

UNDERSTANDING

ARIZONA'S EDUCATION SYSTEM



Arizona Department of Health Services
Division of Behavioral Health Services

10/31/2011



This instructional guide was developed by the Arizona Department of Health Services/ Division of Behavioral Health Services (ADHS/DBHS) in collaboration with the Arizona Department of Education (ADE). Under the auspices of the Arizona Children’s Executive Committee (ACEC), the Training Subcommittee was tasked with developing a systematic process to ensure that Child and Family Teams (CFTs) were collaborating with education for children with behavioral health needs in a meaningful way, statewide. As a result, the ACEC Training Subcommittee designed this manual for the purpose of educating the behavioral health system about educational processes and the role of educators on CFTs.

The information contained in this instructional guide is accurate as of the publication date of 10/31/2011. Due to changing policies and legislation, persons using this guide are encouraged to check that information is still current through posted resources.



ADHS/DBHS is grateful to the many individuals from behavioral health, education, child welfare, and family organizations who contributed to the development of this quality manual. Special recognition is given to the following individuals for their ongoing commitment to this work.

CONTRIBUTORS

ACEC Training Subcommittee Facilitator

Kim R. Skrentny, M.S.W., L.C.S.W.
ADHS/DBHS

ACEC Training Subcommittee Members

Julie Binter

Administrative Office of the Courts
Dependent Children’s Services Division

Roberta Brown

Arizona Department of Education
Exceptional Student Services (ESS)

Mónica Cortez, M.S., B.H.T.

People of Color Network

Joe Dellamarggio, M.A., C.A.G.S.

Paradise Valley Unified School District

Eric Edge, B.S. Ed.

Arizona Department of Education
Exceptional Student Services

Mark Ewy

Department of Economic Security
Division of Children, Youth and Families

Daniel Farrell, M.S., C.A.G.S.

Peoria Unified School District

Bob Glass, Ph.D.

formerly with Mesa Public School District

Mike Linehan, M.A., M.Ed., N.C.S.P.

Peoria Unified School District

Victor Machiche

Arizona Supreme Court
Court Improvement Program

Julie Mack, B. A.

Community Partnership of Southern Arizona

Jennifer Perelli, M.C., L.A.C.

Magellan Health Services

Barbra Ross

Arizona Department of Education
ESS/ Parent Information Network

Yvette Tucker, M.A. Ed.

Cenpatico Behavioral Health of Arizona

Randy Webb, M.A., M.C., L.P.C., L.M.H.C.

Magellan Health Services

Acknowledgement to **Evan Engle** for graphic design contribution.

Navigating the School System

Sections	Titles	Pages
1.1	Education System's Structure	5-6
1.2	Organizational Structure and Culture of Schools	7-8
1.3	Federal and State Requirements	9-22
1.4	Education's Goals and Functions	23
1.5	Language, Terms and Acronyms used by the Education system	24
1.6	Enrollment Process	25-26
1.7	Intervention Strategies	27-29
1.8	Discipline Process for Children in School	30-34
1.9	Transition Points for Children in School	35-45

Facilitating School Involvement in Child and Family Team Practice

Sections	Titles	Pages
2.1	Engagement of School Personnel:	46-53
	Benefits	46-48
	Roles and Expectations	48-50
	Barriers, Solutions and Creative Strategies	50-53

Joint Planning between School and Behavioral Health

Sections	Titles	Pages
3.1	Collaborative Efforts around Specialty meetings, Technical Assistance and other Collaborations	54-60
3.2	Special Considerations for Joint Planning	61-64
3.3	Resources	65-68

Addenda

Sections	Titles	Pages
A	Disability Classifications in Arizona	69-72
B	Surrogate Parents	73-74
C	Special Education Acronyms	75-77
D	Glossary of Special Education Terms	78-86

Note: This document contains links to web sites with information created and maintained by other public and private organizations and is provided for the user's convenience. ADHS/DBHS does not control or guarantee the accuracy, relevance, or scope of this outside information. Furthermore, the inclusion of this information is not intended to reflect endorsement by ADHS/DBHS of any views expressed or programs and services that are offered.

Navigating the School System

1.1 EDUCATION SYSTEM'S STRUCTURE



ARIZONA'S EDUCATION SYSTEM

Public Schools

Traditional Districts

Charter Schools

Approved Private Schools

Private Schools

Home Schools

EDUCATION STRUCTURE	TRADITIONAL DISTRICTS Oversight by Arizona Department of Education (ADE)	CHARTER SCHOOLS Oversight by ADE; considered public schools	ADE APPROVED PRIVATE SCHOOLS Oversight by ADE	PRIVATE SCHOOLS No oversight by ADE or public funding	HOME SCHOOLS*
Grade levels served	Elementary Districts: Pre K-8 Union High Districts: 9-12 Unified Districts: Pre K -12 (includes all school levels)	Defined by the charter	Defined by the school with approval by ADE	Defined by the school	Defined by parents
Maximum number of students	None	Defined by the charter	Defined by the school with approval by ADE	Defined by the school	Defined by parents
Cost	Public Expense	Public Expense	District placement- cost is public or ADE voucher (residential facility only) Private placement- cost is private	Set by the school, paid privately	Varies: Parents can buy, rent or borrow curriculum; some parents use formal curriculum; some use none
Population	All students whose parent/ guardian resides within district boundaries All students who are wards of the state and reside within district boundaries All students placed by a state placing agency into a home or institution, located within district boundaries Students accepted through open enrollment policy for current school year Eligible homeless students can choose to attend either a previous or local school district with approval	All students requesting enrollment if age appropriate and opening exists	Day school-students placed by a traditional district or charter through the Individualized Education Program (IEP) process or parent placed Residential facility- placement by state placing agency or through the IEP process or private placement	Accepted students	Diverse
Age range of population	Elementary: age 3 to grade 8 Union High: grade 9 to age 22 Unified: ages 3 to 22 Child Find (identification of disabled child) activities**	Defined by the charter Child Find responsibilities only for enrolled students	Defined by the school with approval by ADE Child Find referral responsibilities only	Defined by the school No Child Find responsibilities	All ages
Curriculum	Must align with state standards	Must align with state standards	Must align with state standards	Defined by the school	Provides instruction in reading, grammar, science, mathematics and social studies
Distance/ virtual/"online" learning	Defined by the school/district	Defined by the school/ charter	Not applicable	Defined by the school	Defined by parents
Required to provide 504 accommodations	Yes	Yes	Yes (Residential Treatment Centers [RTCs] only)	No	No
Required to provide special education services	Yes	Yes	Yes	Can be provided by public education agency as defined in proportionate share plan; no entitlement	Can be provided by public education agency as defined in proportionate share plan; no entitlement

* Home Schools are provided minimal oversight by the County Superintendent of Public Instruction. Refer to Home Education Network of Arizona at <http://www.hena.us/index.html>.

** Arizona Early Intervention Program has responsibility for identifying and serving disabled children birth to age three. Districts/Charters must make referrals to AzEIP as appropriate.

1.2 ORGANIZATIONAL STRUCTURE AND CULTURE OF SCHOOLS

Organizational School Structure

All public schools have some type of **governing board**. The board is responsible for conducting the official business of the district or charter. This includes employment, policy determinations, disciplinary actions, contracts, etc. Depending on the size of the school entity, the actions of the board may be hands on or rely primarily on the employed administrators to handle the day to day operations. Traditional district boards are elected whereas charter and private school boards are typically appointed. Depending on their level of day to day involvement, the board may be a good starting point for collaboration or it may only wish to be kept informed by the administrators.

Just as all schools have a board, they will also have a Chief Executive Officer (CEO). In traditional districts, the CEO is known as the **superintendent**. In charter and private schools, the **titles** are as numerous as the facilities. As with the boards, the level of day to day involvement is dependent on the size of the organization. While everything that happens must have the blessing of the top administrator, this is not where change always originates. In working with schools, it is important to determine if it is better to approach the superintendent directly or through a lower level administrator.

In larger organizations, there is frequently a **mid-level layer of administrators**. This might include assistant or area superintendents or cabinet members. These administrators are part of the direct chain of supervision. There are also administrators that report to the superintendent level that are not part of that direct chain. These are administrators responsible for special aspects of district or charter operations and may include such individuals as special education directors, business managers, transportation directors, and human resource directors.

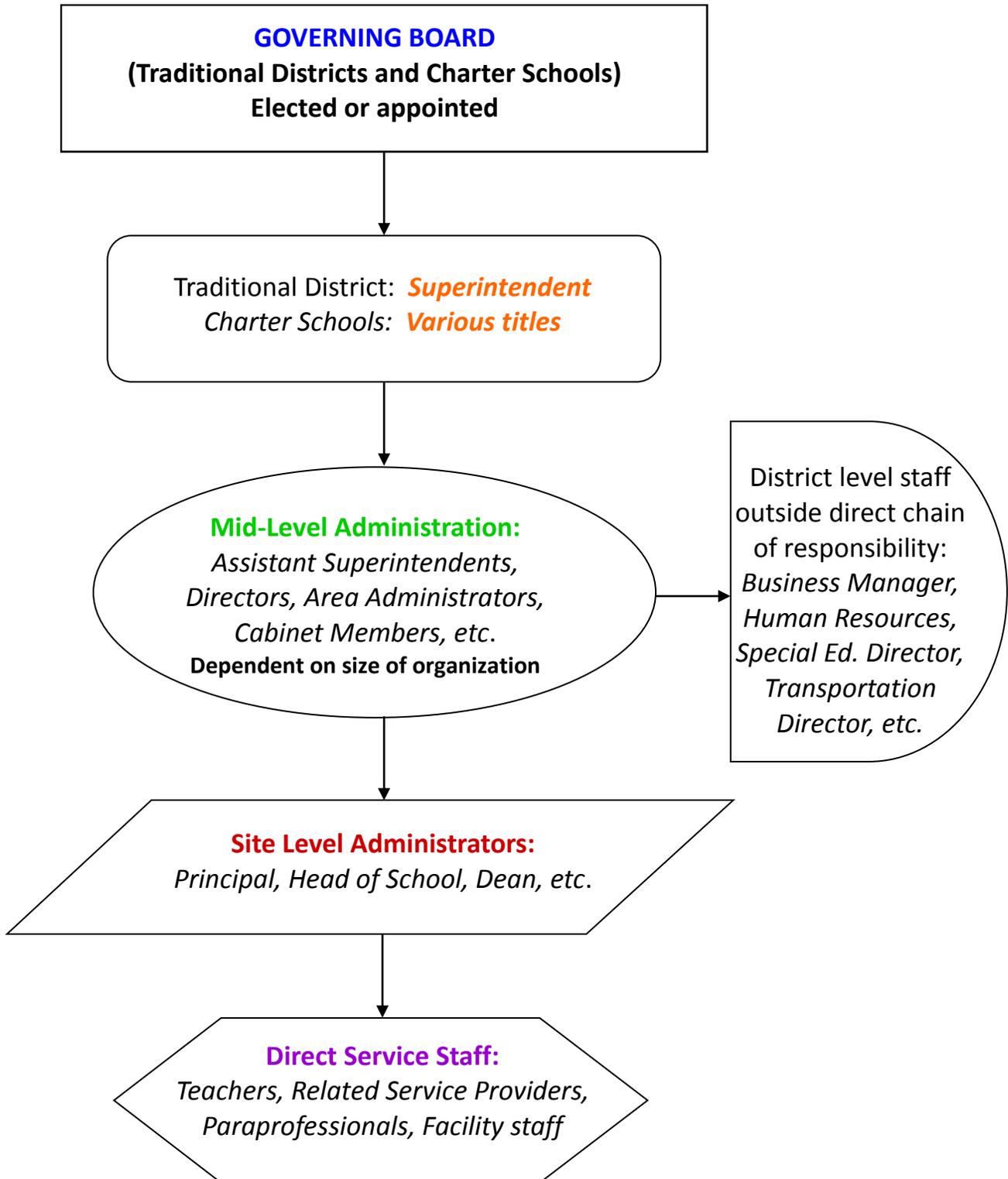
The primary responsibility for day to day operations lies with the **site administrator**. Typically, this is the building principal. Once again, in charter and private schools, this title may vary. The site administrator has a great deal of authority and is the first individual to approach with regard to anything happening at that site. They, along with possible assistants, are responsible for the supervision of the **direct service providers** in their schools.

The level and specific person to contact will vary depending on the district's structure and nature of the situation to be addressed.

School Culture

School culture has been defined as “the beliefs, attitudes, and behaviors which characterize a school.” The superintendent, as the organization’s leader, is responsible for establishing organization-wide priorities and group norms for the other administrators. However, it is the building/site level administrator who has the greatest influence on the culture of a school. School culture, as in any organization, is a mixture of priorities, shared staff norms and values, and rituals. It has a major impact on the health of the organization and is reflected through a positive atmosphere and improved student outcomes.

ORGANIZATIONAL STRUCTURE OF SCHOOLS



1.3 FEDERAL AND STATE REQUIREMENTS

No Child Left Behind (NCLB)

Family Educational Rights and Privacy Act (FERPA)

Health Insurance Portability and Accountability Act (HIPAA)

Rehabilitation Act of 1973 (Section 504)

Individuals with Disabilities Education Act (IDEA)

McKinney Vento Homeless Education Assistance Improvements Act of 2001



FEDERAL and STATE REQUIREMENTS	KEY ELEMENTS	RESOURCES The websites provide additional information, yet are not endorsed by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS)
<p>No Child Left Behind (NCLB) Act of 2001</p> <p>Amended and reauthorized the Elementary and Secondary Education Act (ESEA) of 1965.</p> <p>The law makes available to states, the District of Columbia, Puerto Rico and territories of the United States, programs to help supplement state education programs to improve student achievement. States that apply for these federal programs are required to commit to the various federal program stipulations and requirements on program and student accountability.</p> <p>Arizona School Districts and Charter Schools that choose to apply to the Arizona Department of Education (ADE) for these funds must agree to abide by all state and federal regulations.</p> <p>Includes Title I through Title X programs.</p>	<ul style="list-style-type: none"> • NCLB is based on stronger accountability for results, more freedom for states and communities, proven education methods, and more choices for parents. • Ensures all students, including those who are disadvantaged achieve academic proficiency. • Annual state and local school district report cards inform parents and communities about state and school progress. Schools that do not make progress must provide supplemental services and take corrective actions. • Allows flexibility in how states and local school districts use federal education funds. • Supports scientifically based instruction programs. • If schools do not meet state standards for at least 2 consecutive years, parents may transfer their children to a better-performing public school within their district or to a public charter school. • Students from low-income families in schools that fail to meet state standards for at least 3 years are eligible to receive supplemental education services including tutoring, after-school services, and summer school. • Students who attend a persistently dangerous school or are the victim of a violent crime while in their school have the option to attend a safe school within their district. • Every state must set clear and high standards for what students in each grade should know and be able to do in the core academic subjects of reading, math and science. Schools must test children in grades 3 through 8 annually in math, reading and science. 	<ul style="list-style-type: none"> • http://www.ed.gov/policy/elsec/leg/esea02/107-110.pfd • http://www.ed.gov/nclb/landing.ihtml • http://www.ed.gov/news/opeds/factsheets/index.html?src=ln • http://www.nea.org/index.html • http://www.wrightslaw.com
<p>Family Educational Rights and Privacy Act (FERPA)</p> <p>The Family Educational Rights and Privacy Act is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.</p>	<ul style="list-style-type: none"> • FERPA is a federal law that sets forth requirements for governing the release of education records and affords parents the right to access, amend, and have some control over the disclosure of personally identifiable information from their child’s education records. <ul style="list-style-type: none"> ◊ When a student turns 18, or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the eligible student. • A school may disclose "directory information" to specific third parties without consent if it has given public notice of the types of information which it has designated as "directory information." FERPA defines "directory information" as information contained in the education records of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Typically, "directory information" includes information such as name, address, telephone listing, date and place of birth, honors and awards, participation in officially recognized activities and sports, and dates of attendance. <ul style="list-style-type: none"> ◊ Parents or eligible students have the right to restrict the disclosure of such information. ◊ When requesting medical records, a signed Release of Information (ROI) form acceptable for education purposes may not meet the Health Insurance Portability and Accountability Act (HIPAA) requirements for safeguarding protected health information. 	<p>The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99.</p> <p>Further information on FERPA can be accessed on the U.S. Department of Education website at http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html</p> <p>http://www.azed.gov/special-education/deputy-associate-superintendent/documents/self-advocacy-resources/</p>

