment or adaptive devices to transport the child to and from the special education program. There is a wide variety of equipment

to accommodate children with disabilities, and such equipment is required to be part of the transportation vehicle's environment. Transportation staff should be familiar with the design and operation procedure for specialized equipment, as well as know how to conduct general equipment inspection and make simple field adjustments during breakdowns. Some examples include:

- (1) Power lifts or ramps
- (2) Emergency escape exits including doors, windows, and roof hatches
- (3) Special fire suppression systems
- (4) Power cut-off switch
- (5) Emergency communications system
- (6) Air conditioning system
- (7) Mobile seating device, including trays and accessories, securement system hardware, and occupant securement system
- (8) Adaptive and assistive devices used to support or secure children, mobility aids, special belts, and harness and devices (such as special crutches, braces, or wheelchairs, including assistive technology devices)
- (9) All specially equipped school buses should be equipped with electronic voice communication systems. These may be provided and installed by the body manufacturer, distributor, Charter LEA, operator, or other party.
- (10) Service animals can be transported to assist children with disabilities. Charter LEA policies and procedures, as well as training, need to be established prior to transport.

## **Section D – Considerations: LEA and IEP Team Responsibility**

Some issues involving transportation are decided at an IEP meeting, but others are not. The general parameters for the IEP team's consideration of transportation at an IEP meeting includes how the child's disability affects the need for transportation and determining whether the child's disability prevents the child from using the same transportation provided to non-disabled children or from getting to school in the same manner as non-disabled children.

On the other hand, there are several aspects related to transportation that fall within the discretion of the school system as a matter of the function and operation of a public LEA and, therefore, are not appropriate topics for IEP meetings and are not matters requiring input from parents. Although these issues may be incidentally raised at the IEP meeting given their natural relationship to the transportation discussions, the ultimate authority to make decisions regarding these matters rests with the Charter LEA. The only exception to this occurs in situations in which the school Charter LEA's choices affect an element of the child's educational program and would result in the denial of Free Appropriate Public Education (FAPE) or discrimination.

IEP Issues (IEP Team)	Non-IEP Issues (LEA)
<p>Description of any personnel to be provided to assist the child.</p> <p>Description of the extent of services to be provided, such as bus stop or door-to-door transportation, including precise pick-up and drop-off points.</p> <p>Description of specific circumstances for the provision of transportation services, such as travel between off-campus buildings and facilities and transportation needs that occur outside of the regular school day.</p> <p>Least restrictive environment considerations in the provision of transportation.</p> <p>For medically fragile children, provision of any necessary medical protocols on the bus.</p>	<p>Bus scheduling matters, including determination of bus route and timing of pick-up and drop-off.</p> <p>Selection of bus stops.</p> <p>Selection of bus driver and any other personnel who will assist the child during the transportation.</p> <p>Decisions about appropriation of resources used to provide that transportation – private fleet versus contracting with companies who have independently owned vehicles.</p> <p><i>(This cell is intentionally left blank.)</i></p>

## Section E – Special Considerations

These may include, but are not limited to:

- (1) Medical diagnosis and health needs consideration of whether or not long bus rides could affect a certain child’s health (duration, temperature control, need for services, health emergencies); general ability and/or strength to ambulate/wheel; approximate distance from school or the distance needed to walk or wheel oneself to the school; consideration of the child’s needs in inclement weather, etc.

*NOTE: Transportation issues are addressed on the child’s IEP and may become a part of the child’s Health Plan if school health services are required on the bus.*

- (2) Physical accessibility of curbs, sidewalks, streets, and public transportation systems.
- (3) The consideration of a child’s capacity to arrive at school on time, to avoid getting lost, to avoid dangerous traffic situations, and to avoid other potentially dangerous or exploitative situations on the way to and from school.
- (4) Behavioral Intervention Plans [Title 5, C.C.R. § 3001(g)] specified by a child’s IEP and consideration of how to implement such plans while a child is being transported.

- (5) Other transportation needs mid-day or other transportation needs as required on a child's IEP (for example, occupational or physical therapy or mental health services that are provided at another site, attending community-based classes, etc.) must also be taken into consideration when the IEP team discusses a child's placement and transportation needs.
- (6) Extended school year services, pursuant to *E.C. § 56345(b)(3)*, should be another consideration of a child's need for transportation if considered necessary to provide FAPE as specified in the child's IEP.

## **Section F – Individualized Health Plan**

An Individualized Health Plan is a separate document used in addition to the IEP. The information contained in this plan goes beyond the legally required contents of the IEP and lays out the steps to be followed by the Charter LEA in the event of a medical or other emergency that presents health concerns and occurs while the child is under the care and supervision of the school. Transportation and any specific concerns in this context are covered in this plan. A separate portion of the plan can be specifically devoted to transportation concerns. In drafting an individualized health plan, the expert advice and assistance of medical and health professionals should be sought and relied upon, as these individuals can supply the expertise necessary to respond to emergency situations.

While the federal special education laws do not specifically require the implementation of such plans, it is recommended that Charter LEAs use them to address the special concerns raised by medically fragile children who may encounter serious health and safety risks throughout the course of the school day.

The individualized health plan should include:

- The designation an emergency contact for the child
- An alternative emergency contact should one be required
- Names of designated doctors and hospital preferences
- Any allergies
- Descriptions of current medications and dosages and the reasons for medication
- Any interventions to be provided and who will perform those interventions, including level of supervision and training required to perform those services.

## **Section G – Extracurricular Activities**

If a child's extracurricular program or nonacademic activity is related to the child's IEP goals, then a Charter LEA is required to provide the transportation services the child needs to participate in that activity.

Federal regulations state,

**34 C.F.R. § 300.107.** *The State must ensure the following:*

- (a) *Each public agency must take steps, including the provision of supplementary aids and services determined appropriate and necessary by the child's IEP Team, to provide nonacademic and extracurricular services and activities in the manner necessary to afford children with disabilities and equal opportunity for participation in those services and activities.*
- (b) *Nonacademic and extracurricular services and activities may include counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the public agency, referrals to agencies that provide assistance to individuals with disabilities, and employment by the public agency and assistance in making outside employment available.*

The Office of Special Education and Rehabilitation Services (OSERS) has stated that a child's right to transportation to and from school-related activities that occur outside of normal school hours depends on whether the IEP team has determined that the child needs transportation to benefit from special education and related services (OSERS, 2009).

## **Section H – Suspension from the Bus**

When a child receiving special education services is suspended from bus transportation (*E.C. §§ 48900 - 48900.7*), the suspension can constitute a significant change in placement if the Charter LEA:

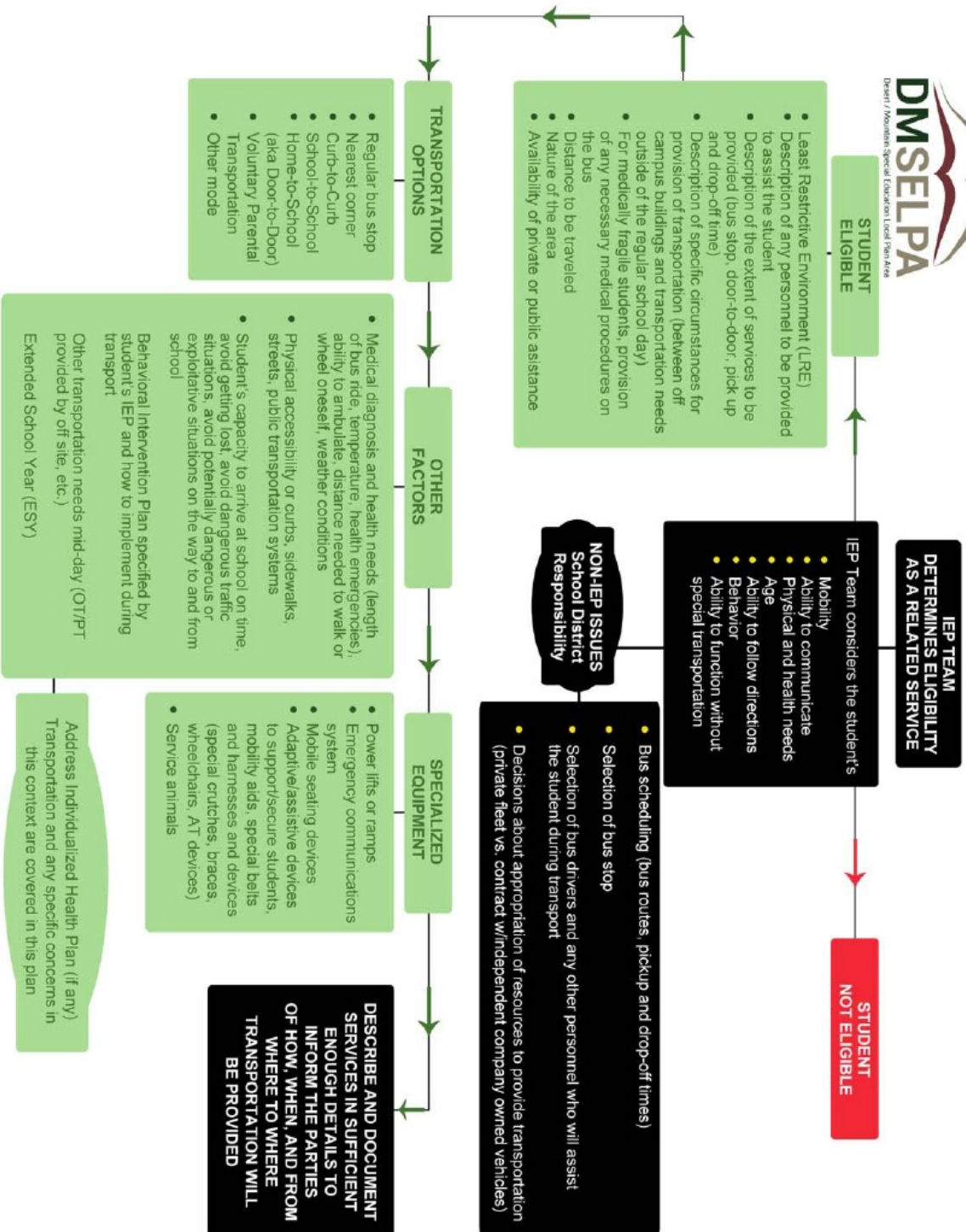
- a. Has been transporting the child
- b. Suspends the child from transportation as a disciplinary measure
- c. Does not provide another mode of transportation (OCR, Letter of Finding Complaint No. 04-89-1286, Dec. 8, 1989).

A significant change in placement requires the IEP team to meet and review the student's IEP. During the period of any exclusion from bus transportation, children must be provided with an alternative form of transportation at no cost to the child or parent in order to be assured of having access to the required special education instruction and services (*E.C. § 48915.5*).

## **Section I – Periodic Evaluation of Transportation Need**

The IDEA specifies that IEPs must be reviewed periodically and, at the minimum, annually. As a component of the IEP, the same is true of transportation provisions. This means that Charter LEAs must consider transportation at the annual IEP meeting as well as other times during the year when necessary.

## TRANSPORTATION SERVICES



# APPENDIX D: Cars+ Guidance for RSP Teachers

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## Do You Know?

- **The caseload for a 100 percent resource specialist is still 28! (Education Code 56362c).**

If the Resource Specialist is 50 percent, the caseload is proportionate — 14! When a resource specialist is over caseload, a waiver process must be requested by a district or the resource specialist. Certain stipulations and a maximum caseload of 32 apply.

- **There is no special day class size limit unless stipulated in a local contract.**

However, if the class size is so large that the teacher cannot implement the IEPs for the students, he/she should file a complaint. To file a complaint, call the hotline: (800) 926-0648.

- **The resource specialist program and special day class options have not been eliminated from the available services for special education students.**

Both are required components of the continuum of options specified in Education Code 56361 (a-i). If you have questions regarding service delivery options, call your local bargaining unit and your Region Director.

- **Education Code 56362 (d) states that Resource Specialists “shall not simultaneously be assigned to serve as resource specialists and teach regular classes.**

The only exemptions to this are resource specialists who are funded by both general education and special education and/or school-based coordinated sites that include special education.

- **IEP goals and objectives must be based on general education content and performance standards.**

See the CARS+ Handbook “Handbook of Goals and Objectives Related to Essential State of California Content Standards.” Also see CARS+ Newsletter or Web site for calendar of upcoming trainings.

- **Transition Services must be written in an IEP during the year a student will turn 14 years of age.**

See the California Department of Education Web site or Special Education Local Plan Area (SELPA) Plan for more information.

- **A student in special education must participate in statewide testing.**

Accommodations and modification can be made and must be documented on the IEP. Student may be exempted only by parent request.

- **A general education teacher and an administrator or designee must be a member of the IEP team. (Education Code 56341)**

- **Any changes to the IEP require an IEP meeting.**

For more information, you can obtain a copy of California Special Education Programs: A Composite of Laws from CDE Press, PO Box 271, Sacramento, CA 95812-0271 — Fax: (916) 323-0823.

Feel free to copy this page and share the information with your co-workers

13 • CARS+ Newsletter



# APPENDIX E: SELPA Referral Procedures

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This referral handbook was developed by the California Association of Health & Education Linked Professions (CAHELP), a Joint Powers Authority (JPA), to assist participating local education agencies (LEAs) in the Desert/Mountain Special Education Local Plan Area and the Desert/Mountain Charter Special Education Local Plan Area (hereinafter referred to as the SELPA) in the referral processes for special education and related services and behavioral health programs.

**Note: All services may not be available in all areas. Please check with the Program Specialist assigned to your LEA with any questions regarding the referral process.**

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# **Section 1: Audiological Assessment**

## **Initial**

The SELPA Audiological Program provides students with audiological assessment and services that will assist the student to participate and progress in the general education curriculum.

### **Pre-Referral**

#### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for an Audiological Assessment.
2. Complete the Initial Request for Audiological Evaluations/Services form (D/M 108) and obtain the signatures of the person making the referral and the director of special education.
3. Complete the Assessment Plan form (D/M 66) and obtain the parent/guardian signature.
4. The person making the referral should check the box that corresponds to the type of assessment(s) requested.
5. The parent/guardian should initial each applicable statement listed under the Parental Authorization section of form D/M 66.

6. LEAs are encouraged to have assessment plans signed close to the date of their LEA audiology evaluation date and within the required 60-day assessment time frame.
7. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency's name as the SELPA/Pacific Hearing Services. The disclosing agency will vary depending on whether it is a physician, medical center, or audiologist.

### **Referral Procedures**

Forward the following completed documents to the attention of the Area Director for Desert/Mountain Operations (DMOPS).

- D/M 108 Initial Request for Audiological Evaluations/Services form
- D/M 66 Assessment Plan form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- IEP or IEP Addendum dated within one year of the referral for an audiological assessment
- LEA's hearing screening form that documents a minimum of two repeated failures on threshold tests or previous audiological assessment reports and/or audiograms for students who have an identified hearing loss. (This does not apply to Desert/Mountain Operations)

### **Timeline for Assessment**

The audiological assessment must occur within 60 calendar days from the date the Assessment Plan was received by the LEA. When the signed Assessment Plan is received by the LEA, it should be date stamped or the date entered in the field at the bottom of the Assessment Plan (D/M 66).

An Audiology Assessment Calendar is published on an annual basis at the beginning of each school year. The calendar lists the scheduled assessment dates and referral due dates for each LEA within the SELPA that participates in the SELPA Audiological Program. The calendar can be found on the SELPA website at [www.dmselpa.org](http://www.dmselpa.org).

For students who require services outside of the regularly scheduled LEA visit, services may be coordinated between the SELPA and the LEA. Arrangements may be made for students to be served at the school site, at a nearby LEA, the Desert/Mountain Children's Center (DMCC), or at the service provider's office, whichever is available and appropriate. Please contact the CAHELP Chief Executive Officer at the SELPA for assistance.

### **Timeline for Services**

Upon completion of the audiological assessment, a written report will be sent to the Area Director for Desert/Mountain Operations (DMOPS). DMOPS will electronically send a copy of the cover letter and the report to the LEA director of special education and a copy to the director's secretary and LEA Coordinator for Audiology Services. DMOPS will upload a copy of the cover letter to

the student's electronic file. A monthly meeting coordinated with the DHH Itinerant teachers, DMOPS, and the Audiologist will be held to review all the reports to assist LEAs in determining who may need further assessment and DHH services.

- The LEA director of special education should reconvene the IEP team to review the findings and recommendations of the assessment, consider the educational impact, and determine whether audiological services are needed.
- If ongoing audiological follow-up is recommended, code 720 should be listed under the Special Education and Related Services section of the IEP form.
- If it is decided that classroom amplification equipment is needed, a request for a proposal of the specific equipment should be made to DMOPS or the LEA Coordinator for Audiology Services requests a quote from Pacific Hearing Services.
- If a profound hearing loss has been found, the deaf disability code (020) should be listed under the Eligibility section of the IEP form.
- If a mild to severe hearing loss has been found, the hard of hearing disability code (030) should be listed under the Eligibility section of the IEP form.
- If the disability is due to a hearing loss, the Low Incidence Disability box on the IEP form should be checked.
- If the hearing loss is not the primary disability, it may be listed as the secondary disability.
- If recommended and agreed upon, classroom amplification equipment should also be noted under Assistive Technology on the IEP form (D/M 68E).
- If the student is to receive amplification equipment for the first time, goals should be included for mastering equipment utilization, care, and operation.

## **Annual**

Students who have previously been referred and evaluated for audiological services as part of the SELPA Audiological Program are eligible for annual audiological assessments.

### **Pre-Referral**

#### *Local Education Agency (LEA) Responsibility*

LEAs participating in the SELPA Audiological Program may request an annual audiological assessment by following the procedure listed below. It is not necessary that the Individualized Education Program (IEP) team convene for this type of referral.

1. Complete the Annual Request for Audiological Evaluations/Services form (D/M 108A). Please DO NOT complete the Initial Request for Audiological Evaluation/Services form (D/M 108) for annual referrals.

- A. Include information that is related to the school of attendance, program placement, and services the student is currently receiving.
  - B. Include behavior and/or academic successes or challenges.
  - C. Include information regarding the use and functioning of equipment such as hearing aids and/or FM systems.
  - D. Include medical information related to the student's hearing.
2. Complete the Assessment Plan form (D/M 66) and obtain the parent/guardian signature.
    - A. The person making the referral should check the box that corresponds to the type of assessment(s) requested. Most often the "other" box is checked followed by the statement, "Audiological assessment to be completed by SELPA contracted audiologist."
    - B. The parent/guardian should initial each applicable statement listed under the Parental Authorization section of form D/M 66.
    - C. LEAs are encouraged to have the assessment plans signed close to the date of their LEA audiology evaluation date and within the required 60-day assessment time frame.
  3. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency's name as the SELPA/DMOPS/Pacific Hearing Services. The disclosing agency will vary depending on whether it is a physician, medical center, or audiologist.

### **Referral Procedures**

Forward the following completed documents to the attention of the Area Director for Desert/Mountain Operations (DMOPS).

- D/M 108A Annual Request for Audiological Evaluations/Services form
- D/M 66 Assessment Plan form
- D/M 63 Authorization for Use and/or Disclosure of Information form (for the current school year)

### **Timeline for Assessment**

The audiological assessment must occur within 60 calendar days from the date the Assessment Plan was received by the LEA. When the signed Assessment Plan is received by the LEA, it should be date stamped or the date entered in the field at the bottom of the Assessment Plan (D/M 66).

An Audiology Assessment Calendar is published on an annual basis at the beginning of each school year. The calendar lists the scheduled assessment dates and referral due dates for each LEA within the SELPA that participates in the Audiological Program. The calendar can be found on the SELPA website at [www.dmselpa.org](http://www.dmselpa.org).

For students who require services outside of the regularly scheduled LEA visit, services may be coordinated between the SELPA and the LEA. Arrangements may be made for students to be served at the school site, at a nearby LEA, the Desert/Mountain Children's Center (DMCC) or at the service provider's office, whichever is available and appropriate. Please contact the CAHELP Chief Executive Officer at the SELPA for assistance.

### **Timeline for Services**

Upon completion of the audiological assessment, a written report will be sent to the Area Director for Desert/Mountain Operations (DMOPS). DMOPS will electronically send a copy of the cover letter and the report to the LEA director of special education and a copy to the director's secretary and LEA Coordinator for Audiology Services. DMOPS will upload a copy of the cover letter to the student's electronic file. A monthly meeting coordinated with the DHH Itinerant teachers, DMOPS, and the Audiologist will be held to review all the reports to assist LEAs in determining who may need further assessment and DHH services.

The LEA director of special education should reconvene the IEP team to review the findings and recommendations of the assessment, consider the educational impact, and determine whether audiological services are needed.

- If ongoing audiological follow-up is recommended, code 720 should be listed under the Special Education and Related Services section of the IEP form.
- If it is decided that classroom amplification equipment is needed a request for a proposal of the specific equipment should be made to the SELPA Coordinator for Audiology Services who requests a quote from Pacific Hearing Services.
- If a profound hearing loss has been found, the deaf disability code (020) should be listed under the Eligibility section of the IEP form.
- If a mild to severe hearing loss has been found, the hard of hearing disability code (030) should be listed under the Eligibility section of the IEP form.
- If the disability is due to a hearing loss, the Low Incidence Disability box on the IEP form should be checked.
- If the hearing loss is not the primary disability, it may be listed as the secondary disability.
- If recommended and agreed upon, classroom amplification equipment should also be noted under Assistive Technology on the IEP form (D/M 68E).
- If the student is to receive amplification equipment for the first time, goals should be included for mastering equipment utilization, care, and operation.

## Section 2: Assistive Technology/Low Incidence

### Assessment for Low Incidence Equipment (LIE)

Assistive Technology refers to a device or service that can be used as a tool by students with disabilities to achieve or maintain function.

The IDEA and California law require that Individualized Education Program (IEP) teams consider whether students need assistive technology devices or services when developing IEPs. Assistive Technology (AT) relates to the tools required to maintain, improve, or increase functional capabilities to bridge the gap between student's performance and the demands of the curriculum. AT devices and services are defined in the IDEA as:

- 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 functional capabilities of a child with a disability.
- Any service that directly assists a child with a disability in the selection, acquisition, or use of an AT device. This includes evaluation; providing for the acquisition of AT equipment; selecting, designing, interventions or services with AT devices; and training or technical assistance for the child, family, and other professionals who work with the child.