FEDERAL and STATE REQUIREMENTS	KEY ELEMENTS	RESOURCES
(FERPA continued)	<ul style="list-style-type: none"> ◇ Section 99.31 of the FERPA regulations sets forth the requirements and exceptions for the general prior consent rule. • Education agencies and institutions are required to notify parents and eligible students about their rights under FERPA. <ul style="list-style-type: none"> ◇ Schools do not have to individually notify parents and eligible students but do have to notify them by any means that are reasonably likely to inform the parents or eligible students of their rights. ◇ Section 99.7 of the FERPA regulations sets forth the requirements for the notification. 	
<p>Health Insurance Portability and Accountability Act (HIPAA)</p> <p>A federal law regulated by the U.S. Department of Health and Human Services (HHS).</p>	<ul style="list-style-type: none"> • Establishes a set of national standards to ensure the privacy and security of a person’s health information. • Limits the release of a person’s protected health information without that person’s knowledge and consent beyond what is required for that person’s care. • Provides notice to individuals on how their health information may be used and shared. • Allows individuals to obtain a copy of and request corrections be made to their medical records. • Allows an individual to obtain a report on when and why his/her health information was shared for certain purposes. • Individuals who believe their rights are being denied or their health information is not being protected can file a complaint with their provider, health insurer or the U.S. Government. 	<p>http://www.hhs.gov/ocr/hipaa/</p> <p>http://www.cms.hhs.gov/HIPAAgenInfo/</p>
<p>Rehabilitation Act of 1973 (Section 504)</p> <p>Section 504 of the <i>Rehabilitation Act of 1973</i> protects the civil rights of individuals with disabilities in programs and activities that receive federal funds.</p>	<ul style="list-style-type: none"> • ELIGIBILITY: <ul style="list-style-type: none"> ◇ The child must have a mental or physical impairment that substantially limits one or more areas of a person's major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working, and ◇ The child’s disability must impact his/her education in order to qualify for education accommodations, and ◇ This determination of eligibility is made by a school team, including the parents. • Accommodations are adjustments made by the classroom teacher(s) and other school staff to help students benefit from their education program. • A plan should be developed outlining services and accommodations that: <ul style="list-style-type: none"> ◇ are designed to meet the individual education needs of persons with a disability as adequately as the needs of the persons without disabilities are met, and ◇ are based upon adherence to evaluation, placement, and procedural safeguard requirements. 	<p>http://www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html</p> <p>http://www.ed.gov/policy/rights/guid/ocr/disability.html</p> <p>http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm</p> <p>http://www.azed.gov/special-education/deputy-associate-superintendent/documents/self-advocacy-resources/</p> <p>http://www.hhs.gov/ocr/504.html</p> <p>http://www.hhs.gov/od/topics/community/communityintegration.html</p>

FEDERAL and STATE REQUIREMENTS	KEY ELEMENTS	RESOURCES
<p>Individuals with Disabilities Education Act (IDEA) reauthorized in 2004 as the Individuals with Disabilities Education Improvement Act (IDEIA)</p> <p>A federal law dealing with the education of children with disabilities. Known as IDEA 2004, its purpose is to ensure that all children with disabilities have available to them a Free Appropriate Public Education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.</p> <p>Infants and toddlers with disabilities (birth to 3) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.</p>	<p>To achieve the purpose of IDEA, every state is required to meet the following criteria:</p> <ul style="list-style-type: none"> • Establish a goal of providing full educational opportunity to all children with disabilities and a timetable for accomplishing that goal. • Identify, locate, and evaluate all children with disabilities residing in the state who are in need of special education and related services. (Child Find) • Evaluate every child suspected of having a disability in accordance with the requirements of IDEA. • Annually develop an Individualized Education Program (IEP) for each child with a disability who is found eligible for special education services. • Provide education services in the least restrictive environment— removing children from the regular education environment only when the nature or severity of their disability makes it necessary to do so. • Provide all procedural safeguards required by IDEA to children with disabilities and their parents. • Establish goals for the performance of children with disabilities that are the same as the state’s definition of Adequate Yearly Progress (AYP) and are consistent with any other goals and standards for children established with the state. • Include all children with disabilities in all general state and district wide assessment programs, including those assessments required by NCLB – students must be given appropriate standard accommodations or alternate assessments as indicated in their IEPs. • The special education provided to children with disabilities must be specially designed instruction to meet the unique needs resulting from the child’s disability and must enable the child to be involved and make progress in the general education curriculum. 	<p>http://www.ed.gov/</p> <p>http://idea.ed.gov/</p> <p>http://www.osepideasthatwork.org/</p> <p>http://www.osepideasthatwork.org/parentkit/6%20-%20NCLB%20and%20IDEA.pdf</p> <p>http://www.rrcprogram.org/mprcc</p> <p>http://www.ade.az.gov/ess/resources/lawsRegs/06-6656IDEA04Regulations.pdf</p> <p>http://www2.ed.gov/policy/elsec/leg/esea02/index.html</p>
<p>McKinney Vento Homeless Education Assistance Improvements Act of 2001</p> <p>The program is authorized under Title VII-B of the McKinney Vento Homeless Assistance Act (42 USC 11431 et seq.), (McKinney Vento Act).</p>	<ul style="list-style-type: none"> • Policies and Procedures <ul style="list-style-type: none"> ◊ Immediate enrollment of homeless students, regardless of missing documentation. ◊ Transportation is provided to and from the “school of origin”. ◊ Homeless children and youth are not stigmatized or segregated on the basis of their status as homeless. ◊ Every Public Education Agency (PEA), whether or not it receives a McKinney Vento subgrant must designate a local liaison for homeless children and youth. ◊ PEAs must make school placement determinations on the basis of the “best interest” of the child or youth. ◊ If a PEA wishes to send a homeless child or youth to a school other than the school of origin or a school requested by the parent or guardian, the PEA must provide a written explanation of its decision to the parent or guardian, together with a statement regarding the right to appeal the placement decision. ◊ If a dispute arises over school selection or enrollment, the PEA must immediately enroll the homeless student in the school in which enrollment is sought by the parent or guardian, pending resolution of the dispute. The PEA must refer the unaccompanied youth, parent, or guardian to the PEA liaison, who must expeditiously carry out the dispute resolution process. • Identification: <i>The term ‘homeless children and youth’ (A) means individuals who lack a fixed, regular, and adequate nighttime residence. Reference: §725(2)(A).</i> • School selection is parent/guardian choice. 	<p>http://www2.ed.gov/programs/homeless/guidance.pdf</p> <p>http://www.ed.gov/</p> <p>http://www.nationalhomeless.org/publications/facts/McKinney.pdf</p> <p>http://www.nlchp.org/</p> <p>http://www.serve.org/nche/m-v.php</p> <p>http://center.serve.org/nche/downloads/briefs/identification.pdf</p> <p>http://www.ed.gov/policy/elsec/leg/esea02/pg116.html</p>

No Child Left Behind (NCLB)¹

Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.)
(Including Title I through Title X programs)



The purpose of NCLB is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on challenging state academic achievement standards and state academic assessments.

This purpose can be accomplished by:

- ensuring that high-quality academic assessments, accountability systems, teacher preparation and training, curriculum, and instructional materials are aligned with challenging state academic standards so that students, teachers, parents, and administrators can measure progress against common expectations for student academic achievement
- meeting the education needs of low-achieving children in high-poverty schools, limited English proficient children, migratory children, children with disabilities, Native American children, neglected or delinquent children, and young children in need of reading assistance
- closing the achievement gap between high and low performing children (including gaps between minority and non-minority students and between disadvantaged children and their more advantaged peers)
- holding schools, local education agencies, and states accountable for improving the academic achievement of all students, identifying and turning around low-performing schools that have failed to provide a high-quality education to their students, and providing alternatives to students in such schools so as to enable these students to receive a high-quality education
- distributing and targeting resources sufficiently to make a difference to local education agencies and schools where needs are the greatest
- improving and strengthening accountability, teaching, and learning by using state assessment systems designed to ensure that students are meeting challenging state academic achievement and content standards and increasing overall achievement, especially for disadvantaged children
- providing greater decision-making authority and flexibility to schools and teachers in exchange for greater responsibility for student performance
- providing children an enriched and accelerated education program, including the use of school-wide programs or additional services that increase the amount and quality of instructional time
- promoting school-wide reform and ensuring the access of children to effective, scientifically-based instructional strategies and challenging academic content
- significantly elevating the quality of instruction by providing staff in participating schools with substantial opportunities for professional development
- coordinating services under all parts of NCLB with other education services and to a reasonable extent, with other agencies who provide services to youth, children, and families
- affording parents substantial and meaningful opportunities to participate in the education of their children

¹ <http://www.ed.gov/policy/elsec/leg/esea02/107-110.pdf>

Family Educational Rights and Privacy Act (FERPA) ²

Frequently Asked Questions about FERPA can be accessed on the U.S. Department of Education website at <http://www2.ed.gov/print/policy/gen/guid/fpco/faq.html>.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

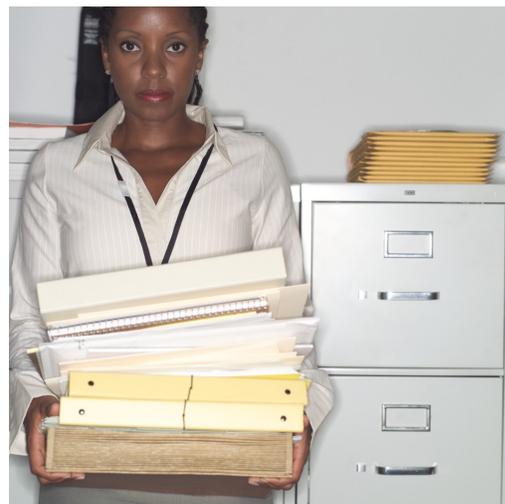
- The right to inspect and review the student's education records maintained by the school
 - ◊ Schools may charge a fee for copies when for reasons such as great distance parents or eligible students are unable to review the records
- The right to request that a school correct records which they believe to be inaccurate or misleading
 - ◊ The right to a formal hearing if the school decides not to amend the record
 - The right to place a statement with the record setting forth his/her view about the contested information if the school still decides not to amend the record following the hearing

Generally, schools must have written permission from the parent/eligible student when releasing any information from a student's education record.

FERPA allows disclosure of education records without consent to the following parties or under the following conditions (34 CFR §99.31):

- ◊ School officials with legitimate education interest
- ◊ Other schools to which a student is transferring
- ◊ Specified officials for audit or evaluation purposes
- ◊ Appropriate parties in connection with financial aid to a student
- ◊ Organizations conducting certain studies for or on behalf of the school
- ◊ Accrediting organizations
- ◊ To comply with a judicial order or lawfully issued subpoena
- ◊ Appropriate officials in cases of health and safety emergencies
- ◊ State and local authorities, within a juvenile justice system, pursuant to specific state law

Notification to parents may include any of the following venues: website, school newsletter, public posting, email notification, etc.



² <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The *Standards for Privacy of Individually Identifiable Health Information* (“Privacy Rule”) establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (HHS) issued the Privacy Rule to implement the HIPAA requirement. This Rule addresses the use and disclosure of individuals’ health information, known as “protected health information” by organizations subject to the Privacy Rule, known as “covered entities”. It also provides standards for an individual’s privacy rights in understanding and controlling how his/her health information is used. Ensuring the privacy and security of a person’s health information directly impacts health care providers, as well as other entities who work within the healthcare system.

Who must follow this law? ³

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers (i.e., the school nurse is considered a covered entity under HIPAA)
- Health insurance companies, Health Management Organizations (HMOs), most employer group health plans
- Certain government programs that pay for health care, such as Medicare and Medicaid

What information is protected? ³

- Information doctors, nurses, and other health care providers put in a person’s medical record
- Conversations a person’s doctor has about his/her care or treatment with nurses and others
- Information about a person in his/her health insurer’s computer system
- Billing information about a person at his/her treatment clinic
- Most other health information about a person held by those who must follow this law



Any confidential medical record information (covered under HIPAA) that is written as part of the education record comes under FERPA requirements (i.e., medical information that is written into the student’s Individualized Education Program). If a student is transferring to another school or shows interest in transferring (whether they actually do so or not) all education records are sent to the receiving school, including confidential medical records. Caution is advised as to what medical information becomes documented into education records.

³ <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

Rehabilitation Act of 1973 (Section 504)⁴

Section 504 is the part of the Rehabilitation Act of 1973 that applies to persons (including students) with disabilities. Section 504 is a civil rights act that protects the civil rights of persons with disabilities.

Section 504 protects persons from discrimination based upon their disability. A person is found eligible within the definition of Section 504 if all of the following criteria are met:

- The child must have a mental or physical impairment that substantially limits one or more areas of his/her major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. When a condition does not substantially limit a major life activity, the individual does not qualify under Section 504.
- The child's disability must significantly impact his/her education in order to qualify for education accommodations.
- This determination of eligibility is made by a school team, including the parents.

Students with chronic health problems often qualify for Section 504 accommodations. Some students who have conditions that limit their ability to access and participate in the education program are entitled to accommodations under Section 504. It is not necessary to meet the eligibility criteria specified in the Individuals with Disabilities Education Act (IDEA) in order to qualify for services under Section 504.

Requirements:

- Schools must evaluate "any person who, because of a disability, is believed to need accommodations or services in order to participate in the school program".
- A group of persons knowledgeable about the student, including the parent, must review the nature of the disability, how it affects the student's education, and determine what services and/or accommodations are needed in order to determine if a student is eligible under Section 504.
- Decisions about Section 504 eligibility and services must be documented in the student's file and reviewed periodically.



⁴ <http://www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html>

Accommodations:

- are adjustments in academic requirements and expectations necessary to accommodate the needs of the student with disabilities to enable him/her to participate in the general education program
- are made by the classroom teacher(s) and/or other school staff to help students access their education program
- need to take into account both the functional limitations of the student and the alternative methods of performing tasks or activities to participate without jeopardizing outcomes
- must be individualized

There has been much confusion over the years regarding the relationship between Section 504 and special education laws and regulations. Typically, if a student is determined to require specialized instruction as a result of his/her disability, s/he is determined eligible for special education under IDEA instead of being eligible under Section 504. It must be emphasized that Section 504 falls under *the responsibility and management of the general education program, not special education*. The school staff and parents need to work in collaboration to help guarantee that the student is provided with the necessary accommodations.

The U.S. Department of Education maintains Regional Civil Rights Offices to enforce Section 504 and other civil rights laws. All parents have the right to directly contact the Office for Civil Rights in their region if they believe their child is being discriminated against based upon his/her disability.



Individuals with Disabilities Education Act (IDEA)⁵

The Individuals with Disabilities Education Act Amendments of 2004 Public Law 108-446

<http://nichcy.org/laws/idea>

Special Education Services

- I. Oversight by:
 - a. Office of Special Education Programs (OSEP)
 - b. Office of Special Education and Rehabilitative Services
 - c. U.S. Department of Education.
- II. Designed to ensure a Free, Appropriate, Public Education (FAPE) which meets individual needs.
- III. Child Find (<http://www.azed.gov/wp-content/uploads/PDF/GRO2.pdf>)
 - a. What is Child Find?
 - i. It is a component of IDEA that requires states to *locate, identify, and evaluate* all children with disabilities, age birth through 21, who are in need of early intervention or special education services.
 - b. Responsible parties for local Child Find activities:
 - i. Public schools and the Arizona Early Intervention Program (AzEIP) are responsible for ‘finding’ eligible children.
 - c. IDEA requires that all homeless children be included in the “Child Find” process for early identification of special education needs.⁶
- IV. Student must:
 - a. Have an education disability as defined by statute (refer to [Addendum A: Disability Classifications in Arizona](#)) AND
 - b. Require specialized instruction to access and progress in the general curriculum.
- V. All decisions are made by a team as required by statute:
 - a. Team Members: (one person may represent more than one role except where noted)
 - i. Parent/legal guardian as defined by IDEA:
 1. a biological or adoptive parent of the child
 2. a foster parent, unless state law, regulations, or contractual obligations with a state or local entity prohibit a foster parent from acting as a parent
 3. a guardian generally authorized to act as a child’s parent, or authorized to make education decisions for the child (but not the state if the child is a ward of the state)
 4. an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare, or

⁵ In 2004 IDEA was reauthorized as the Individuals with Disabilities Education Improvement Act (IDEIA), yet is known as IDEA 2004.

⁶ Refer to Education for Homeless Children and Youth Program Title VII-B of the McKinney Vento Homeless Assistance Act (F-5) at <http://www.ed.gov/programs/homeless/guidance.pdf>.

- 5. a surrogate parent who has been appointed (refer to [Addendum B: Surrogate Parents](#))
 - ii. At least one regular education teacher of the child (this cannot be the same person as the special education teacher of the child)
 - iii. At least one special education teacher of the child (this cannot be the same person as the regular education teacher of the child)
 - iv. Representative of education agency (often administrator) who is:
 - 1. Qualified to provide or supervise specialized instruction
 - 2. Knowledgeable of general curriculum
 - 3. Knowledgeable of available resources
 - v. Individual to interpret educational implications of evaluations/assessments
 - vi. Other individuals with knowledge or special expertise regarding child may participate but are not required
 - vii. Child, if appropriate may participate but is not required (child must be invited if age 16+)
 - b. Decisions:
 - i. Evaluation
 - ii. Eligibility
 - iii. Placement
 - iv. Programming (FAPE)
- VI. Individualized Education Program (IEP):
- a. Details present level of performance
 - b. Sets measurable goals and objectives
 - c. Identifies needed services and service details including adaptations
 - d. Identifies least restrictive environment
 - e. Must be reviewed/revised annually
- VII. Re-evaluation and eligibility determination must be conducted at a minimum every 3 years
- VIII. Each education agency must provide a full continuum of service
- IX. Provides procedural safeguards for student:
- a. Meeting Notice:
 - i. When and where the meeting will be
 - ii. What the purpose of the meeting will be
 - iii. Who is invited and their roles
 - iv. What rights are with regard to inviting others
 - b. Prior Written Notice:
 - i. Provides summary of:
 - 1. What action the district proposes or refuses
 - 2. Why the decision was made
 - 3. Other options to the decision
 - 4. Evaluation procedures or basis of decision
 - 5. Relevant factors
 - 6. Names of contacts for parent assistance



- ii. Must be given *after* a decision is made but *prior* to acting on that decision when:
 - 1. The child is suspected of having a disability (at referral)
 - 2. A need to gather additional data is determined
 - 3. Determination of eligibility is made
 - 4. IEP written for initial placement in special education
 - 5. IEP is reviewed
- c. Procedural Safeguards Notice:
 - i. Tells parents:
 - 1. What their rights are
 - 2. What due process is
 - 3. What to expect in the special education process
 - 4. Where to go for help in understanding or resolving disputes
 - ii. Must be given:
 - 1. Upon initial referral for evaluation
 - 2. At least once annually
 - 3. Upon reevaluation of the child
 - 4. Upon receipt of a state complaint under §300.151-153 or a request for due process under §300.507
 - 5. If a manifestation determination decision results in a change in a student's educational placement
- X. Transfer of rights at age of majority
 - a. §300.320(7) Beginning not later than one year before the child reaches the age of majority under state law, the IEP must include a statement that the child has been informed of the child's rights under Part B of the Act, if any, that will transfer to the child on reaching the age of majority under §300.520.



McKinney Vento Homeless Education Assistance Improvements Act of 2001⁷

School districts, as recipients of federal financial assistance and as public entities must ensure that their education programs for homeless children are administered in a nondiscriminatory manner.

Definition of the term ‘homeless children and youth’ (A) means individuals who lack a **fixed, regular, and adequate** nighttime residence §725(2)(A):

- **Fixed** – one that is stationary, permanent, and not subject to change
- **Regular** – one which is used on a regular (i.e. nightly) basis
- **Adequate** – one that is sufficient for meeting both the physical and psychological needs typically met in home environments
- Determinations of eligibility MUST be made on a case-by-case basis:
 - ◊ Housing is (1) temporary **and** (2) due to hardship
 - ◊ Housing is substandard or considered inadequate within the context
 - ◊ Unaccompanied youth--*Not living with a parent or guardian*
- Definition of “homeless children” includes:
 - ◊ Children and youth who are **sharing the housing** of other persons due to loss of housing, economic hardship, or a similar reason; are living in **motels, hotels, trailer parks, or camping grounds** due to the lack of alternative adequate accommodations; are living in **emergency or transitional shelters**; are **abandoned in hospitals**; or are **awaiting foster care placement**
 - The law draws a distinction between children and youth who are in foster care and those who are awaiting such placement. Children and youth who have been placed in foster care are not considered homeless.
 - ◊ Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
 - ◊ Children and youth who are living in cars, parks, public spaces, abandoned buildings, **substandard housing**, bus or train stations, or similar settings

Migratory children qualify as homeless for the purpose of this Act when the children are living in circumstances as described above.

Children or youth who have run away from home and live in runaway shelters, abandoned buildings, the streets, or other inadequate accommodations are considered homeless, even if their parents have provided and are willing to provide a home for them. Children or youth whose parents or guardians will not permit them to live at home are considered homeless if they live on the streets, in shelters, or in other transitional or inadequate accommodations.⁸

⁷ http://center.serve.org/nche/downloads/mv_full_text.pdf

⁸ U.S. Department of Education Preliminary Guidance for the Education for Homeless Children and Youth Program, Title VII, Subtitle B (June 1995), 22-3

Children or youth who are incarcerated or in correctional facilities are not considered homeless under this Act, even if they were homeless prior to their incarceration.



School selection is parent/guardian choice:

- School of Origin: *school that the child or youth attended when permanently housed or the school in which the child or youth was last enrolled*
 - ◇ Public Education Agencies (PEAs) must keep students in homeless situations in their school of origin, to the extent feasible, unless it is against the parent's or guardian's wishes.
 - ◇ Students can stay in their school of origin the entire time they are homeless, and until the end of any academic year in which they move into permanent housing.
- School of Residency: *school designated for the attendance area in which the student currently resides*

1.4 EDUCATION'S GOALS AND FUNCTIONS

Arizona State Standards⁹ define the knowledge and skills students should have to succeed in entry-level, credit-bearing, academic college courses and in workforce training programs. These sets of standards define the goals of the Education system:

- English Language Arts
- Educational Technology
- Physical Education
- Foreign and Native Languages
- Math
- Social Studies
- Science
- Health Education
- Arts
- Workplace Skills



Education's Goals

1. Provide education services to children and adolescents to enable every student to learn the basic academic skills and social competency needed to progress through the education system, graduate from high school, become capable lifelong learners, independent adults, and productive members of society.
2. Help students achieve competency in the development of higher level thinking and problem solving skills.
3. Help students develop trade skills or study skills and knowledge necessary to pursue employment or higher level education.
4. Enable students with special needs to have access to free and appropriate education opportunities to achieve the same goals as their peers.
5. Maintain a high quality and safe education environment in which students can learn and progress through the system to the ultimate goal of graduation.

Education's Functions

Four guiding questions:

1. What do schools want students to learn?
2. How will the school system know if students have accomplished this learning?
3. What will school systems do if students do not learn?
4. How will the school system respond if students already know what they need to know?

⁹ Refer to [Section 3.3 Resources](#) under the Arizona Department of Education for a web link to the Arizona State Standards.

1.5 LANGUAGE, TERMS and ACRONYMS used by the EDUCATION SYSTEM

[Addendum C: Special Education Acronyms](#)

[Addendum D: Glossary of Special Education Terms](#)



1.6 ENROLLMENT PROCESS

Required Information/Documents ¹⁰	Desired Information/Documents
Birth certificate or proof of identity	Unofficial transcript of grades (secondary)
Immunization records (including documentation of declined immunization approval by parent)	Special education or placement documents (Individualized Education Program [IEP], Section 504, etc.) ¹¹
Proof of residency (for traditional districts only)	
Withdrawal form from previous school	



¹⁰ Lack of documents cannot delay enrollment of children covered under the McKinney Vento Act.

¹¹ Lack of these documents cannot delay enrollment yet may impact delivery of services.

POTENTIAL SITUATIONS TO ADDRESS AT TIME OF ENROLLMENT

It is the school district's responsibility to request all education records from the previous education agency:	<p>Concurrent enrollment documentation (full time students in a high school who are also taking classes online):</p> <ul style="list-style-type: none"> ◊ Photo identification ◊ Proctor agreement: contract between the online schools and the Public Education Agency (PEA)
Parent/guardian identity and education/special education rights:	Biological parents retain education rights unless specifically altered by a court order.
Custody concerns:	<ul style="list-style-type: none"> • If a "no contact order" has been issued by the court, a school placement setting identified in school records must be kept confidential; otherwise parents/legal guardian still retain education/special education rights. • Parent with sole custody: request that other parent not be allowed to take the child(ren) off campus.
Homeless students:	McKinney Vento Act applies: may keep the child in the same school/home school district when child is taken into Child Protective Services' (CPS) custody or parents move into a shelter.
Primary home language:	Identify the need to evaluate for English Language Learners' instruction.
Expelled students:	Expulsions may be honored by other public schools that did not initiate the expulsion.
Medical needs:	Inform the school of any medical needs that need to be handled during the child's school day.
Legal issues (probation requirements/restrictions):	School notification: as necessary to provide a safe environment.
Behavioral/emotional issues:	<ul style="list-style-type: none"> • Documentation provided: CPS (as deemed necessary to provide education services), behavioral health (e.g., assessment, strengths, needs and culture discovery, crisis plan). • Behavioral health enrolled children: provide identification of network/provider agency serving the child; Child and Family Team (CFT) facilitator's identity and contact information. • Knowledge of: triggers, risks (e.g., run risk, violence, sexualized behavior, etc.), what works/what doesn't; evaluations completed by other state systems.
Legal name, preferred name:	Legal name on birth certificate: child may insist that is not his/her name or would like to be addressed by another name other than the one that is on the birth certificate.
Release/request of records (medical, legal, psychological, etc.):	Release of Information (ROI): signed form has to be acceptable to the agency who is supplying the records.
Additional information:	Knowledge of and contact persons for child enrolled with other state agencies: CPS, Division of Developmental Disabilities (DDD), Juvenile Justice (Probation or Parole).

1.7 INTERVENTION STRATEGIES

Education Intervention Process

The system of public education in Arizona (traditional school districts and charter schools) is designed to provide a general education curriculum for all students. Using proven techniques of instruction, schools prepare students to progress successfully from grade to grade, with the ultimate goal of high school graduation and appropriate preparation for adult life.

At times, an individual student may not progress in school as expected due to a variety of factors in his/her life which may be situational in nature or may be due to longstanding individual differences affecting learning. In such a case, the Public Education Agency (PEA) typically will identify and address education barriers and problems, however each school district and charter school is unique and will employ their own philosophy, procedures, and resources in this process.

PEAs are committed to preventing academic and school behavioral problems to the extent possible, but when problems do occur help can be provided through a graduated continuum of education services and interventions. This education continuum approach is similar to that used in medicine, behavioral health, child protection, and other agencies serving children.

The initial planning task involves accurately defining the education problem and initiating a prompt response. The goal is to effectively resolve the problem using school resources to provide the simplest and least intrusive solutions in the environment in which the problem occurs.

If a student's situation involves issues/problems beyond purely educational factors (such as medical, behavioral/emotional, developmental, family, environmental, economic, cultural/language, etc.), then appropriate family and outside agency consultation and support are essential as early in the process as possible. Education interventions are designed to focus primarily on educational issues. However, if needed, the school, family, community service providers, and informal supports can collaborate in designing a comprehensive care plan. Such joint planning and service provision will provide the maximum impact on problem resolution for all areas of concern for the student and family.



Education Intervention Process Flowchart

FLOW CHART KEY:	General Ed Function	Special Ed Function
------------------------	---------------------	---------------------

Parent or teacher expresses concerns, requests meeting

- Define specific academic or behavioral concern(s)
- Identify both school and outside resources/supports
- Define additional data needs and plan for gathering data
- Explore options for school-based modifications, referrals or supports
- Define and implement parent/teacher intervention plan

Monitor progress with classroom interventions. Successful?

NO

YES

I
S
S
U
E

R
E
S
O
L
V
E
D

Concern elevated to next level in school process

- Gather input from other teachers or outside agency personnel (e.g., TAT, CST, TST, SAT, CFT)
- Review data from initial interventions
- Define and implement a more intensive intervention plan

Monitor progress with classroom interventions. Successful?

NO

YES

Concern elevated to next level in school process

Refer student for comprehensive education evaluation

1. Review existing data
2. Determine need for additional data: completed by the school's Multidisciplinary Evaluation Team (MET)
3. Conduct assessments according to the MET's plan
4. Review results and determine eligibility

Student is not eligible for additional services

Student has a disability and needs specialized instruction. Eligible for special education services. Develop and implement IEP.

Student has a disability but does not need specialized instruction, although accommodations are recommended. Refer to 504 Coordinator.

Education Intervention Process Flowchart Explanation

(Flow Chart ) Typically, parents¹² or teachers are the first to suspect or recognize signs of developing educational problems. Grades fall. Attendance worsens. Behavior problems increase. Assignments do not get completed. If a parent or teacher thinks that the problems are serious and more than just transient, situational or temporary issues, the parent or teacher should request a meeting to discuss the specific nature and extent (frequency, intensity, and duration) of the concerns, as the first step. Based on the available data, an initial plan or agreement should be developed by the parent and teacher, which could take many forms, but should involve at least careful monitoring, initial interventions and a timeline for follow up. Examples of initial interventions could include improving parent/family communication, changes in classroom design or structure (preferential seating, reduce distractions, etc.), different teacher/student interaction methods, or modification of assignments and testing. These modifications or accommodations can be implemented within the general education classroom without changing the curriculum.

(Flow Chart ) If the initial plan is not sufficient to significantly impact the problems, consultation with related professionals may be indicated. The parent and teacher represent the core education planning group, but they may decide that input from others would help. Many schools use a process of teacher peer support and consultation to help develop creative strategies for dealing with educational problems. PEAs may have their own unique name for this process such as Teacher Assistance Team (TAT), Child Study Team (CST), Teacher Support Team (TST), Student Assistance Team (SAT), etc., which involves school based professionals and specialists designing appropriate interventions, based on their collective knowledge and experience. Also, if there are indications that issues outside of school may be adversely affecting the student's educational performance, the team may be expanded to include representatives of outside agencies, services or informal supports (other family members, church, scouts, coach, etc.). The school can initiate a comprehensive case staffing or collaboration of involved agencies or needed service providers, much like a Child and Family Team (CFT). If a CFT already exists, or if other agencies are already providing services, school involvement in joint planning is essential. With this additional input, the school team may then be able to collaboratively work with the family and service providers to meet the student's and family's needs. Intervention strategies at this level may include such things as functional behavioral assessment, behavior support plans, specialized tutoring or instruction in problem areas, help with study skills, or training in organization/time management skills, interpersonal relationship skills, etc.

(Flow Chart ) If data indicate that interventions are not sufficient in intensity, individualization or comprehensiveness, or if they exceed the limitations of the general education program personnel and resources, consideration may then be given to initiating a formal comprehensive educational evaluation to consider the presence of a disability and possible eligibility for services through special education. If eligible for special education services, an intervention strategy may involve the development of a written education plan, referred to as an Individualized Education Program or IEP. If the student has a disability, but does not need specialized instruction, although accommodations are recommended, refer to the 504 Coordinator.

¹² Refer to the definition of a parent as outlined in [Section 1.3 Federal and State Requirements](#) under the Individuals with Disabilities Education Act (IDEA)/Special Education Services V.a.i.1-5.

1.8 DISCIPLINE PROCESS FOR CHILDREN IN SCHOOL¹³

Introduction to Discipline Process

Discipline Process Flowchart

Discipline Process Flowchart Explanations



¹³ Refer to U.S. Dept. of Education, *Building the Legacy IDEA 2004: Questions and Answers on Discipline Procedures* at <http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CQaCorner%2C7%2C>.

Introduction to Discipline Process

Parents should play an active role in their child's education and be proactive when a student exhibits a pattern of behavior that interferes with the education of self or others and indicates a need for interventions to prevent suspensions. Parents can work with school teams and request additional evaluations, such as a Functional Behavioral Assessment (FBA). FBAs could include interviews, observations, and a review of records, assessments, and reports from teachers or other professionals for the purpose of developing a positive Behavior Intervention Plan (BIP) BEFORE it is necessary to utilize formalized discipline provisions.

Typically, parents¹⁴ or teachers are the first to suspect or recognize signs of developing behavior concerns. Renee Bradley from the Office of Special Education Programs (OSEP) states, "Of course, the final Part B regulations (implementation of the Individuals with Disabilities Education Act, or IDEA 2004) encourage the use of positive behavioral interventions and supports, or PBIS,¹⁵ to manage behavior BEFORE it is necessary to move to the discipline provisions. The OSEP funded PBIS project at the University of Oregon works with states and schools to support implementation of those provisions. **The final regulations ask school personnel to consider any unique circumstances 'on a case-by-case basis' when determining whether a change in placement is appropriate for a child with a disability who violates a code of student conduct. The preamble of the implementing regulations further explains that a unique circumstance is best determined at the local level by school personnel who know the child and know all the facts and circumstances about a child's behavior.**"



¹⁴ Refer to definition of parent as outlined in [Section 1.3 Federal and State Requirements](#) under the Individuals with Disabilities Education Act (IDEA)/Special Education Services V.a.i.1-5.