*Low incidence disability is defined in California Education Code § 56026.5 as a severe disabling condition with an expected incidence rate of less than one percent of the total statewide enrollment in kindergarten through grade 12. For purposes of this definition, severe disabling conditions are hearing impairments, vision impairments, and severe orthopedic impairments, or any combination thereof. For purposes of this definition, vision impairments do not include disabilities within the function of vision specified in Section 56338.*

#### **Pre-Referral**

##### *Local Education Agency (LEA) Responsibility*

- A. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for an Assistive Technology (AT) Assessment.
- B. Complete the Assistive Technology Assessment Referral form (D/M 127) and obtain the signatures of the person making the referral and the director of special education.
- C. Complete the Assessment Plan form (D/M 66) and obtain the parent/guardian signature.
  - The person making the referral should check the box that corresponds to the type of assessment(s) requested.
  - The parent/guardian should initial each applicable statement listed under the Parental Authorization section of form D/M 66.

- D. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency's name, if known. If not, leave the field blank.

### **Referral Procedures**

Forward the following completed documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- D/M 127 Assistive Technology Assessment Referral form
- D/M 66 Assessment Plan form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- IEP or IEP Addendum dated within one year of the referral for an Assistive Technology Assessment
- Psycho-educational evaluation dated within three years of the referral for an Assistive Technology Assessment
- Any additional supporting information

### **Timeline for Assessment**

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA will assign the assessment to an independent assessor who will coordinate the assessment through the contact person named on the referral form (D/M 127).

### **Timeline for Services**

Upon completion of the assessment, a report will be sent to the Director of Special Education by either the agency that conducted the assessment or the Program Manager for Resolution Support Services at the SELPA with a request to schedule an IEP meeting.

The Director of Special Education will reconvene the IEP team to review the report findings and recommendations of the assessment and determine whether or not AT services are warranted.

If the IEP team agrees that services are not needed, it will be documented in the IEP notes.

## **How to request Low Incidence Funding for Assistive Technology Recommended by Assessment**

- (1) For students with a documented low incidence disability for whom assistive technology, equipment is recommended after an assessment, use the following procedure for equipment requests other than mobile devices/applications:



- IEP team must note the need for the low incidence equipment on the student’s IEP, and link one or more of the student’s annual goals to the use of that specialized equipment.
  - Complete SELPA Low Incidence Pre-Approval/Reimbursement Request form (D/M 86A). [*NOTE: For Low Incidence Pre-Approval for Mobile Computing Device(s) and/or device applications, use form D/M 86B and follow instructions below.*] Director of Special Education must sign form D/M 86A before the packet is submitted to the SELPA.
  - Submit the completed form D/M 86A signed by the Director of Special Education with a copy of the current IEP documenting the student’s disability and goal for use of low incidence equipment to the Accounting Technician, SELPA Business Office.
- (2) For students with a documented low incidence disability for whom assistive technology equipment is recommended after an assessment, use the following procedure for requesting a mobile computing device and/or applications for the mobile computing device.

*NOTE: Mobile computing device refers to an iPad, Chromebook, Samsung Galaxy Tab, or other computing tablet, with or without an attached/detachable keyboard, that operates with mobile applications and features that are linked to/purchased through an account to which the device is registered, and that are updated through the account (i.e. Apple Store, Google Play Store, Galaxy Store, etc.), rather than traditional hardware operating system built into a desktop or laptop computing system.*

- Complete SELPA Low Incidence Pre-Approval Request for Mobile Computing Device (Form D/M 86B). Director of Special Education must sign form D/M 86B before the packet is submitted. The SELPA or the LEA will be responsible for purchasing the mobile computing device and educational device applications that meet criteria as educationally appropriate to the child’s functional level. The SELPA will assign the low incidence equipment/ID number, download approved device applications, and coordinate delivery and release of the equipment to the LEA/Student. When the LEA purchases the equipment, this will be indicated on the LIE pre-approval referral form. *NOTE: Entertainment/game applications will not be permitted.*

*For protective covers or screen protectors (i.e. Otter Box, Survivor Case, LifeProof, etc.), removable or wireless keyboards/mice, tablet stands, carry cases or other physical accessories for the Mobile Computing Device, use form D/M 86A and submit both forms together. The LEA will purchase and seek reimbursement for accessory items listed on the D/M 86A after approval by SELPA.*

## **Assessment for Non-Low Incidence Equipment**

### **Pre-Referral**

#### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to document the team’s decision to refer the student for an Assistive Technology (AT) Assessment.

2. Complete the Assistive Technology Assessment Referral form (D/M 127) and obtain the signatures of the person making the referral and the director of special education.
3. Complete the Assessment Plan form (D/M 66) and obtain the parent/guardian signature.
4. The person making the referral should check the box that corresponds to the type of assessment(s) requested. Write Assistive Technology Assessment on the line for “other.”
5. The parent/guardian should initial each applicable statement listed under the Parental Authorization section of form D/M 66.
6. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency’s name, if known. If not, leave the field blank.

### **Referral Procedures**

Forward the following completed documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- D/M 127 Assistive Technology Assessment Referral form
- D/M 66 Assessment Plan form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- IEP or IEP Addendum dated within one year of the referral for an Assistive Technology Assessment
- Psycho-educational evaluation dated within three years of the referral for an Assistive Technology Assessment
- Any additional supporting information

### **Timeline for Assessment**

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA will determine whether to conduct the assessment using a multi-disciplinary team approach or assign the assessment to an independent assessor who will coordinate the assessment through the contact person named on the referral form (D/M 127). All assessments must be completed within 60 days.

### **Timeline for Services**

Upon completion of the assessment, a report will be sent to the director of special education by either the consultant or agency that conducted the assessment or the Assistive Technology Program Specialist at the SELPA with a request to schedule an IEP meeting.

The director of special education will reconvene the IEP team to review the report findings and recommendations of the assessment and determine whether or not AT services or devices/equipment are warranted.

If the IEP team agrees that services are not needed, it will be documented in the IEP notes or under the IEP Consideration of Special Factors form (D/M 68E page 2) and/or in the Supplementary Aids and Supports form (D/M 68E page 1).

## **Section 3: Behavioral Health Counseling**

### **SATS**

#### **School-Aged Treatment Services (Ages 7 – 21 or Grades 1-12)**

The Desert/Mountain Children’s Center (DMCC) provides individual, group, and family counseling services for children and youth ages seven to 22. The DMCC accepts Medi-Cal, IEHP, TriCare, Pacific Care, Molina, and cash on a sliding scale for services provided. The goal of the DMCC is to assist clients in developing skills to reach their full potential. Referrals may be made through the child’s school, parents, physicians, and/or guardians. The DMCC provides School-Aged Treatment Services (SATS) medication support and management upon referral from the treating therapist to the DMCC medical doctor. SATS are primarily provided at each child’s school, but are also offered in the home, clinic, and community as needed. The DMCC also provides Screening, Assessment, Referral, and Treatment (SART) for children birth to six years old as well as Therapeutic Behavioral Services (TBS), and/or Children’s Intensive Services (CIS). For more information, please contact the DMCC.

#### **Pre-Referral**

##### *Local Education Agency (LEA) Responsibility*

Complete the Referral for Behavioral Health Services form (DMCC 100A) with as much detail as possible and obtain the signatures of the parent/guardian and the school administrator.

#### **Referral Procedures**

Forward the completed Referral for Behavioral Health Services form (DMCC 100A) to the attention of the Director of the DMCC.

#### **Timeline for Assessment**

Upon receipt of the completed Referral for Behavioral Health Services form (DMCC 100A), the DMCC will contact the parent/guardian by letter (up to three times) to schedule the assessment intake meeting. An intervention specialist or behavioral health counselor will be assigned to conduct the assessment. If no response from the parent/guardian is received by the third letter, the referral will be closed.