¹⁵ Positive Behavioral Interventions and Supports (PBIS)

Discipline Process Flowchart For Out-of-School Suspensions/Expulsions

Flow Chart Key

General Education

Special Education

Process

Meeting

Student violates a school's code of conduct and the consequence is an out-of-school suspension; the school must provide parent/guardian(s) with information in these three areas:

- Written notice of charges or violations
- An explanation of the evidence the school authorities possess
- An opportunity for the student to present his/her explanation of the incident

The school may remove a student from his/her current placement and place him/her in an Alternative Educational Setting (AES) if the incident involves drugs, dangerous weapons, or serious bodily injury.

The school may remove a student with disabilities from his/her current placement and place in an Interim Alternative Setting (IAES) for no more than 45 school days if the incident involves drugs, dangerous weapons, or serious bodily injury regardless of the relationship to the disability.

The right to due process in disciplinary proceedings is applicable in all instances where the behavior of the student is being considered for possible suspension or expulsion.

Maximum removal of 10 cumulative school days; on the 11th day the school must provide Free Appropriate Public Education (FAPE).

Right to Appeal

The due process hearing can be appealed to the school Governing Board for review; the decision of the Governing Board is final.

Manifestation Determination within 10 school days of any decision to change the student's placement due to a violation of the code of student conduct.

1. Was the student's behavior a manifestation of his/her disability?
2. Was the Individualized Education Program (IEP) implemented correctly?

IS NOT a manifestation

IS a manifestation

- FBA/BIP
- Suspend/expel by local school board
- Provide FAPE by 11th day

- FBA/BIP
- Return to placement
- Review/revise IEP

Right to Appeal

Parent(s) may request an expedited due process hearing to resolve the dispute. (Sec. 300.530 and 300.531)

Discipline Process Flowchart Explanations

(Flow Chart ) All students are entitled to these three specific rights. Students with disabilities are treated like all other students until the end of the day on the tenth day of suspension.

(Flow Chart ) The Public Education Agency (PEA) / school may reassign students who refuse to comply with school rules, refuse to pursue a required course of study, or refuse to submit to the authority of teachers, administrators, or the Governing Board, to an Alternative Educational Setting (AES). A student may also be reassigned to an AES in lieu of long-term suspension or expulsion. A student who has been placed in an alternative setting may not participate in any activities of the regular school program, including the regular summer school program, and/or return to the regular school program without the approval of the PEA/school.

(Flow Chart ) An official meeting is held to gather facts about a disciplinary action imposed on a student. This hearing is often done with a designated disciplinary hearing committee, one or more hearing officers, or the school board with the parent and student.

(Flow Chart ) Parents have the right to appeal the due process decision to the school Governing Board for review; the decision of the Governing Board is final. Criminal or civil court actions may also apply.

(Flow Chart ) PEAs/schools may remove a student with disabilities from his/her current educational placement and place him/her in an Interim Alternative Educational Setting (IAES) for no more than 45 school days if the incident involves drugs, dangerous weapons, or serious bodily injury regardless of the relationship to the disability. The regulations define “serious bodily injury” as “bodily injury that involves a substantial risk of death; extreme physical pain; protracted and obvious disfigurement; or protracted loss or impairment of the function of a bodily member, organ, or mental faculty”. The IAES placement can be reviewed and extended by a hearing officer in the context of an expedited due process hearing per 34 CFR §300.532. (The child’s Individualized Education Program [IEP] Team determines the interim alternative educational setting per 34 CFR §300.531.)

(Flow Chart ) PEAs/schools can remove a student with disabilities for a maximum of ten (10) *cumulative* school days without providing a Free Appropriate Public Education (FAPE). Students are entitled to receive FAPE on the 11th day. During long-term removals of children with disabilities, PEAs must continue to provide those educational services that are necessary to enable the child to continue to participate in the general education curriculum and to progress toward meeting the goals set out in the student’s IEP.

(Flow Chart ) A Manifestation Determination meeting is conducted by the student’s IEP Team, including the parent(s) and other qualified personnel if the disciplinary action results in a change of

placement. The IEP Team must decide if the student's behavior was a manifestation of his or her disability. In other words, they need to determine if the conduct was caused by, or had a direct relationship to, the child's disability. The IEP Team will also determine if the IEP was appropriate and implemented correctly. If the behavior was or was not a manifestation of the disability, but the IEP *was not* implemented as written, a FBA may be conducted and a BIP developed, as well as a review or revision of the IEP as necessary. The student is returned to his/her placement and provided compensatory services as needed.

(Flow Chart ) If the IEP Team determines the behavior **is** a manifestation of the student's disability, the student may not be suspended. In addition, an FBA must be conducted or reviewed and a BIP developed or revised, along with the IEP. The student is returned to the placement from which s/he was removed unless the parent and the PEA agree to a change in placement.

(Flow Chart ) If the Team's decision is that the violation **is not** a result of the student's disability, the PEA *must* provide FAPE *however* there may be a change in the delivery and amount of those services. The educational services provided under these discipline provisions do not need to be exactly the same services in the same settings as were provided before the implementation of the discipline provisions.

(Flow Chart ) Appeal Process

If the parent(s) disagrees with the decision of the IEP Team regarding the manifestation determination or the disciplinary placement, the parent(s) may request an expedited due process hearing to resolve the dispute (per §300.530 and §300.531). The expedited hearing should take place within 20 school days from the date of the hearing request and a determination should be made within 10 school days after the hearing. If the violation involved drugs, weapons, or serious bodily injury, the student remains in the IAES until the hearing decision is made or the 45 days expire. (A PEA may also request an expedited due process hearing if it believes that maintaining the student's current placement is substantially likely to result in an injury to the student or others.)

OTHER CONSIDERATIONS

It is important to note here that parents of a regular education student may ask for protection under the IDEA 2004 if the PEA had prior knowledge that the student had a disability even if the student was not receiving special education services at the time of the violation. The parent may request that the PEA conduct a comprehensive educational evaluation.



1.9 TRANSITION POINTS FOR CHILDREN IN SCHOOL

Special Education Transitions

Early Intervention Services to Early Childhood Special Education Services

Early Childhood Special Education Services to Kindergarten

Postsecondary



What is transition?

Transition is movement or change from one place to another without interruption. As children progress through life they face different challenges not only physically and emotionally, but also socially and educationally. Although children are continually engaged in the process of adapting to new challenges, there are certain critical transition points in education which can be particularly stressful if not supported and understood.

Which transition points are legally mandated?

There are three critical special education transition points for children in school:

1. Early intervention services to early childhood special education services (preschool)
2. Early childhood special education services (preschool) to kindergarten
3. Postsecondary

Why are transition points for children in school important?

There is a great deal of information indicating that a child's success in school can be linked, at least in part, to effective transition practices and activities. Children's early experiences lay the foundation for enjoying school and performing well. Transition planning and services are included in federal law to benefit children and youth at critical points to ensure that movement from one setting, school, program, or grade will be addressed in a timely manner and effectively support the child/family throughout the process.

What are the components of effective transition planning?

1. Strong working partnerships between child/student, family, school, and early intervention professionals (when appropriate) through consistent and effective communication.
2. Inclusion of other interested parties or professionals in transition meetings.
3. Parents' knowledge of their rights and service obligations for their child.
4. Establishment of clear expectations about respective roles and responsibilities.
5. Visitation of school settings and provision of information on potential education programs and services prior to planning meetings.



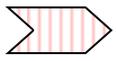


Transition Age	Begins at 2 years, 9 months; IEP must be developed by 3 years	Age 5 by September 1st	16—22 years ¹⁶
Eligibility Categories	Preschool Severe Delay, Developmental Delay, Vision Impairment, Hearing Impairment and Speech and Language Impairment	Autism, Developmental Delay (through age 9), Emotional Disability, Hearing Impairment, Mental Retardation (Mild, Moderate, Severe), Multiple Disabilities, Multiple Disabilities with Severe Sensory Impairment, Orthopedic Impairment, Other Health Impairments, Specific Learning Disability, Speech/ Language Impairment, Traumatic Brain Injury, Visual Impairment	Autism, Emotional Disability, Hearing Impairment, Mental Retardation (Mild, Moderate, Severe), Multiple Disabilities, Multiple Disabilities with Severe Sensory Impairment, Orthopedic Impairment, Other Health Impairments, Specific Learning Disability, Speech/ Language Impairment, Traumatic Brain Injury, Visual Impairment
Responsible Party	Arizona Early Intervention Program (AzEIP) Individualized Family Service Plan (IFSP) Team	Public Education Agency (PEA)/IEP team*	PEA/IEP team*
Outcome	Moves from a family-driven plan (IFSP) to an educationally based plan for the student (Individualized Education Program – IEP)	Services and site location determined by IEP team*	Measurable postsecondary goals for education/training, employment and independent living when appropriate to include a coordinated set of activities that addresses all of the following areas: instruction, daily living skills, related services, functional evaluation, post school adult living, community experiences and employment
Funding	IDEA Part C and other public and private funding sources	IDEA Part B	IDEA Part B

¹⁶ Postsecondary transition must be addressed not later than the first IEP to be in effect when the student turns 16 or younger if determined appropriate by the IEP team. IEP team must include the parent.

* Refer to the definition of an IEP team as outlined in [Section 1.3 Federal and State Requirements](#) under the Individuals with Disabilities Education Act (IDEA)/Special Education Services V.a.i-vii.

Special Education Transitions



Early Intervention Services to Early Childhood Special Education Services¹⁷

(Individuals with Disabilities Education Act [IDEA] Part C to Part B Transition)

IDEA Part C ensures early intervention services to children with disabilities under the age of three while Part B ensures Free Appropriate Public Education (FAPE) for three to five year old children with disabilities. This legislation specifically mandates that programs support transition planning and a seamless delivery of services for children from birth to five years of age.

Responsible Party for IDEA Part C

The Arizona Department of Economic Security (ADES) is the lead agency responsible for the coordination of a statewide system of early intervention programs and services to families of children age birth to three years with disabilities or developmental delays. The Arizona Early Intervention Program (AzEIP) is the total interagency effort in Arizona that is directed at finding, assessing, and meeting the needs of children eligible under IDEA Part C.

The following state agencies are collectively known as the **AzEIP participating state agencies**:

- Arizona Department of Economic Security (ADES)¹⁸
- Arizona Department of Health Services (ADHS)¹⁹
- Arizona State Schools for the Deaf and the Blind (ASDB)²⁰
- Arizona Department of Education (ADE)²¹
- Arizona Health Care Cost Containment System (AHCCCS)²²

The following agencies are the **AzEIP service providing agencies**:

- Arizona Department of Economic Security through the services and activities of the Division of Developmental Disabilities (ADES/DDD)²³ and the Arizona Early Intervention Program (ADES/AzEIP)²⁴, and the
- Arizona State Schools for the Deaf and the Blind (ASDB)

The purpose of early childhood intervention is to enhance the capacity of families to support their infants and toddlers who have delays or disabilities, to thrive in their homes and communities. AzEIP partners with families in developing an **Individualized Family Service Plan (IFSP)** which focuses on expanding the child's engagement, independence, and success in typical daily activities and routines by building on family and child resources and identifying the necessary services and supports to attain identified outcomes.

¹⁷ <http://www.azed.gov/wp-content/uploads/PDF//EC09.pdf>

¹⁸ <https://www.azdes.gov/>

¹⁹ <http://www.azdhs.gov/>

²⁰ <http://www.asdb.state.az.us/>

²¹ <http://www.ade.state.az.us/>

²² <http://www.azahcccs.gov/>

²³ <https://www.azdes.gov/ddd/>

²⁴ <https://www.azdes.gov/AzEIP/>

Transition Outcome

The AzEIP Service Coordinator initiates ongoing conversations about transition with families throughout their enrollment in early intervention services. Understanding the differences between the laws that govern Part C and Part B services will aid families' awareness of changes that might occur when transitioning from early intervention to preschool programs such as:

- location of services (home-based vs. school-based)
- family-focused vs. the child-focused education planning process
- frequency, availability, and location for related services (physical, speech, or occupational therapies)
- options and requirements for family participation

Transition Age

Under federal law, planning for transition from the family-focused services of early intervention (Part C) to the child-centered education programs of Part B begins as early as a year prior to the child's third birthday. Required conferences include:

- IFSP Transition Planning Meeting
- Transition Conference (TC)
- Preschool Eligibility Conference/Multidisciplinary Evaluation Team (MET) Conference
- Individualized Education Program (IEP) Conference

Transition Process

The ***IFSP Transition Planning Meeting*** occurs around the child's age of two and its purpose is to develop and document the transition plan as part of the IFSP. The transition plan describes the activities and steps to be taken to support the child's transition to preschool or other appropriate services at the age of three. This planning meeting includes the family, the AzEIP Service Coordinator, and members of the IFSP team and addresses what the family would like for transition (i.e., whether or not to schedule a Transition Conference and who to invite, including programs such as schools, Head Start, and private preschools).

AzEIP is responsible for organizing the ***Transition Conference*** (TC) which occurs between the time the child is 2 years 3 months and 2 years 9 months of age. Prior to the TC, parental consent is obtained for AzEIP to provide to the Public Education Agency (PEA) the child's developmental and medical history (including the most recent vision and hearing results) and a copy of the child's current IFSP. The parent can also choose to discontinue the transition process, at which time the AzEIP Service Coordinator with parental consent, will notify the school of the parent's decision.

The ***Transition Planning Team*** consists of:

- child's parent(s)
- AzEIP Service Coordinator and provider from the family's IFSP team
- representative from the PEA
- representatives from other potential programs
- anyone else the family wishes to invite



The ***purpose of the TC*** is to:

1. establish tentative timelines and activities for the child's transition into the PEA, if eligible
 - a. describe the purpose, scope, and participation in the MET and IEP meetings
 - b. identify Part C members the parent may want to participate
 - c. provide parents with an explanation of the requirements of FAPE and a copy of the procedural safeguards afforded the child/family as required in Part B of the IDEA
2. review existing data, including vision and hearing screening information
3. plan for the collection of additional information, including evaluation and procedures to assist in determining eligibility for Part B and appropriate IEP services, including Extended School Year (ESY)
4. review the potential program options and continuum of services available on the child's third birthday, including those programs for children with and without disabilities
5. establish a plan for parental visitation to the education programs available

The PEA will coordinate a review of the data obtained from AzEIP, the parent(s), and other available sources to determine if additional information is needed to determine eligibility for preschool special education services. If needed, parental consent is obtained to conduct further evaluation. The PEA shall then complete the eligibility determination within 60 days of the written parental consent to evaluate, not to exceed the child's third birthday.

The ***Preschool Eligibility Conference/MET Conference*** occurs no later than the month prior to the child's third birthday. The ***purpose of this conference*** is to convene the Multidisciplinary Evaluation Team (persons described as the [IEP Team](#) and other qualified professionals), to determine if the child is eligible for preschool special education and related services based on all information. At the request of the parent, the AzEIP Service Coordinator and a service provider can attend the conference and provide information to assist with the eligibility determination. The PEA is responsible for explaining the results of the evaluation to the parent(s) and providing prior written notice and procedural safeguards. The ***PEA*** collaborates with AzEIP in scheduling parent visitations to available education programs. If the child is not eligible for special education services, AzEIP is responsible for assisting the parent(s) in identifying support through community agencies and resources.

If the child is determined eligible for preschool special education services, the PEA is required to hold an ***IEP Conference*** within 30 days of the eligibility determination and prior to the child's third birthday. With parental agreement, the IEP Conference may be held at the same time as the Preschool Eligibility/MET Conference and include the presence of the AzEIP Service Coordinator and Part C service providers to assist the IEP Team in developing the initial IEP plan.

Child and Family Team Involvement

The AzEIP Service Coordinator and early intervention service providers are part of the Child and Family Team (CFT) for any child enrolled in the public behavioral health system. In situations where there has been no prior AzEIP involvement on the Child and Family Team, inclusion of CFT members for transition planning purposes can begin with the Transition Conference. CFT members then work in collaboration with the IEP team to address the child's transition from early intervention services to early childhood special education services.



Early Childhood Special Education Services to Kindergarten

(Arizona Department of Education Standards for Kindergarten)²⁵

Transition to kindergarten can be addressed through the provisions of the Individuals with Disabilities Education Act (IDEA 2004) in:

- determining educational placement in the least restrictive environment; and
- the special education and related services required by the child.