## **Timeline for Services**

- If services are not deemed appropriate, the referral will be closed.
- If services are deemed appropriate, a clinician will be assigned and services will begin.

The DMCC provides a monthly report to the directors of special education. The report includes a list of students who are currently served by the DMCC as well as an update for each referral that is in process.

# **SART**

## **Screening Assessment Referral and Treatment (Ages 0 - 6)**

The Screening Assessment Referral and Treatment (SART) program utilizes a team of highly qualified professionals to screen, assess, refer, and treat a child. San Bernardino County has collaboratively developed a program designed for children birth to six years of age who may have been prenatally exposed to drugs, alcohol, and/or violence. The SART program also addresses concerns with children experiencing behavior problems and difficulties maintaining appropriate behaviors in pre-school settings and the child's home. The SART program offers a comprehensive screening process, assessment, and appropriate referrals to excellent treatment to improve overall functioning of the child. The Desert/Mountain Children's Center (DMCC) provides medication support and management upon referral from the treating therapist to the DMCC medical doctor.

### **Pre-Referral**

#### *Local Education Agency (LEA) Responsibility*

Complete the SART Referral for Behavioral Health Services form (DMCC 100B) with as much information as possible and obtain the signatures of the parent/guardian and the school administrator.

### **Referral Procedures**

Forward the completed SART Referral for Behavioral Health Services form (DMCC 100B) to the attention of the Director of the DMCC.

### **Timeline for Assessment**

Upon receipt of the completed SART Referral for Behavioral Health Services form (DMCC 100B), the DMCC will contact the parent/guardian by letter and send the Ages and Stages Questionnaire: Social Emotional in order to gather more information regarding the parent/guardian's concerns. A DMCC Clinical Nurse will be assigned to contact the parent/guardian and provide case management throughout the assessment process.

## **Timeline for Services**

- If services are not deemed appropriate, the referral will be closed.
- If services are deemed appropriate, a clinician will be assigned and services will begin.
- The DMCC provides a monthly report to the directors of special education. The report includes a list of students who are currently served by the DMCC as well as an update for each referral that is in process.

# **SAP**

## **Student Assistance Program**

The Desert/Mountain Children's Center (DMCC) Student Assistance Program (SAP) serves students, their families, and the school community. Students who are dealing with non-academic barriers to learning are the primary target for SAP services. Students are referred by staff, parents, or concerned others to the program. Students may also self-refer.

The purpose of SAP is to:

- To reduce the risk factors, barriers, and stressors of kids, youth, and their families.
- To provide appropriate strategies, interventions, and activities to school staff and families that increase their knowledge of social, emotional, and behavioral issues.
- To increase student awareness of the issues they face daily, including the social emotional choices that impact their lives.
- To build protective supports for students and their families that include significant connections to others, training, and education.

## **Pre-Referral**

### *Local Education Agency (LEA) Responsibility*

Complete the Referral for Behavioral Health Services form (DMCC 100A) with as much detail as possible and obtain the signatures of the parent/guardian and the school administrator.

## **Referral Procedures**

Forward the completed Referral for Behavioral Health Services form (DMCC 100A) to the attention of the Director of the DMCC.

### **Timeline for Assessment**

Upon receipt of the completed Referral for Behavioral Health Services form (DMCC 100A), the DMCC will contact the parent/guardian by letter (up to three times) to schedule the assessment intake meeting. An intervention specialist or behavioral health counselor will be assigned to conduct the assessment. If no response from the parent/guardian is received by the third letter, the referral will be closed.

### **Timeline for Services**

- If services are not deemed appropriate, the referral will be closed.
- If services are deemed appropriate, a clinician will be assigned and services will begin.
- The DMCC provides a monthly report to the directors of special education. The report includes a list of students who are currently served by the DMCC as well as an update for each referral that is in process.

## **Section 4: Nonpublic Agency Behavioral Intervention**

### **Behavioral Intervention Assessment Only**

#### **Pre-Referral**

##### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for a behavioral intervention assessment.
2. Complete the Assessment Plan form (D/M 66) and mark the appropriate boxes that correspond to observations/interviews, review of any recent assessment and "other" indicating "Functional Behavioral Assessment."
3. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) upon receipt of the signed Assessment Plan form (D/M 66), and obtain the parent/guardian signature. Specify the agency's name, if known. If not, leave the field blank.
4. The parent/guardian should initial each applicable statement listed under the Parental Authorization section of form D/M 66.
5. It is important to remind the parent/guardian to return forms D/M 66 and D/M 63 to the LEA on the date that it is signed or as soon as possible thereafter.
6. When the signed Assessment Plan is received by the LEA, it should be date stamped or return date written at the bottom of form D/M 66.

7. The LEA identifies the Nonpublic Agency (NPA) assessor to complete the assessment within the 60-day timeline.

### **Referral Procedures**

Forward the following completed and signed documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

Cover letter requesting a Functional Behavioral Assessment (FBA) (Note: the director and the NPA determine the maximum number of hours needed to conduct assessment). Please indicate which NPA the LEA is selecting to complete the FBA.

- D/M 66 Assessment Plan form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- IEP or IEP Addendum dated within one year referring the student for a behavioral intervention assessment
- Psycho-educational evaluation dated within three years of the referral for a behavioral intervention assessment
- Other assessments (private evaluations, Occupational Therapy (OT), Physical Therapy (PT), etc.)
- Behavior plans (original and revised versions)
- Incident reports
- Discipline reports/log

### **Timeline for Assessment**

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA will develop an Individual Service Agreement (ISA) for the NPA to conduct the assessment. The ISA will be circulated for required signatures by the SELPA and the NPA provider.

Upon receipt of the signed ISA, the SELPA will forward the referral packet to the appropriate NPA to conduct the assessment. The assessment must occur within 60 calendar days from the date the Assessment Plan was received by the LEA.

Upon completion of the assessment, the NPA will send the written report to the director of special education for the LEA and the Program Manager for Resolution Support Services at the SELPA.

The director of special education will reconvene the IEP team to review the report findings and recommendations of the assessment and determine whether or not behavioral intervention supports/services are warranted. The IEP meeting will be scheduled within the 60-day timeline.

If the IEP team agrees that services are not needed, it will be documented in the IEP notes.

## **Timeline for Services**

If the IEP team agrees that services are appropriate, the goals and services will be listed on an Addendum to the IEP including the service code number 535 for behavioral intervention services and/or supervision, the class number for each service, provider code for the NPA (400), projected start date, duration, and frequency. The Addendum should be forwarded to the Program Manager for Resolution Support Services at the SELPA.

Within five business days of receipt of the Addendum to the IEP, the Program Manager for Resolution Support Services at the SELPA will develop an ISA and forward it to the appropriate NPA for signature who will then initiate services.

# **Behavioral Intervention Supports Only**

## **Pre-Referral**

### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for behavioral intervention supports.
2. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency's name, if known. If not, leave the field blank.

## **Referral Procedures**

Forward the following completed documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- Cover letter requesting the addition of Nonpublic Agency (NPA) behavioral intervention supports and the name of the selected NPA
- D/M 63 Authorization for Use and/or Disclosure of Information form
- IEP or IEP Addendum dated within one year referring the student for behavioral intervention supports that includes the NPA on the service line with a start date
- Psycho-educational evaluation dated within three years of the referral for behavioral intervention supports
- Other assessments (private evaluations)
- Behavior plans (original and revised versions)
- Incident reports
- Discipline reports/log



### **Timeline for Assessment**

An assessment is not required.