However, a specific process is not clearly articulated in federal law or in the Arizona Revised Statutes so each school district can implement transition as needed.

“Demonstration models for transitioning children with disabilities to elementary school suggest the following best practices:

- using a collaborative team approach to involve families, both sending (preschool) and receiving (kindergarten) teachers and related services staff, and school administrators;
- setting transition goals and outlining anticipated outcomes;
- encouraging active empowerment and involvement of families in the process and enhancing communication between all involved staff; and
- focusing on the needs and strengths of individual children and the services and supports needed to be successful in kindergarten (Ross-Allen, Conn-Powers & Fox 1991; Wolery 1999; Sandall, McLean & Smith 2000).”²⁶

IDEA Eligibility Categories

The following categories of disabilities, as defined by the State of Arizona, apply to kindergarten through grade twelve (K-12) in the public school, except where otherwise noted (refer to [Addendum A: Disability Classifications in Arizona](#)):

1. Autism
2. Developmental Delay (applicable through age nine)
3. Emotional Disability
4. Hearing Impairment
5. Mental Retardation
 - a. Mild Mental Retardation
 - b. Moderate Mental Retardation
 - c. Severe Mental Retardation
6. Multiple Disabilities
7. Multiple Disabilities with Severe Sensory Impairment
8. Orthopedic Impairment
9. Other Health Impairments
10. Specific Learning Disability
11. Speech/Language Impairment
12. Traumatic Brain Injury
13. Visual Impairment



²⁵ <http://www.azed.gov/standards-practices/core-state-standards/>

²⁶ <http://www.readingrockets.org/article/30123>

Funding for services is based on the IDEA eligibility categories with the exception of Traumatic Brain Injury (TBI) which does not have separate funding. For students with a TBI, schools typically identify how this manifests as another disability and will do a concurrent eligibility to access funding for services. For example, a student's TBI may manifest itself as a Specific Learning Disability (SLD) so the student would be eligible for services under that category's funding. Each school district sets its own criteria for eligibility under the SLD category.

Re-determining eligibility is no longer mandatory when transitioning children from preschool to kindergarten if the child is identified as Developmentally Delayed (DD) or having a Speech/Language Impairment (SLI). In Arizona, when school districts identify preschool children with moderate delays as DD this eligibility category may remain in place as the child transitions to kindergarten. The DD category has the same definition as the former Preschool Moderate Delay (PMD) category, yet extends through the age of nine. For children in kindergarten, the DD category allows the Multidisciplinary Evaluation Team (MET) to identify a child with a delay, including delays in social emotional and adaptive behavior development. This indicates that a child's development is significantly affected and that without special intervention it is likely educational performance will be negatively affected. In addition, children identified as SLI will also transition to kindergarten without the need for re-determining eligibility. **Individualized Education Program (IEP)** teams are able to focus on the child's ongoing progress through assessment and other data monitoring as the child transitions to kindergarten.

Accurate diagnosis for the appropriate IDEA eligibility category is critical as funding amounts differ between categories. This can be important for children with Autism (A), Moderate Mental Retardation (MOMR), or Severe Mental Retardation (SMR) where higher funding is needed to support learning.

A re-evaluation is required to take place at least every three (3) years, unless the parent and the Public Education Agency (PEA) agree that a re-evaluation is unnecessary. A school-aged category **must** be determined by the time the child turns ten years of age. At this age the use of standardized and norm-referenced assessments are considered to have improved reliability for identifying a young child's specific disability and corresponding eligibility category.

Transition Process

- An evaluation is completed to determine if a child may be eligible for special education services
- The child's need for special education and/or related services is determined by the MET
- An IEP is written following the determination of need for continued special education services

Generally, staff from the charter or school district in which the family resides will attend the IEP meeting. This meeting occurs on the regular IEP date, on or before September 1st, of the year when the child will be five years old. At this time, the IEP will be developed to include the child's preschool experience to ensure there is no gap in services as the child begins kindergarten. Evaluation and transition planning may take more than one meeting.

There are several possible activities parents can do to help their child transition from the comfort of the preschool setting to the newness of the kindergarten setting:

- The parent may request that preschool staff invite the elementary school staff to a transition meeting in the spring, if one has not been scheduled. This will allow time for evaluation activities and an IEP review.
- The parent may go to the school and meet the teacher, principal and/or the director of special education.
- A visit to the new classroom with the child might lower anxiety for both the parent and the child. By visiting the classroom and meeting the teacher, this will give both the parent and teacher a chance to discuss the child's needs and assist the child in a successful transition to kindergarten.

CFT Involvement

The school is expected to be a part of the Child and Family Team (CFT) for any child enrolled in the public behavioral health system. In situations where there has been no prior school involvement on the Child and Family Team, inclusion of CFT members for transition planning purposes can begin with the teacher and/or principal. For children determined eligible for special education services, CFT members then work in collaboration with the IEP team to address the child's transition from early childhood special education services to kindergarten.



Postsecondary Transition Services

The term “transition services” means a coordinated set of activities for a child with a disability that:

- is designed to be a results-oriented process that is focused on improving the academic and functional achievement of the child with a disability in facilitating that student's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and community participation;

- is based on the individual child’s needs, taking into account the child’s strengths, preferences, and interests; and
- includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Refer to 20 U.S.C. 1401(34) and 34 CFR §300.43(a).

Legal Requirements

Per IDEA 2004 §300.320(b):

- beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually thereafter
- the IEP must include:
 - ◊ measurable postsecondary goals based upon age-appropriate transition assessments related to training and education, employment, and when necessary, independent living skills
 - ◊ the transition services (including courses of study) needed to assist the child in reaching those goals
- transfer of rights (when a student reaches the age of 18):
 - ◊ all rights transfer to the student unless there is a court-appointed legal guardian, or if the student chooses to delegate his/her rights
 - ◊ the school informs parents and students about the transfer of rights no less than one year before the student reaches the age of majority
 - ◊ parents may continue to participate in meetings if invited

IEP Transition Components (required by age 16)

- student is invited
- Present Levels of Academic Achievement and Functional Performance (PLAAFP)
 - ◊ a summary of the student’s strengths, preferences, and interests as indicated by all assessments
- measurable postsecondary goals that are based on the results of age-appropriate transition assessments and consider the strengths, preferences and interests of the student



Assessments may be formal

- standardized achievement tests
- adaptive behavior scales
- aptitude tests
- personality scales
- self-determination scales
- pre-vocational/employability scales
- college entrance instrument
- military entrance instrument

Assessments may be informal

- interest inventories
- skills inventories
- situational observations
- situational assessments
- interviews
- social histories
- rating scales for specific areas

Set of Activities

- coordinated strategies or steps in the plan for transition to adult life that document the effort between the school, family, student and appropriate post-school services, supports, programs and/or agencies
- coordinated set of activities to be addressed in the IEP include instruction, community experiences, employment, adult living, and if needed, daily living skills, functional/vocational, and other related services

Courses of Study

- the education plan is designed to make the education program relevant and meaningful while motivating the student to complete school
- include high school courses/classes that focus on improving the academic and functional achievement of the student to assist in transitioning from high school to post-school

Annual IEP goals

The IEP must contain annual goals that will reasonably enable the student to achieve a successful postsecondary transition; for example:

- **measurable postsecondary goal:** I/Richard will work full-time with benefits as a mechanic for Bell Ford after graduation
- **annual IEP goal:** Given reading materials from the workplace, I/Richard will increase my/his current reading comprehension level from 1 out of 8 comprehension questions answered correctly to answering 6 out of 8 comprehension questions correctly to be able to work as a mechanic

CFT and other agency involvement for postsecondary transition planning

- Representative of any participating agency (with prior consent)
- Some appropriate people to invite:
 - ◇ Arizona Department of Economic Security:
 - Child Protective Services
 - Division of Developmental Disabilities
 - Vocational Rehabilitation
 - ◇ universities
 - ◇ Job Corps
 - ◇ independent living centers
 - ◇ behavioral health
 - ◇ school to work programs
 - ◇ employer
 - ◇ public transportation services
 - ◇ juvenile justice
 - ◇ technical/vocational schools
 - ◇ community support, family, friends



Facilitating School Involvement in Child and Family Team Practice

2.1 ENGAGEMENT OF SCHOOL PERSONNEL: BENEFITS, ROLES, EXPECTATIONS, BARRIERS, SOLUTIONS, and CREATIVE STRATEGIES

BENEFITS OF SCHOOL PARTICIPATION ON THE CHILD AND FAMILY TEAM (CFT)

Participants

Examples of school personnel who may participate on the CFT:

- whoever the child/family identifies or recommends
- administrator at site or district
- prevention coordinator
- teacher
- special education teacher
- school psychologist
- social worker
- counselor
- nurse

Ongoing communication between all parties/persons involved with the child provides an opportunity to engage in cross-system education that imparts knowledge of accessible services and community supports. Other individuals involved with the child, parent/caregiver, and school can include:

- family members
- close family friends
- behavioral health case manager, behavior coach, direct support worker
- Child Protective Services' (CPS) case manager, Court Appointed Special Advocate (CASA), attorney, Guardian ad Litem (GAL)
- juvenile probation/parole officer
- Division of Developmental Disabilities' (DDD) support coordinator
- day care provider
- mentor
- others as identified by the child/family

Information to be provided

Valuable information can be provided by school personnel. This information may involve identification of needs and strengths, updates on school performance, clarification of a child's learning style, family dynamics, helpful intervention strategies, feedback on medication effects/side effects, and overall problem solving. School personnel can also provide practical and relevant information towards the completion of the Child and Adolescent Service Intensity Instrument (CASII).

With the parents' approval,²⁷ the school, as an active team member, can provide baseline data on the student's attendance record, grades, progress towards Individualized Education Program (IEP) goals if the child is in special education, frequency of discipline referrals, and standardized test scores such as the AIMS²⁸ or other school district tests. This information may identify areas for goal development that would support the student's academic success and implementation of the child's service plan across home and school settings.

Additionally, school or teacher input regarding more subjective factors may be used to indicate and/or promote progress or improvement in school/classroom performance. This could include observations of:

- specific behavior improvement
- interpersonal relationships with peers and adults
- engagement in school/learning process (e.g., comfort level, participation in extracurricular activities, motivation, effort, etc.)
- coping/adaptation skills (e.g., time management, conflict resolution, communication, work completion, etc.)
- progress toward reaching readiness for transition (i.e., promotion to the next grade or to less restrictive educational setting)
- transition to adult living or post secondary education

Collaboration

Collaboration among all team participants is a significant benefit in the provision of consistent and comprehensive services to children and families. When everyone involved with the child/family is working together each team member has knowledge of the goals, progress, strengths, and challenges that are occurring both in and outside of the school setting. CFT practice, when it involves the school, is beneficial to the child/student because it leads to improved communication and trust through shared information, resources, and responsibilities.

Enhanced brainstorming efforts allow for team members, particularly parents/caregivers and teachers to discuss behaviors as well as interventions that are working/not working (in the home and at school) in order for the team to develop a unified plan. In some cases, it can be an effective use of time to combine an IEP meeting with a CFT meeting to ensure centralized planning and consistency, avoid duplication, and increase accountability between multi-systems serving children and their families.

Additional benefits include:

- consistency with the [Arizona Vision](#) to provide accessible behavioral health services designed to aid children in achieving success in school
- collaborative practices that support the [12 Arizona Principles](#)
- improved service planning that is individualized and sensitive to the child's/family's needs
- improved functional outcomes
- consistent response by all persons to the child's behaviors

²⁷ Children/youth involved with Child Protective Services (CPS) still require parent approval unless the parent's educational rights have been terminated. Refer to [Addendum B: Surrogate Parents](#) for definition of parent.

²⁸ Arizona's Instrument to Measure Standards (AIMS)

- reconnecting school and family where needed
- collaborative problem solving
- opportunities for resource sharing
- improvement in school attendance and academic performance
- decrease in behavioral concerns and discipline referrals at school
- potential decrease in the need for special education services
- preventing a child's transfer to a more restrictive school environment



ROLES AND EXPECTATIONS OF SCHOOL PERSONNEL AND CFT FACILITATORS

School Personnel's Role

School is the place where young people spend the majority of their time. School staff can provide the CFT with both general and specific information regarding the child's performance in the school setting.

Expectations for School Participation:

- identify the child's learning style
- provide information on the child's academic performance
- share intervention strategies utilized
- share and explain results of any previous school evaluations
- participate in collaborative planning
- present the child's strengths and areas of growth
- provide information on the child's behavior, interaction with peers, coping skills, needs, and responses to behavioral interventions
- educate CFT members on the culture of the education system and the resources available to best support the child's academic success

CFT Facilitator's Role

A CFT Facilitator is the person who ensures that the philosophy and elements of CFT practice are delivered with fidelity to the Arizona Vision²⁹ and the [12 Arizona Principles](#) in accordance with best practices, while still allowing for individualization in the planning process specific to the child/family. Although any team member may lead a CFT meeting, ultimately it is the behavioral health service provider's responsibility for facilitating the essential activities that comprise effective CFT practice and informing all team members who the main point of contact is for the team.

Expectations for CFT Facilitation:

- Engagement of the Child and Family
 - ◊ builds a foundation of trust between the child/family and other team members
 - ◊ engages in communication with the child and family to learn and understand the family's concerns

²⁹ "In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's and family's cultural heritage."

- Crisis Planning
 - ◇ addresses immediate crisis stabilization which takes precedence over all other assessment and planning activities
 - ◇ facilitates ongoing crisis planning when there are identified risks and/or safety concerns that threaten the stability of a child in his/her community setting
- Strengths, Needs and Culture Discovery (SNCD)
 - ◇ incorporation of the child's and family's strengths, needs, and culture into the behavioral health assessment and service plan
 - ◇ when the SNCD is developed as a separate document the family's approval is obtained to ensure the accuracy of the information and that it represents or fits with how the family views itself before it is shared with the team
- CFT Formation
 - ◇ strengthens or helps to build a natural and community based social support network for the family
 - ◇ identifies family support, peer support, other system partners, and community resources that can assist the child/family with exercising their voice in the CFT process
 - ◇ when CPS is the identified guardian, identification of any barriers to the involvement of the child's family members on the CFT is done in conjunction with the CPS case manager
 - ◇ when working with older youth, respect for the young person's wishes around team formation is expected
- Coordination of CFT Practice
 - ◇ Scheduling: plans and schedules meetings at times and in locations that are convenient to the family/ caregiver and child
 - ◇ Advance Preparation: considers what each team member wants to achieve in the meeting *before the meeting starts*
 - ◇ Encouraging Participation: assists all team members in sharing information and their viewpoints without forcing participation
 - ◇ Resolving Conflict: helps team members find areas of common ground when disagreement occurs; mediates when necessary; recognizes when there is conflict and addresses the issue outside meeting time when necessary
 - ◇ Building Consensus: ensures the whole team supports the child's/family's goals, options identified to achieve goals, and collaborates on service delivery
 - ◇ Monitoring: ensures that planning is individualized, strengths-based, sensitive to the child's/ family's needs and culture, and utilizes natural supports; reviews progress of the plan; tracks use of services/interventions and team member commitments
 - ◇ Documentation: informs the child/family of their rights and obtains all signed consents, confidentiality agreements, and releases of information; ensures all CFT members receive documentation of CFT meetings and task assignments



- Service Planning and Implementation
 - ◊ engages CFT members in brainstorming options and identifying creative and nontraditional approaches, including formal services and natural supports, for meeting the needs of the child and family in the development of the Individual Service Plan (ISP)
 - ◊ secures and implements the covered behavioral health services identified in the ISP
 - ◊ identifies specific activities or ways for interacting with the child to reinforce a particular behavior
 - ◊ includes short-term, observable/measurable goals with indicators to objectively track progress made over time
 - ◊ facilitates the team in refining strategies or developing new interventions when existing measures or services are not working

- Transition
 - ◊ supports the child and family in maintaining positive outcomes throughout periods of transition
 - ◊ prepares the family and their natural supports in sustaining the child's success

BARRIERS, SOLUTIONS, AND CREATIVE STRATEGIES FOR SCHOOL ENGAGEMENT AND PARTICIPATION

In Arizona, CFT practice³⁰ was implemented to support collaborative processes and comprehensive service delivery to children with behavioral health needs. Historically, CFT practice has included or encouraged the participation of the child/youth, family, informal supports (family friends, neighbors, ministers, coaches, etc.), behavioral health professionals, CPS workers, and probation officers. The inclusion and/or participation of the school system however, has been inconsistent. Several barriers exist that have complicated efforts to involve the school on the CFT which include:

- awareness
- administrative restrictions
- scheduling
- geography
- confidentiality
- resources
- liability



Awareness of CFT practice and its purpose has not included educating school personnel on a consistent basis. Behavioral health and education may have common goals but each have their own set of requirements and documentation. A general lack of understanding of the purposes of each system's objectives may create tension or confusion when parties are not clear on who is responsible for facilitating this collaboration. Lack of awareness about available services, as well as biases of school and/or behavioral health personnel that behaviors and academics are never related, prevent schools and behavioral health from working together as a team to achieve a common goal. One potential resolution for increasing awareness can be outreach efforts to districts by way of mailed informational packets and subsequent department in-services to educate school personnel about CFT

³⁰ Refer to the [Arizona Department of Health Services/Division of Behavioral Health Services \(ADHS/DBHS\) Practice Protocol Child and Family Team Practice](#).

practice, the school's role in this process, and the array of behavioral health services that are available. During the early stages of team formation, the family/guardian along with the behavioral health provider would benefit from engaging the education system by sharing with them the benefits of their participation in a collaborative service planning process.