### **Timeline for Services**

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA will develop an Individual Service Agreement (ISA) for the NPA to begin services. The ISA will be forwarded to the appropriate NPA for signature.

Upon receipt of the signed ISA, the SELPA will forward the referral packet to the appropriate NPA to initiate services. The NPA will not begin services until the agency has a signed ISA for the student.

## **Behavioral Intervention Assessment & Supports**

### **Pre-Referral**

#### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for a behavioral intervention assessment.
2. Complete the Assessment Plan form (D/M 66) and mark the appropriate boxes that correspond to observations/interviews, review of any recent assessment and "other" indicating "Functional Behavioral Assessment."
3. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) upon receipt of the signed Assessment Plan form (D/M 66), and obtain the parent/guardian signature. Specify the agency's name, if known. If not, leave the field blank.
4. The parent/guardian should initial each applicable statement listed under the Parental Authorization section of form D/M 63.
5. It is important to remind the parent/guardian to return forms D/M 66 and D/M 63 to the LEA on the date that it is signed or as soon as possible thereafter.
6. When the signed Assessment Plan is received by the LEA, it should be date stamped or return date written at the bottom of form D/M 66.
7. The LEA identifies the Nonpublic Agency (NPA) assessor to complete the assessment within the 60-day timeline.

## **Referral Procedures**

Forward the following completed and signed documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- Cover letter requesting a Functional Behavioral Assessment (FBA) (Note: the director and the NPA determine the maximum number of hours needed to conduct assessment). Please indicate which NPA the LEA is selecting to complete the FBA.
- D/M 66 Assessment Plan form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- IEP or IEP Addendum dated within one year referring the student for a behavioral intervention assessment and behavioral intervention supports
- Psycho-educational evaluation dated within three years of the referral for a behavioral intervention assessment and behavioral intervention supports
- Other assessments (private evaluations, Occupational Therapy (OT), Physical Therapy (PT), etc.)
- Incident reports
- Discipline reports

## **Timeline for Assessment**

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA will develop an Individual Service Agreement (ISA) for the NPA to conduct the assessment. The SELPA will forward the ISA to the appropriate NPA for signature.

Upon receipt of the signed ISA, the SELPA will forward the referral packet to the appropriate NPA to conduct the assessment. The assessment must occur within 60 calendar days from the date the Assessment Plan was received by the LEA.

## **Timeline for Services**

Upon completion of the assessment, a report will be sent to the director of special education by either the NPA that conducted the assessment or the Program Manager for Resolution Support Services at the SELPA with a request to schedule an IEP meeting.

The director of special education will reconvene the IEP team to review the report findings and recommendations of the assessment and determine whether or not behavioral intervention supports services are warranted.

If the IEP team agrees that services are not needed, it will be documented in the IEP notes.

If the IEP team agrees that services are appropriate, the services should be listed on an Addendum to the IEP including the NPA, projected start date, duration, and frequency. The Addendum should be forwarded to the Program Manager for Resolution Support Services at the SELPA.

Within five business days of receipt of the Addendum to the IEP, the Program Manager for Resolution Support Services at the SELPA will develop an ISA and forward it to the appropriate NPA for signature who will then determine initiation of services.

## **Section 5: Nonpublic School**

### **Initial Referral**

Nonpublic schools (NPS) provide educational settings and services to students who meet the eligibility criteria for special education and are experiencing behavior difficulties that are too significant to be accommodated within a public-school environment.

#### **Pre-Referral**

##### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for a change of placement to an NPS setting.
2. Complete the Nonpublic School Placement Referral form (D/M 134) and obtain the signatures of the person making the referral and the director of special education. Specify the team's preference for a specific NPS, if applicable.

#### **Referral Procedures**

Forward the following completed documents to the attention of the Nonpublic School Coordinator at the SELPA.

- D/M 134 Nonpublic School Placement Referral form
- IEP or IEP Addendum dated within one year of the referral for NPS placement (Annual and Triennial IEP needs to be current)
- Psycho-educational evaluation dated within three years of the referral for NPS placement
- If the last triennial was completed with a Triennial Assessment Determination form (D/M 119), include the last full psycho-educational report
- Any additional information

## **Timeline for Services**

Within ten (10) business days of receipt of the completed referral packet, the Nonpublic School Coordinator at the SELPA will review the packet for completion and forward it to the LEA's NPS of choice.

The NPS will contact the parent and placement will be made within 10 business days.

The NPS will work directly with the LEA to schedule an IEP within 30 days of the student's placement at the school. The placement should be listed on an IEP or IEP Addendum including the NPS, start date, duration, and frequency. The IEP or IEP Addendum should be forwarded to the Nonpublic School Coordinator at the SELPA.

Within five business days of receipt of the Addendum to the IEP, the Nonpublic School Coordinator at the SELPA will develop a Master Contract with the NPS if one does not currently exist and an Individual Service Agreement (ISA). The ISA will be forwarded to the appropriate NPS for signature. The SELPA will enter the NPS placement into the SELPA Management Information System (MIS) database.

# **Transfer Referral**

## **Pre-Referral**

### *Local Education Agency (LEA) Responsibility*

1. Complete the Transfer into LEA form (D/M 52) and obtain the parent/guardian signature.
2. Complete the Nonpublic School Placement Referral form (D/M 134) and obtain the signatures of the person making the referral and the director of special education. Specify the team's preference for a specific Nonpublic School (NPS), if applicable.
3. Juvenile Hall/Nonpublic School Students - If the student's last placement was a local NPS prior to being moved to a juvenile detention center, only complete form D/M 134 upon the student's return to the LEA in lieu of preparing a new transfer packet.

## **Referral Procedures**

Forward the following completed documents to the attention of the Nonpublic School Coordinator at the SELPA.

- D/M 52 Transfer into LEA form
- D/M 134 Nonpublic School Placement Referral form
- IEP or IEP Addendum dated within one year of the transfer referral for NPS placement that documents the previous NPS placement

- Psycho-educational evaluation dated within three years of the transfer referral for NPS placement
- If the last triennial was completed with a Triennial Assessment Determination form (D/M 119), include the last full psycho-educational report
- Any additional information

### **Timeline for Services**

Within 10 business days of receipt of the completed referral packet, the Nonpublic School Coordinator at the SELPA will review the packet for completion and forward it to the LEA's NPS of choice. The NPS will contact the parent and placement will be made within 10 business days.

The NPS will work directly with the LEA to schedule an IEP within 30 days of the student's placement at the school. The placement should be listed on an IEP or IEP Addendum including the NPS, start date, duration, and frequency. The IEP or IEP Addendum should be forwarded to the Nonpublic School Coordinator at the SELPA.

Within five business days of receipt of the Addendum to the IEP, the Nonpublic School Coordinator at the SELPA will develop a Master Contract with the NPS if one does not currently exist and an Individual Service Agreement (ISA). The ISA will be forwarded to the appropriate NPS for signature. The SELPA will enter the NPS placement into the SELPA Management Information System (MIS) database.

## **Section 6: Occupational Therapy (OT)**

### **Initial Referral**

School-based occupational therapy (OT) supports the student's ability to gain access to and make progress in the school curriculum. OT supports a child's engagement and participation in daily occupations, which includes activities in daily living, education, prevocational work, work, play, rest, leisure, and social participation. OT works on mediation (improving sensory and motor foundations of learning and behavior) to help the child succeed in school.

#### **Pre-Referral**

##### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for an OT assessment.
2. Complete the Occupational Therapy Referral form (D/M 120) and obtain the signatures of the person making the referral and the director of special education.
3. Complete the Assessment Plan form (D/M 66) and obtain the parent/guardian signature.