Administrative restrictions hindering school personnel's involvement on the CFT may be present in some education settings, while in other districts or schools a supportive structure for participation has been established. School awareness of CFT practice and knowledge of the benefits of the school's involvement is the first step toward gaining approval from school administrators for team participation by their personnel. A second approach that can assist with engagement is to have school staff tell other educators about their involvement with a successful CFT. Tribal and Regional Behavioral Health Authorities (T/RBHAs), along with their contracted behavioral health providers, are encouraged to work together in gaining the support of the school's administration for allowing and encouraging relevant school staff to participate in the CFT process. While the Arizona Department of Education (ADE) does not have the authority to make a statewide commitment for schools to participate in or support CFT practice, there are many ways to solicit involvement at the school level.

Some additional creative strategies include, yet are not limited to:

- ensure the school understands that they do not need to attend every meeting
- conduct the meetings at the school location or before or after classroom time
- encourage telephone participation as an option
- employ the use of mailers and information packets to schools
- develop and provide web-based information and training
- offer trainings as a Continuing Education Unit (CEU)

Scheduling a CFT meeting presents a challenge for teachers whose schedule may restrict their participation to before or after school which leaves only a narrow window of opportunity for their participation. Additionally, [A.R.S. §8-527 Children in out-of-home care; noninterference with regular school activities](#) was amended through Senate Bill 1560, effective July 20, 2011, which requires that "the agency, division and Department of Health Services in accordance with Section 36-3435, Subsection B, shall make every reasonable effort to not remove a child who is placed in out-of-home care from school during regular school hours for appointments, visitations or activities not related to school". The CFT must consider this limitation and be willing to meet at the school, before/after school hours, or try to include the teacher by phone. Meetings should be conducted to best accommodate the family's schedule while maximizing the opportunity for school personnel to participate. Even though school presence is not required at all meetings, when service planning involves educational issues or behaviors problematic to school performance, it is imperative that school personnel participate and provide their input.

Geography may play an important role in the ability of school staff to participate in a CFT meeting or for a CFT to conduct its meeting on school grounds. This is even further complicated when a youth is residing in an out-of-home placement or attending a school that is located elsewhere than in his/her home school district. A child may be enrolled in a provider agency or network in one area of town but attend school in another. It is important that the behavioral health service provider address any accommodations that may be indicated such as the scheduling/location of appointments,

interpretation services, child care or transportation needs. The behavioral health service provider works with the child and family to identify the most convenient meeting location and time. Meetings could be held at the family's home, school, library, community center, or another location identified by the child and family. When meeting in public places it is important to comply with [ADHS/DBHS Provider Manual Section 4.1 Disclosure of Behavioral Health Information](#). CFT meetings which would involve school decision-making can be conducted on the school campus with their approval during lunch, or before and after school.

Confidentiality and rules related to the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) may at times appear to prevent the discussion or sharing of academic and behavioral health issues and records. Parents/guardians must provide appropriate releases of information (may also be called consents, disclosure, authorization to release records, etc.) to share confidential information about the child among community partners. Concerns and lack of understanding about confidentiality may prevent schools and behavioral health providers from openly collaborating when personnel fear they may be revealing protected health information without proper consent. For youth in foster care, this problem becomes even more complicated. While parents may not have legal custody of their child which limits their authority to consent to the release of behavioral health, child welfare, probation or medical records, they still maintain legal rights to educational records.³¹ It is important to consider all agency involved documents that a CFT or school may require or request when obtaining a Release of Information (ROI). The Governor's Office for Children, Youth and Families issued an "[Information Sharing Guide](#)"³² in July 2008. This document provides guidelines for the sharing of information of children and families involved in the child welfare and/or juvenile justice systems among various state agencies.

Resources are not always available to all systems. Some may be concerned that a CFT will determine that the school should provide a specific resource not readily available to the school. Additionally, some CFTs may be concerned that the behavioral health system will be asked to provide educational services not available to the provider. However, without the collaboration between the school and behavioral health system through a functioning CFT, identifying the most appropriate resources and the sharing of resources cannot occur. It is vital that community partners pool resources that best address the child's/family's needs. This collaboration of resources will ultimately result in a shared responsibility for service provision.

Behavioral health providers are able to share information about the application of direct support services as implemented through the "[Meet Me Where I Am](#)" campaign. Direct Support Services are sometimes known by other names such as Support and Rehabilitation Services, Community-Based Support Services, One-to-One Services, Intensive In-home Services, and Behavior Coaching Services. Direct Support Services are provided in the home and/or in the community; natural settings where the child lives and interacts with others. The use of these services is intended to support families in keeping their children living at home, helping their children avoid delinquency, achieve success in school, and

³¹ Refer to the definition of parent/legal guardian in [Section 1.3 Federal and State Requirements](#) under the Individuals with Disabilities Education Act (IDEA)/Special Education Services V.a.i.1-5.

³² Refer to [Section 3.3 Resources](#) for more information on the *Information Sharing Guide* through the State of Arizona Systems Integration Initiative.

become stable and productive adults. These non-traditional supportive services³³ can include:

- Skills Training and Development
- Psychosocial Rehabilitation Living Skills Training
- Medication Training and Support
- Ongoing Support to Maintain Employment
- Psychoeducational Services (Pre-job training and Development)
- Personal Care Services
- Home Care Training Family (Family Support)
- Behavioral Health Prevention/Promotion Education
- Self-Help / Peer Services (Peer Support)
- Respite

Intervention strategies by the education system previously mentioned in Section 1.7 can often be overlooked by the CFT. Conversely, school staff may often overlook the utilization of behavioral health services in helping to support the academic and behavioral goals of a youth at school. This makes the sharing and communication of both systems' resources paramount for improving outcomes for children.

When engaging the participation of school personnel on CFTs, behavioral health agency staff can utilize the brochure³⁴ entitled, *What school personnel can expect when invited to join a Child and Family Team*. This brochure briefly outlines the benefits of school involvement and the school's role on the CFT, as well as core components of CFT practice that are pertinent for engaging schools. T/RBHAs and their subcontractors can further personalize this brochure to include their agency's contact information.

Liability is an unnecessary barrier and stems from a misunderstanding of who is responsible for various services. Furthermore, conflicts often occur when disagreements arise as to who is responsible for addressing behavioral health concerns and at what levels. While the school system may identify behavior problems or determine that a behavior is interfering with a child's learning environment, it is not always understood what responsibility the school has to address behavior problems and what role the behavioral health system has in addressing these problems in a school setting. However, by addressing other areas first such as administrative support, the sharing of resources, and creating awareness, it becomes much easier for cooperative collaboration between the education and behavioral health systems to occur. When school administrators support the collaboration and participation of their staff on the CFT, both systems can then work together to implement the most appropriate resources and services, identify who is responsible for providing the service, and how each system can support the child in achieving academic success.

Additionally, many families, caregivers, guardians and child-serving agency staff do not recognize or fully understand the distinctions between general education intervention strategies, 504 Plans with accommodations, and special education services with related services and supports including accommodations. Increasing the collaboration and participation of the school on the CFT can help provide the least restrictive services both in and out of the classroom and may reduce requests for 504 and IDEA accommodations.

³³ <http://www.azdhs.gov/bhs/covserv.htm>

³⁴ [*What school personnel can expect when invited to join a Child and Family Team*](#)
[*Qué puede esperar el personal de la escuela cuando es invitado a ser parte de un equipo CFT*](#)

Joint Planning between School and Behavioral Health

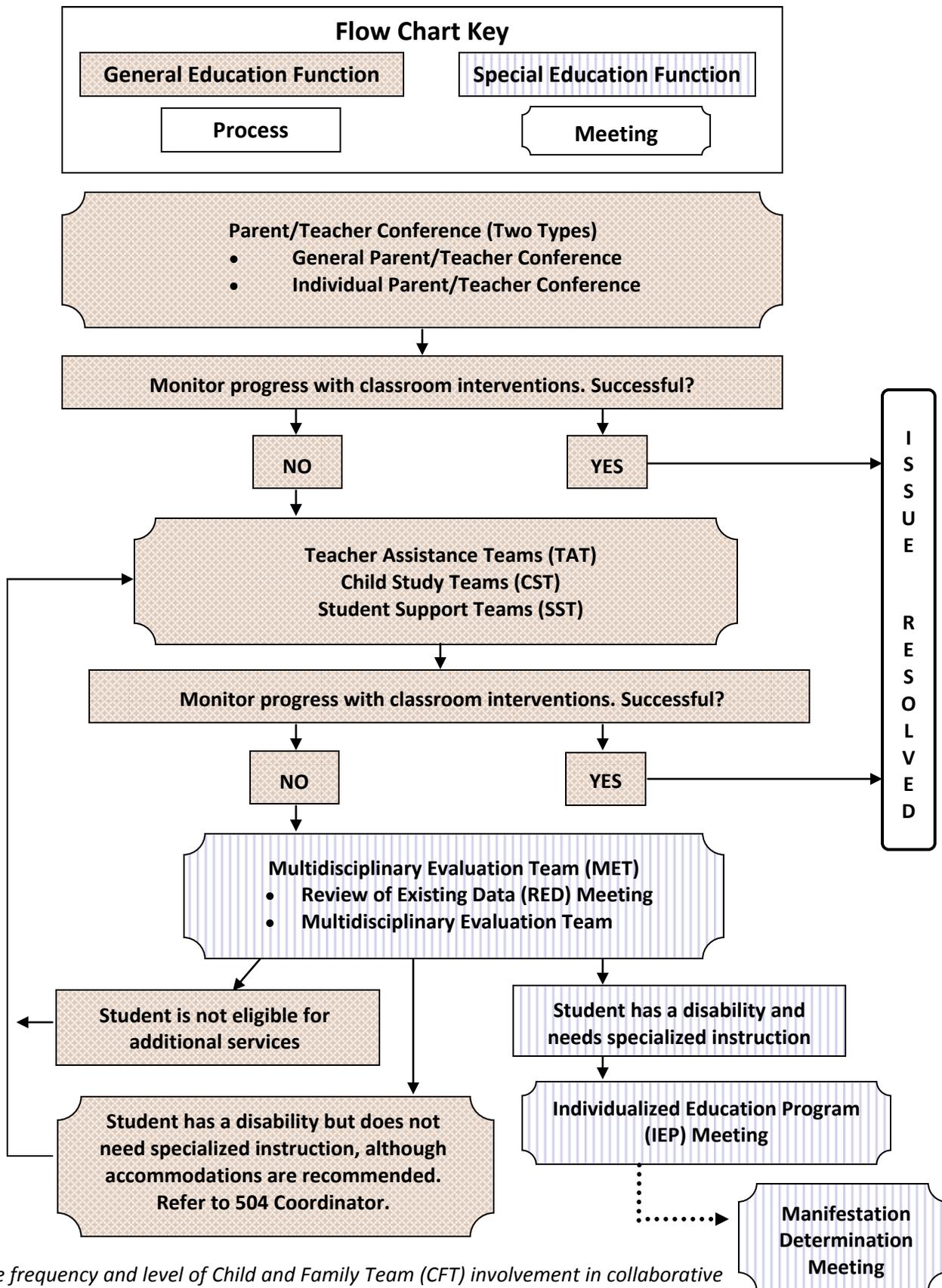
3.1 COLLABORATIVE EFFORTS AROUND SPECIALTY MEETINGS, TECHNICAL ASSISTANCE AND OTHER COLLABORATIONS

Specialty Meetings/Technical Assistance/Collaborations:

- Parent/Teacher Conferences
 - ◊ General
 - ◊ Individual
- Teacher Assistance Teams (TAT)/ Child Study Teams (CST)/ Student Support Teams (SST)
- Multidisciplinary Evaluation Team (MET)
 - ◊ Review of Existing Data (RED) meetings
 - ◊ Multidisciplinary Evaluation Team (MET) meetings: Eligibility for Special Education
- 504 Eligibility Determination and Plan Development meetings
- Individualized Education Program (IEP) Team meetings
 - ◊ Initial
 - ◊ Annual
 - ◊ Review
 - ◊ Manifestation Determination



SPECIALTY MEETINGS



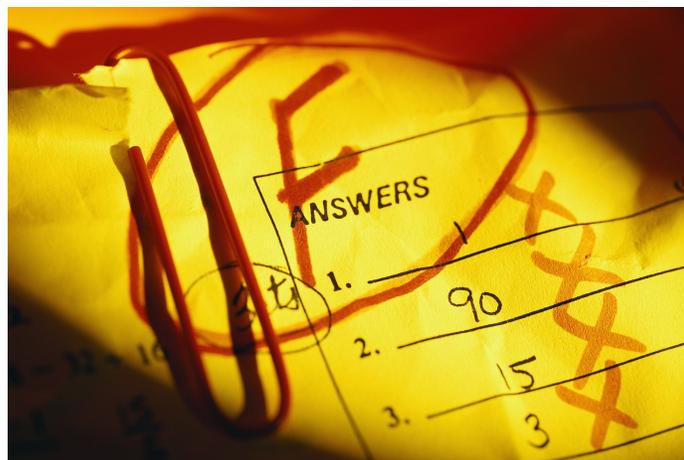
Note: The frequency and level of Child and Family Team (CFT) involvement in collaborative meetings with a school will vary considerably based on the child's needs as viewed by the school, parents/guardians, and other involved service providers.

An overview of the process which may be used by schools to plan interventions for a student with suspected or identified problems was provided in [Section 1.7 Intervention Strategies](#) and should be reviewed to supplement information contained in this section.

PARENT/TEACHER CONFERENCES

All parents/guardians are provided the opportunity to meet with their child's teacher. Typically these meetings are called Parent/Teacher Conferences and can take two forms. Often the student is present at a parent/teacher conference if deemed necessary by the parent/guardian and teacher.

- General Parent/Teacher Conference: These meetings are typically held at least twice a year, are brief in duration, usually 10 to 15 minutes per child, and involve only the parents/guardians and the teacher. Guests are not usually invited to these meetings, which are designed to provide general feedback regarding the student's progress and needs, as well as give parents/guardians an opportunity to provide input.
- Individual Parent/Teacher Conference: If issues are identified which are too significant to address within the timeframe and setting of the general parent/teacher conference, then an individual parent/teacher conference should be requested by the parents/guardians or teacher. The teacher and parent should identify the specific areas of concern and appropriate participants for a follow-up meeting. The parent/guardian may request the participation of an administrator, psychologist, counselor, social worker, nurse, or other school personnel. The parent/guardian may also want to involve formal or informal community supports, professionals who have knowledge of the child, or other Child and Family Team (CFT) members. These additional meetings can often be set up on the school campus and can further define the educational and non-educational issues which may need to be addressed by the CFT in conjunction with the school.



TEACHER ASSISTANCE TEAMS (TAT) CHILD STUDY TEAMS (CST) STUDENT SUPPORT TEAMS (SST)

If a teacher identifies a problem, or if the teacher is informed of a problem by a parent/guardian (such as during a Parent/Teacher Conference as previously noted) which would possibly require an educational intervention or collaborative planning with the CFT or other service providers, the teacher typically uses his/her own knowledge and resources in attempting to meet the child's educational needs. At times, teachers may seek additional help through consultation with other teachers or school personnel for new ideas, strategies or supports. Many schools have a formal process for seeking such collegial consultation. These formal processes may be known by a variety of names, including yet not limited to: Teacher Assistance Teams, Child Study Teams, and Student Support Teams. The names of the teams, their membership, and procedures may vary widely from school to school, district to district, or charter school to charter school. Frequently these teams are composed of education staff only, however participation of other outside agencies or support staff could be requested. Conversely, the CFT facilitator or other representative of the behavioral health service provider could request that a school TAT/CST/SST representative(s) meet with the CFT.