- a. The person making the referral should check the box that corresponds to the type of assessment(s) requested.
  - b. The parent/guardian should initial each applicable statement listed under the Parental Authorization section of form D/M 66.
  - c. It is important that the parent/guardian return the form to the LEA on the date that it is signed or as soon as possible thereafter. When the signed Assessment Plan is received by the LEA, it should be date stamped.
4. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency's name if known. If not, leave the field blank.

### **Referral Procedures**

Forward the following completed documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- D/M 120A Occupational Therapy Referral form
- D/M 66 Assessment Plan form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- IEP or IEP Addendum dated within one year of the referral for occupational therapy
- Psycho-educational evaluation dated within three years of the referral for occupational therapy
- Any additional supporting information

### **Timeline for Assessment**

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA, will forward it to a SELPA occupational therapist.

The assessment must occur within 60 calendar days from the date the Assessment Plan was received by the LEA.

### **Timeline for Services**

Upon completion of the OT assessment, a report will be sent to the Director of Special Education by either the occupational therapist that conducted the assessment or the Program Manager for Resolution Support Services at the SELPA with a request to schedule an IEP meeting.

The director of special education will reconvene the IEP team to determine whether or not services are warranted.

If the IEP team agrees that services are not needed, it will be documented in the IEP notes.

If the IEP team agrees that services are appropriate, the services should be listed on an Addendum to the IEP including the projected start date, duration, and frequency. The Addendum should be forwarded to the Program Manager for Resolution Support Services at the SELPA.

Within five business days of receipt of the Addendum to the IEP, the Program Manager for Resolution Support Services at the SELPA will develop an Individual Service Agreement (ISA) for signature and forward it to the occupational therapist or the appropriate Nonpublic Agency (NPA) for signature who will then assign a therapist and determine initiation of services. The SELPA will enter the OT services into the SELPA Management Information System (MIS) database.

## **Transfer Referral**

### **Pre-Referral**

#### *Local Education Agency (LEA) Responsibility*

1. Complete the Transfer into LEA form (D/M 52) and obtain the parent/guardian signature.
2. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency's name if known. If not, leave the field blank.
3. Complete the Occupational Therapy Referral form (D/M 120A) and obtain the signatures of the person making the referral and the director of special education.

### **Referral Procedures**

Forward the following completed documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- D/M 52 Transfer into LEA form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- D/M 120A Occupational Therapy Referral form
- Current occupational therapy report, if available, that specifies the occupational therapy services the student was receiving and the occupational therapy goals
- IEP or IEP Addendum dated within one year of the transfer referral for occupational therapy that lists occupational therapy services and goals
- Psycho-educational evaluation dated within three years of the transfer referral for occupational therapy

### **Timeline for Assessment**

An assessment is not required for transfer referrals. Assessments are completed at three-year intervals (from the date that the services originally began) unless there are extenuating circumstances that dictate otherwise.

### **Timeline for Services**

Within five business days of receipt of the transfer referral packet, the Program Manager for Resolution Support Services at the SELPA will develop an Individual Service Agreement (ISA) for signature and forward it to the occupational therapist or the appropriate Nonpublic Agency (NPA) for signature who will then assign a therapist and determine initiation of services. The SELPA will enter the OT services into the SELPA Management Information System (MIS) database.

## **Section 7: Physical Therapy (PT)**

### **Initial Referral**

School-based physical therapy (PT) supports the student's ability to gain access to and make progress in the school curriculum. It corrects, facilitates, or adapts to the student's functional performance in motor control and coordination, posture and balance, functional mobility, accessibility, and the use of assistive devices. PT works on compensation (i.e. modifying the environment, tools, or task) to help the child succeed in school.

#### **Pre-Referral**

##### Local Education Agency (LEA) Responsibility

1. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for a PT assessment.
2. Complete the Physical Therapy Referral form (D/M 120B) and obtain the signatures of the person making the referral and the Director of Special Education.
3. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency as the SELPA.
4. Complete the Assessment Plan form (D/M 66) and obtain the parent/guardian signature.
  - a. The person making the referral should check the box that corresponds to the type of assessment(s) requested.
  - b. The parent/guardian should initial each applicable statement listed under the Parental Authorization section form D/M 66.



- c. It is important that the parent/guardian return the form to the LEA on the date that it is signed or as soon as possible thereafter. When the signed Assessment Plan is received by the LEA, it should be date stamped.

### **Referral Procedures**

Forward the following documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- D/M 120B Physical Therapy Referral form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- D/M 66 Assessment Plan form
- IEP or IEP Addendum dated within one year of the referral for physical therapy
- Psycho-educational evaluation dated within three years of the referral for physical therapy

### **Timeline for Assessment**

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA, will review the packet for completion and forward it to the appropriate physical therapist.

The assessment must occur within 60 calendar days from the date the Assessment Plan was received by the LEA.

### **Timeline for Services**

Upon completion of the PT assessment, a report will be sent to the director of special education by the physical therapist or the Program Manager for Resolution Support Services at the SELPA with a request to schedule an IEP meeting.

The Director of Special education will reconvene the IEP team to determine whether or not PT services are warranted.

If the IEP team agrees that services are not needed, it will be documented in the IEP notes.

If the IEP team agrees that services are appropriate, the service should be listed on an Addendum to the IEP including the projected start date, duration, and frequency. The Addendum should be forwarded to the Program Manager for Resolution Support Services at the SELPA.

Within five (5) business days of receipt of the Addendum to the IEP, the Program Manager for Resolution Support Services at the SELPA will assign a physical therapist and determine initiation of services. The SELPA will enter the PT services into the SELPA Management Information System (MIS) database.

# Transfer Referral

## Pre-Referral

### *Local Education Agency (LEA) Responsibility*

1. Complete the Transfer into LEA form (D/M 52) and obtain the parent/guardian signature.
2. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency as the SELPA.
3. Complete the Physical Therapy Referral form (D/M 120B) and obtain the signatures of the person making the referral and the director of special education.

## Referral Procedures

Forward the following documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- D/M 52 Transfer into LEA form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- D/M 120B Physical Therapy Referral form
- Current physical therapy report, if available, that specifies the physical therapy services the student was receiving and the physical therapy goals
- IEP or IEP Addendum dated within one year of the transfer referral for physical therapy that lists physical therapy services and goals
- Psycho-educational evaluation dated within three years of the transfer referral for physical therapy

## Timeline for Assessment

An assessment is not required for transfer referrals. Assessments are completed at three-year intervals (from the date that the services originally began) unless there are extenuating circumstances that dictate otherwise.

## Timeline for Services

PT services for the student will begin immediately upon receipt of the physical therapy transfer referral packet by the SELPA physical therapist. The SELPA will enter the PT services into the SELPA Management Information System (MIS) database.

## **Section 8: Residential Placement**

### **Initial Referral**

#### **Pre-Referral**

##### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to confirm the student is eligible for special education services and determine a need for a referral for mental health evaluation.
2. Refer the student to the Desert/Mountain Children's Center (DMCC) for a mental health evaluation to determine eligibility for residential placement. IEP attendees must include the SELPA Nonpublic School Coordinator and a DMCC representative.
3. If the student does not meet the baseline criteria for residential placement, the referral process ends.
4. If the IEP team determines that the referral is appropriate, the referral process continues.
5. Complete the Residential Placement Assessment Referral form (D/M 151).
6. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency as the Desert/Mountain Children's Center (DMCC).

#### **Referral Procedures**

Forward the following completed documents to the attention of the Nonpublic School Coordinator at the SELPA.