Regardless of location or what the meeting is called, when it is necessary for the CFT and the school to collaborate in addressing a child's needs, there are factors that must be taken into account. The parent/guardian, school representative, and the CFT facilitator need to find a way of exchanging necessary data and developing joint plans. The focus should be on problem identification, problem solving, planning, and intervention strategies that utilize appropriate resources. The education representatives have the necessary knowledge of education resources to design interventions and to monitor the progress of those interventions. Other CFT members can provide community support for the child and family to strengthen the impact of the school interventions. In addition, the school team can provide support for CFT plans by observing and giving feedback on the progress and needs of the child in his/her school setting. If these TAT/CST/SST meetings conclude that additional interventions or evaluations may be needed then a formal meeting may be convened to consider all data available, as well as the student's response to the interventions attempted to date.



MULTIDISCIPLINARY EVALUATION TEAM (MET)

The Multidisciplinary Evaluation Team or MET, has a different membership than the TATs or CSTs as previously described. Membership includes, yet is not limited to, the parent and teacher, a district representative designee, special education providers, primary evaluators, and any other individuals at the discretion of the parent or the agency, who have knowledge of or special expertise regarding the child, including related service personnel as appropriate (e.g., CFT members, speech/language pathologist, etc.). The MET is tasked with determining whether existing data is sufficient for educational decision making, what additional data may be needed, and if a student is eligible for special education.

Review of Existing Data (RED) Meeting

The first step taken when a student is referred for consideration of special education is to complete a RED. This process is initiated to comprehensively review the needs and services already attempted and may or may not be a formal “meeting”. All members of the MET review all available records, including medical history, sensory screening results, past school experiences, the results of attempted interventions, information provided by parents or community providers, and previous evaluations. Additionally, the MET will obtain current information regarding classroom performance, grades, and standardized assessment results. Based upon this review, the MET will determine one of the following:

- a) additional data collection is needed to determine eligibility
- b) no further data is needed and the student is eligible for special education
- c) no further data is needed and the student is not eligible for special education

If the MET decides that additional data collection is needed to determine eligibility, an assessment plan is agreed upon. It is important that CFT members share any outside evaluation results and information that would assist in determining the student’s eligibility for special education. If no further data is needed and the student is determined eligible for special education, the team would proceed to the IEP process as outlined below.

MET MEETING

If it is determined that additional data is necessary to establish eligibility, a final MET meeting will be scheduled to review the results of the assessment within sixty calendar days of obtaining parental written consent. It is the responsibility of the MET to consider all available and relevant information about the student before making a decision. In order to conclude that a student is eligible for and in need of special education, the MET must determine that the student meets all of the criteria for any specific category of disability according to federal, state, and local regulations.³⁵ The MET must also determine the student’s need for specialized instruction and/or related services. The need for specialized instruction may not be due to a lack of instruction in reading or math, or limited English proficiency.

Eligibility decisions will be made by consensus; supported by the comprehensive evaluation report that outlines how the student meets the criteria for one or more specific category of disability. If consensus cannot be reached, the Public Education Agency (PEA) representative makes the final decision and issues a prior written notice documenting that decision to the parent. If the parent disagrees with the decision, s/he may exercise his/her rights under the procedural safeguards.

³⁵ Refer to [Addendum A: Disability Classifications in Arizona](#).

504 ACCOMMODATION PLAN

If the decision is that no further data is needed and the student is not eligible for special education, a 504 Accommodation Plan may be considered. To be eligible for a 504 Accommodation Plan, the student must have a mental or physical impairment that substantially limits one or more areas of the student's major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The student's disability must significantly impact his/her education in order to qualify for education accommodations. The determination of eligibility is made by a school team, which includes the student's parent(s)/guardian(s).

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

If the student is found eligible for special education by the MET, an IEP team³⁶ is then tasked with developing an IEP within thirty days of the MET meeting. The IEP is both a process and a written document whereby teams develop a written plan for a student with disabilities, monitor the student's educational progress, and make needed changes in the student's program as circumstances change. An IEP must be based on the individual needs of the student, must enable the student to receive educational benefit, and must meet state educational agency standards.

THERE ARE DIFFERENT TYPES OF IEP MEETINGS:

Initial IEP

The IEP team, including CFT members, identifies the initial baseline of the student's level of performance and collaborates on initial special education services, annual goals, related services, supplementary supports and/or accommodations needed.

Annual IEP

The IEP team, including CFT members, will review/revise the student's IEP at least once a year, in order to identify the student's current level of performance, collaborate on goal development, and identify needed special education services, related services, supplementary supports and/or accommodations.

IEP Review

Any member of the IEP team, including CFT members, may request a meeting to review or revise the IEP at any time. Revisions may be needed to address:

- a) documented lack of expected progress over two consecutive reporting periods toward annual goals and in the general curriculum
- b) the results of a reevaluation
- c) new information about the student provided by the parent(s) or school staff
- d) other matters that may negatively impact progress towards goals
- e) a student's needs following a manifestation determination

³⁶ Refer to the definition of an IEP team in [Section 1.3 Federal and State Requirements](#) under the individuals with Disabilities Education Act (IDEA)/Special Education Services V.a.i-vii.

MANIFESTATION DETERMINATION³⁷

Within ten school days of any decision to change the educational placement of a child with a disability because of a violation of a student code of conduct, the PEA, parent, and members of the IEP team must meet and review all relevant information in the student's file, including the IEP, teacher observations, behavior intervention plans, and other relevant documents, to determine:

- a) if the conduct was caused by, or had a direct and substantial relationship to the student's disability; or
- b) if the conduct in question was the direct result of the PEA's failure to implement the IEP.



³⁷ Special Education Discipline Determination; refer to [Section 1.8 Discipline Process](#) for more information

3.2 SPECIAL CONSIDERATIONS FOR JOINT PLANNING

RELEVANT TO PROVISIONS CONTAINED IN FEDERAL LAW

§300.300 PARENTAL CONSENT

This section outlines the types of consent, as well as when consent is or is not required by schools related to acquiring information or engaging in a process.

What is informed consent?

Informed Consent means the parent has been fully informed of all information relevant to the activity for which the school is seeking consent, in the parent's native language or other method of communicating. *Written consent* means the parent understands and agrees in writing to the school carrying out the activity for which the consent is sought; the consent must describe the activity and list the records (if any) that will be released and to whom. The parent is informed and understands that the granting of consent is voluntary and may be revoked at any time. The parent may revoke consent, however revocation of consent is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked).

Informed Consent:

- ◇ Includes all relevant information to the activity for which the school is seeking consent; and
- ◇ Is in the parent's native language or other method of communicating.

Written Consent:

- ◇ Assumes understanding and agreement
- ◇ Describes the activity
- ◇ Lists records that will be released and to whom

Granting consent is voluntary and may be revoked.

- ◇ §300.300(b)(4) has been revised to require that parental revocation of consent for the continued provision of special education and related services must be in writing and that upon revocation of consent a public agency must provide the parent with prior written notice in accordance with §300.503.

Written Consent is required to:

- ◇ Gather additional information to determine eligibility
- ◇ Gather new information for evaluation/reevaluation
- ◇ Place a child for the first time in a special education program
- ◇ Release student information, not otherwise entitled by law
- ◇ Request Medicaid reimbursement

Written Consent is not required to:

- ◇ Review existing data as part of the evaluation or reevaluation
- ◇ Continue placement after the initial consent
- ◇ Make changes to the Individualized Education Program (IEP), although parent participation is expected and notification is required
- ◇ Conduct a reevaluation if the school takes reasonable measures to obtain parental consent and the parent did not respond

REQUIRED NOTICES UNDER IDEA³⁸ 2004

This section outlines types of notices, when they are provided, and for what purpose. These notices are required to be provided in the parent's native language or other method of communicating.

§300.504 – The Procedural Safeguards Notice (PSN)³⁹ is provided:

- At least once a year
- Whenever requested by the parent
- When an evaluation is requested
- Upon receipt of the first state administrative complaint or the first due process complaint
- In accordance with the discipline procedures
- When a student is referred for an initial evaluation
- Before obtaining consent for the collection of additional data
- After the Multidisciplinary Evaluation Team (MET) has determined eligibility

§300.503 – Prior Written Notice (PWN)⁴⁰

Written notice must be given to the parents of a child with a disability within a reasonable timeframe before the public agency proposes or refuses to initiate or change eligibility, evaluation, provision of Free Appropriate Public Education (FAPE), and placement, and should explain:

- How the school reached the decision
- Each evaluation procedure, assessment, record or report used to reach the decision
- Any alternatives the IEP Team considered
- The reason the action was chosen
- Other factors relevant to the decision
- Protections under the procedural safeguards
- Resources for parents to obtain assistance to understand the notice

To resolve a disagreement related to an action proposed or refused in a Prior Written Notice the Procedural Safeguard Notice provides the specific process. Steps include:

- Respond in writing to the individual in charge of the IEP
- Respond in writing to the school principal, director of special education, or school superintendent
- Request mediation
- Request due process
- File a complaint

³⁸ Individuals with Disabilities Education Act (IDEA)

³⁹ <https://www.ade.az.gov/ess/resources/forms/ProceduralSafeguardsNotice-English.pdf> and
<https://www.ade.az.gov/ess/resources/forms/ProceduralSafeguardsNotice-Spanish.pdf>

⁴⁰ [Alliance Action Information Sheet: Prior Written Notice](#)

§300.322 – Meeting Notice and Parent Participation

(a) Public agency responsibility-general. Each public agency must take steps to ensure that one or both of the parents of a child with a disability are present at each IEP Team meeting or are afforded the opportunity to participate, including:

(1) Notifying parents of the meeting early enough to ensure that they will have an opportunity to attend; and

(2) Scheduling the meeting at a mutually agreed on time and place.

(b) Information provided to parents:

(1) The notice required under paragraph (a)(1) of this section must:

(i) Indicate the purpose, time, and location of the meeting and who will be in attendance; and

(ii) Inform the parents of the provisions in §300.321(a)(6) and (c) (relating to the participation of other individuals on the IEP Team who have knowledge or special expertise about the child), and §300.321(f) (relating to the participation of the Part C service coordinator or other representatives of the Part C system at the initial IEP Team meeting for a child previously served under Part C of the Act).

(2) For a child with a disability beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, the notice also must:

(i) Indicate:

(A) That a purpose of the meeting will be the consideration of the post secondary goals and transition services for the child, in accordance with §300.320(b); and

(B) That the agency will invite the student; and

(ii) Identify any other agency that will be invited to send a representative.

(c) Other methods to ensure parent participation. If neither parent can attend an IEP Team meeting, the public agency must use other methods to ensure parent participation, including individual or conference telephone calls, consistent with §300.328 (related to alternative means of meeting participation).

(d) Conducting an IEP Team meeting without a parent in attendance. A meeting may be conducted without a parent in attendance if the public agency is unable to convince the parents that they should attend. In this case, the public agency must keep a record of its attempts to arrange a mutually agreed on time and place, such as:

(1) Detailed records of telephone calls made or attempted and the results of those calls;

(2) Copies of correspondence sent to the parents and any responses received; and

(3) Detailed records of visits made to the parent's home or place of employment and the results of those visits.

(e) Use of interpreters or other action, as appropriate. The public agency must take whatever action is necessary to ensure that the parent understands the proceedings of the IEP Team meeting, including arranging for an interpreter for parents with deafness or whose native language is other than English.

(f) Parent copy of child's IEP. The public agency must give the parent a copy of the child's IEP at no cost to the parent.

§300.11 DAY; BUSINESS DAY; SCHOOL DAY

This section outlines the differences between the timeframes used in meeting mandates.

- (a) Day** means calendar day unless otherwise indicated as business day or school day.
- (b) Business day** means Monday through Friday, except for Federal and State holidays [unless holidays are specifically included in the designation of business day, as in §300.148(d)(1)(ii)].
- (c): (1) School day** means any day, including a partial day that children are in attendance at school for instructional purposes.
- (2) School day** has the same meaning for all children in school, including children with and without disabilities.

RELEVANT TO PROVISIONS CONTAINED IN STATE LAW

MENTAL HEALTH SCREENING CONSENT

A school district or charter school must have obtained the written consent of the student's parent or legal guardian before it conducts a mental health screening on any student, defined as a survey, analysis, or evaluation created by a governmental or private third party.

Refer to [A.R.S. §15-104 Mental health screening; consent; form; exemption.](#)

**CHILDREN IN OUT-OF-HOME CARE;
NONINTERFERENCE WITH REGULAR SCHOOL ACTIVITIES**

Effective July 20, 2011, [A.R.S. §8-527 Children in out-of-home care; noninterference with regular school activities](#) was amended to read as follows; "the agency, division and Department of Health Services in accordance with Section 36-3435, Subsection B, shall make every reasonable effort to not remove a child who is placed in out-of-home care from school during regular school hours for appointments, visitations or activities not related to school".

3.3 RESOURCES ⁴¹

State of Arizona Systems Integration Initiative: Information Sharing Guide July 2008 ⁴²

(Sponsored by the Arizona Juvenile Justice Commission and the Governor's Office for Children, Youth and Families)

A field guide written for Assistant Attorneys General, Child Protective Service Specialists (case managers), County Attorneys, Court Appointed Special Advocates (CASA), Behavioral Health Treatment Providers, Juvenile Probation and Parole Officers, and School Personnel (social workers, teachers, administrators, and psychologists). This resource contains guidelines for the sharing of information of children and families that are involved in the child welfare and juvenile justice systems and was created by attorneys and personnel representing Arizona's Administrative Office of the Courts (AOC) and the Departments of Economic Security (DES), Education (ADE), Health Services (ADHS), and Juvenile Corrections (ADJC).

Casey Family Programs ⁴³

Casey Family Programs developed the *Endless Dreams* video and training curriculum. These practice-oriented tools were designed to support educational advocates, education specialists, education liaisons, CASA volunteers, child welfare professionals, and others that assist youth in care with their educational needs. Other publications related to education can be accessed at: <http://www.casey.org/Resources/Publications/#101>.

Arizona Early Intervention Program (AzEIP):

Pamphlets and brochures (English and Spanish versions) pertinent to infants and young children are available through AzEIP's website at:

<https://www.azdes.gov/appforms.aspx?Type=5&Category=103&menu=98>.

Arizona Department of Education (ADE):

Site Index ⁴⁴

Provides links to information contained on the ADE website according to subject matter.

Find a School ⁴⁵

Provides information (per county) on which schools are considered "excelling/highly performing"; identifies "private, public, and alternative schools"; contains a listing of links to school district web sites.

⁴¹ The content of these resources does not necessarily reflect the position or policy of the Arizona Department of Health Services/Division of Behavioral Health Services and no official endorsement should be inferred.

⁴² <http://gocyf.az.gov/Children/Documents/INFOSHARINGGUIDE2008.pdf>

⁴³ <http://www.casey.org/Resources/Initiatives/EndlessDreams/>

⁴⁴ <http://www.ade.state.az.us/siteindex.asp>

⁴⁵ <http://www.ade.state.az.us/counties.asp>

Arizona State Standards⁴⁶

A state-led effort committed to developing a common core of state standards for improving teaching and learning in English-language arts and mathematics for grades K-12 to ensure that high school graduates have the knowledge and skills they need for college or a career. This initiative is designed to produce standards that are research and evidence-based as well as internationally benchmarked. These sets of standards define the knowledge and skills students should have to succeed in entry-level, credit-bearing, academic college courses and in workforce training programs.

Parent Information Network Specialists (PINS)⁴⁷

PINS are parent consultants with the Arizona Department of Education, Exceptional Student Services (ADE/ESS) for every county in Arizona. PINS provide:

- essential information for parents to actively participate in their child’s special education;
- offer training and resources to educators, college students, service providers, community agencies, and parent organizations; and
- assist parents and community partners in understanding the special education process and related issues.

Health and Nutrition Services⁴⁸

The function of Health and Nutrition Services is to administer federally funded Health and Nutrition Programs through the Coordinated School Health, National School Lunch, School Breakfast, Summer Food Service, Food Distribution, Child and Adult Care Food Service, After School Care Snack, and Fresh Fruit and Vegetable Programs.

Special Populations⁴⁹

To assist Local Education Agencies (LEAs) in accessing quality educational programs, to serve Arizona’s diverse school populations so that migrant students and homeless youth reach their potential levels of academic achievement, workplace skills and effective participation in society.