- D/M 63 Authorization for Use and/or Disclosure of Information form
- D/M 151 Residential Placement Assessment Referral form
- IEP or IEP Addendum dated within one year referring the student for an assessment for residential eligibility
- Most current complete annual or triennial IEP
- Psycho-educational evaluation dated within three years from the time the student was identified as eligible for special education and related services
- Any additional information in support of the referral

## **Timeline for Assessment**

Upon receipt of the completed referral:

- The Nonpublic School Coordinator at the SELPA will forward the referral to the DMCC for processing.
- The DMCC will send out an Assessment Plan (D/M 66) to the parent/guardian for consent for assessment.
- Upon receipt of the signed Assessment Plan (D/M 66), the 60-day assessment timeline begins.
- The DMCC will conduct the assessment.
- The DMCC will contact the Nonpublic School Coordinator at the SELPA when the assessment is complete to schedule an IEP.

## **Timeline for Services**

Upon completion of the residential assessment, the Nonpublic School Coordinator at the SELPA will coordinate an IEP team meeting to determine eligibility for residential placement services.

If the IEP team agrees that the student is eligible for and requires residential placement as the least restrictive environment, the DMCC will forward residential placement packets to potential residential treatment centers (RTCs). Upon receipt of responses from the residential facilities, the results will be shared with the student's parent/guardian and a facility will be selected. The student will be enrolled at the selected RTC as soon as possible. Transportation of the student to the RTC is based on the LEA of residence's reimbursement policy.

After the student is placed at the RTC, the LEA of residence will schedule a transfer IEP meeting within 30 days to document the new placement. The placement should be listed on an IEP document, including the NPS, residential placement, start date, duration, and frequency of each service to be provided.

Within five business days of receipt of the Addendum to the IEP, the Nonpublic School Coordinator at the SELPA will develop an Individual Service Agreement (ISA) with the NPS and RTC. If a Master Contract does not exist, one will be developed and an ISA. The SELPA will enter the NPS and RTC placement into the SELPA Management Information System (MIS) database.

## **Transfer Referral**

The local education agency that placed the student at the beginning of the fiscal year is responsible for funding the residential placement for the remainder of the school year, including extended school year (ESY). *EC 56325(c)*

## **Pre-Referral**

### *Local Education Agency (LEA) Responsibility*

1. Complete the Transfer into LEA form (D/M 52) and obtain the parent/guardian signature.
2. Confirm the student's current residential placement and educational services through a review of current Individualized Education Program (IEP).
3. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency as the Desert/Mountain Children's Center (DMCC).

## **Referral Procedures**

Upon confirmation of prior placement, forward the following completed documents to the attention of the Nonpublic School Coordinator at the SELPA.

- D/M 52 Transfer into LEA form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- IEP or IEP Addendum dated within one year that documents the previous residential placement
- Psycho-educational evaluation dated within three years of the referral for residential placement
- Any additional information in support of the referral

## **Timeline for Services**

The new LEA of residence will schedule an IEP team meeting within 30 days of the transfer to document the new placement. The placement should be listed on an IEP or IEP Addendum including the NPS, residential placement, start date, duration, and frequency. The IEP or IEP Addendum should be forwarded to the Nonpublic School Coordinator at the SELPA.

# **Section 9: Special Health Care Services**

## **Initial Referral**

Special health care services are available for students who have special health care needs.

## **Pre-Referral**

### *Local Education Agency (LEA) Responsibility*

1. Convene an Individualized Education Program (IEP) meeting to document the team's decision to refer the student for special health care services.
2. Complete the Special Health Care Services Referral form (D/M 148) and obtain the signatures of the person making the referral and the director of special education.
3. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency's name, if known. If not, leave the field blank.

### **Referral Procedures**

Forward the following documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- D/M 148 Special Health Care Services Referral form
  - D/M 63 Authorization for Use and/or Disclosure of Information form
  - IEP or IEP Addendum dated within one year of the referral for special health care services
  - Psycho-educational evaluation dated within three years of the referral for special health care services
  - **Current Summary of Treatment Plan**
    - Must be signed by physician and parent/guardian
    - Must include diagnosis
    - Must specify special health care need required
    - Must specify medication type and dosage
    - Must specify administration instructions
- Any additional supporting information

### **Timeline for Services**

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA will develop an Individual Service Agreement (ISA) and forward it to the appropriate Nonpublic Agency (NPA) for signature.

Upon receipt of the signed ISA, the SELPA will forward the referral packet to the appropriate NPA. The agency will contact the person who signed the referral to coordinate and begin services. The SELPA will enter the services into the SELPA Management Information System (MIS) database.

# Transfer Referral

## Pre-Referral

### *Local Education Agency (LEA) Responsibility*

1. Complete the Transfer into LEA form (D/M 52) and obtain the parent/guardian signature.
2. Complete the Authorization for Use and/or Disclosure of Information form (D/M 63) and obtain the parent/guardian signature. Specify the receiving agency's name, if known. If not, leave the field blank.
3. Complete the Special Health Care Services Referral form (D/M 148) and obtain the signatures of the person making the referral and the director of special education.

## Referral Procedures

Forward the following documents to the attention of the Program Manager for Resolution Support Services at the SELPA.

- D/M 52 Transfer into LEA form
- D/M 63 Authorization for Use and/or Disclosure of Information form
- D/M 148 Special Health Care Services Referral form
- Current Summary of Treatment Plan if available, that specifies the special health care services the student was receiving
- IEP or IEP Addendum dated within one year of the referral for special health care services that lists the special health care services the student was receiving
- Psycho-educational evaluation dated within three years of the referral for special health care services

## Timeline for Services

Within five business days of receipt of the completed referral packet, the Program Manager for Resolution Support Services at the SELPA will develop an Individual Service Agreement (ISA) and forward it to the appropriate Nonpublic Agency (NPA) for signature.

Upon receipt of the signed ISA, the SELPA will forward the transfer referral packet to the appropriate NPA. The agency will contact the person who signed the referral to coordinate and begin services. The SELPA will enter the services into the SELPA Management Information System (MIS) database.

***Terms and acronyms used in this handbook:***

<b><u>Terminology</u></b>	<b><u>Acronym</u></b>
Assistive Technology	AT
Behavioral Health Counseling	BHC
Desert/Mountain Children’s Center	DMCC
Individual Services Agreement	ISA
Local Education Agency	LEA
Low Incidence Equipment	LIE
Management Information System	MIS
Nonpublic Agency	NPA
Nonpublic School	NPS
Occupational Therapy	OT
Physical Therapy	PT
Residential Treatment Center	RTC
Student Assistance Program	SAP
School-Aged Treatment Services	SATS
Screening Assessment Referral and Treatment	SART
Special Education Local Plan Area	SELPA

***SELPA forms referenced in this handbook:***

<b><u>Form Number</u></b>	<b><u>Form Name</u></b>
D/M 52	Transfer into District
D/M 63	Authorization for Use and/or Disclosure of Information
D/M 66	Assessment Plan
D/M 68A-68P	IEP Forms
D/M 86A	Low Incidence Pre-Approval/Reimbursement
D/M 108	Initial Request for Audiological Evaluations/Services
D/M 108A	Annual Request for Audiological Evaluations/Services
D/M 119	Triennial Assessment Determination Form
D/M 120A	Occupational Therapy Referral
D/M 120B	Physical Therapy Referral
D/M 127	Assistive Technology Assessment Referral
D/M 134	Nonpublic School Placement Referral
D/M 148	Special Health Care Services Referral
D/M 151	Residential Placement Assessment Referral
DMCC 100A	Referral for Behavioral Health Services
DMCC 100B	SART Referral for Behavioral Health Services