What Arizona Schools Need to Know About Children in Care⁵⁰

A guide for teachers, administrators, foster parents, and case managers who work with children in foster care.

⁴⁶ <http://www.azed.gov/standards-practices/common-standards/>

⁴⁷ <http://www.ade.state.az.us/ess/das/pinspals/>

⁴⁸ <http://www.azed.gov/health-nutrition/>

⁴⁹ <http://www.azed.gov/populations-projects/>

⁵⁰ [What Arizona Schools Need to Know about Children in Care](#)

Exceptional Student Services:

Dispute Resolution

Resources for parents and school personnel who require assistance with special education related disputes. Provides access to information and forms for due process, complaints, and mediation procedures, as well as how to solve problems informally. A Procedural Safeguards Notice outlines Parents' Rights under the Individuals with Disabilities Education Act (IDEA 2004).⁵¹ A resource booklet published by ADE/ Exceptional Student Services for parents of children in special education programs. Information includes how to solve problems informally and outlines the mediation, state complaint, and due process systems for special education.⁵²

Special Education Resources⁵³

Provides information on several topics pertinent to parents with a child receiving special education services including examples of sample letters for requesting a Comprehensive Evaluation, an Independent Educational Evaluation, an Assistive Technology Evaluation, a Three-Year Reevaluation, or an Education Records Request.

School Effectiveness: Early Childhood Education⁵⁴

Multiple links provided that lead to information on early childhood education programs, publications, and resources for children from birth through age eight.

Traveling the Special Education Highway: A Parent's Guide to a Successful Journey⁵⁵

The Individuals with Disabilities Education Act of 2004 (IDEA '04) requires schools to provide parents of a child with a disability a copy of the Procedural Safeguards Notice (PSN) to learn about parental rights and special education procedures. *Traveling the Special Education Highway* is a guide and is not intended to replace the PSN.

Educational Services and Resources: Career and Technical Education⁵⁶

Access to various Arizona School Counseling Resources that focus on what all students should know, understand, and be able to do in three domain areas: academic, career, and personal/social. Includes contact information for ADE's State Career Guidance Counselors Supervisor.

Academic Achievement Division: Health and Nutrition Services

Information on child nutrition programs and health and nutrition services so that students may benefit from the educational process and achieve their full potential.⁵⁷

⁵¹ <https://www.ade.az.gov/ess/dispute/>

⁵² <http://www.azed.gov/wp-content/uploads/PDF/SA04.pdf>

⁵³ <http://www.ade.state.az.us/ess/das/pinspals/documents/specialed/>

⁵⁴ <http://www.azed.gov/early-childhood/>

⁵⁵ <http://www.azed.gov/wp-content/uploads/PDF/SA01.pdf>

⁵⁶ <https://www.ade.az.gov/cte/counselors/>

⁵⁷ <https://www.ade.az.gov/health-safety/>

Prevention Programs⁵⁸

Provides information on programs that address violence, substance abuse, and risk behavior prevention. Prevention programs support school-based programs that actively promote learning and the development of healthy behaviors in schools and communities. Information on the HIV and Sexuality Education Program is also provided.⁵⁹

Gifted Education Unit⁶⁰

Provides leadership and assistance to Arizona's public schools for education services to K-12 gifted and advanced learners.



⁵⁸ <http://www.azed.gov/prevention-programs/prevention-programs/>

⁵⁹ <http://www.azed.gov/prevention-programs/hiveducation/> (Human Immunodeficiency Virus)

⁶⁰ <http://www.azed.gov/gifted-education/>

Addenda

Addendum A: Disability Classifications in Arizona

Definitions are documented according to the Arizona Revised Statutes (ARS) §15-761 (1–40)

“Autism” means a developmental disability that significantly affects verbal and nonverbal communication and social interaction and that adversely affects educational performance. Characteristics include irregularities and impairments in communication, engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not include children with characteristics of an emotional disability. **Classroom Indications:** Students may have scattered strengths and weaknesses. Daily instruction should be consistent and predictable. Verbal instructions, as well as printed materials, help the student process information. Schedules are key to working with children who have autism.

“Developmental delay” means performance by a child who is at least three years of age but under ten years of age on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas: (a) cognitive development, (b) physical development, (c) communication development, (d) social or emotional development, (e) adaptive development. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented. **Classroom Indications:** Students ability to acquire, use and retrieve information may be impaired/delayed. Their ability to move and interact within their environment with appropriate coordination, balance and strength or fine motor skills may not be age appropriate. Expressing emotions and developing a sense of oneself, or being able to care for one’s own personal needs (e.g., eating, toileting, dressing) may be impaired and not appropriate for same age peers. Individualized Education Program (IEP) teams will need to carefully consider the students’ needs in all areas of delay as identified by assessment results.

“Emotional disability” (a) means a condition whereby a child exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child’s performance in the educational environment: (i) an inability to learn which cannot be explained by intellectual, sensory or health factors, (ii) an inability to build or maintain satisfactory inter-personal relationships with peers and teachers, (iii) inappropriate types of behavior or feelings under normal circumstances, (iv) a general pervasive mood of unhappiness or depression, (v) a tendency to develop physical symptoms or fears associated with personal or school problems; (b) includes children who are schizophrenic but does not include children who are socially maladjusted unless they are also determined to have an emotional disability as determined by evaluation as provided in Section §15-766. **Classroom Indications:** Behavior modification is useful in shaping behaviors and developing social skills. Students can then follow directions and carry through on assignments. Most students with an Emotional Disability (ED) need counseling as a related service in their IEPs.

“Hearing impairment” means a loss of hearing acuity, as determined by evaluation pursuant to Section §15-766, which interferes with the child’s performance in the educational environment and requires the provision of special education and related services. **Classroom Indications:** The hearing loss can range from hard of hearing to deafness. The loss can be in one or both ears. The loss may be of separate magnitudes in each ear. Oral language is learned by hearing it spoken. The type of education must vary to accommodate the age of the child when the hearing loss occurred and the type of loss. Communication is the key for each student, whether it is oral, sign language, or a combination of the two.

“Mental retardation” means a significant impairment of general intellectual functioning that exists concurrently with deficits in adaptive behavior and that adversely affects the child’s performance in the educational environment. **“Mild mental retardation”** means performance on standard measures of intellectual and adaptive behavior between two and three standard deviations below the mean for children of the same age. **“Moderate mental retardation”** means performance on standard measures of intellectual and adaptive behavior between three and four standard deviations below the mean for children of the same age. **“Severe mental retardation”** means performance on standard measures of intellectual and adaptive behavior measures at least four standard deviations below the mean for children of the same age. **Classroom Indications:** Usually, educational services begin in infancy and continue on through preschool and into adulthood. This extended education gives children with mental retardation an opportunity to develop to their fullest potential. Frequent review of the student’s program and regular feedback between parents and staff helps ensure that the student is applying the knowledge to tasks inside and outside of the classroom.

“Multiple disabilities” means learning and developmental problems resulting from multiple disabilities as determined by evaluation pursuant to Section §15-766...multiple disabilities include any of the following conditions that require the provision of special education and related services: (a) two or more of the following conditions: (i) hearing impairment, (ii) orthopedic impairment, (iii) moderate mental retardation, and (iv) visual impairment; (b) a child with a disability listed in subdivision (a) of this paragraph existing concurrently with a condition of mild mental retardation, emotional disability or specific learning disability. **“Multiple disabilities with severe sensory impairment”** means multiple disabilities that include at least one of the following: (a) severe visual impairment or severe hearing impairment in combination with another severe disability; (b) severe visual impairment and severe hearing impairment. **Classroom Indications:** On-going support in more than one major life skill will usually be needed by students in this category. The IEP team will include a variety of supports to meet educational, language, social, vocational, and functional skill development.

“Orthopedic impairment” means one or more severe orthopedic impairments and includes those that are caused by congenital anomaly, disease and other causes, such as amputation or cerebral palsy, and that adversely affect a child’s performance in the educational environment. **Classroom Indications:** The severity of the impairment determines the need for accommodations and modifications in the classroom. Some students may not need special services in the medical or educational arena. Others may require intensive support to meet their unique academic needs. Related services and least restrictive environment will be determined by the IEP team.

“Other health impairments” means limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, due to chronic or acute health problems which adversely affect a pupil’s educational performance. **Classroom Indications:** Some children have no restrictions in what they can do and learn. Others may require intensive medical care, be extremely limited in their activities, and need educational help.

“Preschool severe delay” means performance by a preschool child on a norm-referenced test that measures more than three standard deviations below the mean for children of the same chronological age in one or more of the following areas: (a) cognitive development, (b) physical development, (c) communication development, (d) social or emotional development, (e) adaptive development. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented. **Classroom Indications:** Skills that most children acquire in the first five years of life need to be specially taught to children with disabilities. A program which helps improve thinking, language, movement, self-help, play, and social skills is important for development of the child’s potential.

“Specific learning disability” (a) means a specific learning disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations; (b) includes such conditions as perceptual disabilities, minimal brain dysfunction, dyslexia and aphasia; (c) does not include learning problems which are primarily the result of visual, hearing, motor or emotional disabilities, of mental retardation or of environmental, cultural or economic disadvantage. **Classroom Indications:** Each person with a specific learning disability has a different combination or cluster of characteristics which can range from mild to severe. Effective intervention strategies should include a total approach to meeting the educational, psychological, medical, and social needs of the student. Accommodations in the classroom may include extended time, use of a calculator, a reader or person to record answers, or use of an audio recording device for students who need to respond to test questions or assignments orally.

“Speech/language impairment” (a) for a preschool child means performance on a norm-reference language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech, out of context, is unintelligible to a listener who is unfamiliar with the child. Eligibility for a preschool child under this subdivision is appropriate only when a comprehensive developmental assessment and parental input indicate that the preschool child is not eligible for services under the preschool category or under the developmental delay category; (b) for a child who has reached the required age for kindergarten, means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance. **Classroom Indications:** Language is essential for learning, so early diagnosis and treatment of speech/language impairments is critical. Communication is used to build peer relationships, process meaning, and progress in academics in school. Transfer of language to the general classroom is important for use of language in a natural environment.

“Traumatic brain injury” (a) means an acquired injury to the brain that is caused by an external physical force and that results in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance; (b) applies to open or closed head injuries resulting in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing and speech; (c) does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma. **Classroom Indications:** Head injuries may lead to persistent and long-term symptoms, such as: memory problems, attention span problems, lack of energy, disorganization, depression, anxiety, and social/behavioral difficulties. Communication problems may include: difficulty reading facial expressions or body language, challenges with word retrieval, excessive speech, and inappropriate focus on irrelevant subjects.

“Visual impairment” means a loss in visual acuity or a loss of visual field, as determined by evaluation pursuant to Section §15-766, that interferes with the child’s performance in the educational environment and that requires the provision of special education and related services. **Classroom Indications:** Children who are blind from birth sometimes need different techniques than do students who were sighted and lost their vision. Braille ‘n Speak, talking calculators, tape recorders, telescopic aids, magnifiers, tinted lenses, and overlays are all examples of assistive technology that may be needed by students. More students who have a visual impairment are being educated in the general education classroom.

The content of this addendum was developed in 1999 and revised in July 2009 by the Parent Information Network, Arizona Department of Education, Exceptional Student Services with funds allocated by the U.S. Department of Education under IDEA 2004. These contents do not necessarily represent the guidelines of the agency, nor should endorsement by the federal government be assumed. The Arizona Department of Education of the State of Arizona does not discriminate on the basis of race, religion, color, national origin, sex, disability or age in its programs, activities or in its hiring and employment practices. If you have questions or concerns regarding this statement, please contact Administrative Services at 602-542-3186. This document is in the public domain and may be freely reproduced in its current format. For more information, call the Parent Information Network at 877-230-PINS (7467) or visit our website at <http://www.azed.gov/special-education/deputy-associate-superintendent/parent-information-network/>. Parent Information Network Publication DR02.

Addendum B: Surrogate Parents

What is a surrogate parent and when is one needed?

Although not specifically defined in federal or state law, a surrogate parent for special education is generally understood to be an adult, other than the parent, who has been appointed to make education decisions for a child who may be or who has been determined eligible for special education and related services. A surrogate shall be appointed when one of the following conditions exists:

1. No parent, as defined in 34 C.F.R. §300.30, can be identified.
2. The school cannot determine the parent's whereabouts after having made reasonable attempts.
3. The child is a ward of the state, as defined in 20 U.S.C. §1402(36), and no parent can be identified or the parent's whereabouts are unknown.
4. The child is an unaccompanied youth as defined in the McKinney Vento Homeless Assistance Act.

What does a surrogate parent do?

Surrogate parents are individuals appointed to act as the parent in making special education decisions for a child. The surrogate parent represents the child in every step of the special education process, including all matters relating to the identification, evaluation, and educational placement of the child. The surrogate parent actively participates in the Multidisciplinary Evaluation Team (MET) and Individualized Education Program (IEP) meetings and works with the child's school to ensure that he or she receives a Free Appropriate Public Education (FAPE).

The following list represents a sampling of the activities that surrogate parents may be involved in:

- giving or refusing consent for the initial evaluation, reevaluations, and initial placement of the child in special education;
- reviewing all education records and reports relating to the child;
- participating in and contributing to the child's evaluation, eligibility determination, and special education placement;
- participating in the IEP process (i.e., providing input to develop, review, or revise a child's special education program);
- initiating mediation, a written complaint, and/or a due process hearing when disputes arise concerning the identification, evaluation, placement, or provision of a free appropriate public education of a child that cannot be resolved at the local level.

What are the qualifications of a surrogate parent?

A surrogate parent **must**:

- possess knowledge and skills that will ensure adequate representation of the child, as determined by the Arizona Department of Education (ADE)
- have a valid fingerprint clearance card issued by the Arizona Department of Public Safety

A surrogate parent **may not**:

- be an employee of the State Education Agency, the child's school, or any agency that is involved in the education or care of the child
- have any interests that would conflict with the best interest of the child

Who is responsible for determining the need for a surrogate parent?

It is the responsibility of the Public Education Agency (PEA) to determine if a child requires a surrogate parent and obtain one if needed. Appointment of a surrogate parent is only necessary when there is no one in the child's life who fits the Individuals with Disabilities Education Act (IDEA) definition of "parent".

How is a surrogate parent appointed?

If it is determined that a surrogate parent is required, the PEA contacts potential surrogates and identifies an individual who agrees to serve as the surrogate parent for the given child. The PEA then submits a request to ADE, asking that the identified person be appointed as the surrogate parent.

This process is described in detail in the ***Surrogate Parent Procedure Manual*** on the ADE website at <http://www.ade.az.gov/ess/StateFedInitiatives/Surrogate/> and in the ***Child Protective Services Policy Manual*** at <https://www.azdes.gov/dcyf/cmdps/cps/Policy/ServiceManual.htm> (Chapter 6, Section 10: *Meeting the Educational Needs of Children in Out of Home Care*).

This does not preclude the court from making such an appointment.

What if there is more than one person who fits the definition of "parent"?

The definition of parent under IDEA presumes the biological/adoptive parent will be the parent for special education purposes unless their authority to make education decisions has been terminated by a court order or decree. If that is the case, the person with legal standing acts as the parent.

How long do surrogates serve?

Surrogate parent appointments will remain in effect until the PEA formally notifies the ADE Surrogate Parent Program Coordinator of the need to terminate the appointment for one of the following reasons:

- The child's situation changes and an individual who meets the IDEA definition of parent is now available
- The child graduates with a regular diploma
- The child ages out of the special education program
- The child is exited from special education through the evaluation process
- The child turns 18 and rights have been transferred
- The child withdraws from the PEA and leaves Arizona
- The surrogate parent is no longer able to fulfill the duties of the appointment; in this case, the PEA is responsible for completing the process to have a new surrogate appointed

Formal notification is done through the completion and submission of the "[Notice to Terminate Surrogate Appointment](#)" form.

****Please note: Surrogate parent appointments made by the court can not be terminated by ADE. These appointments remain in effect until terminated by a court order.***

Addendum C: Special Education Acronyms

A	Autism
AAC	Arizona Administrative Code (State regulations)
AAS	Arizona Academic Standards
ACTT	Arizona Community Transition Team
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADE	Arizona Department of Education
ADHD	Attention Deficit Hyperactivity Disorder
ADJC	Arizona Department of Juvenile Corrections
ADOC	Arizona Department of Corrections
AHCCCS	Arizona Health Care Cost Containment System
AIMS	Arizona Instrument to Measure Standards
AIMS-A	Arizona Instrument to Measure Standards-Alternative
APR	Annual Performance Report
ARS	Arizona Revised Statutes (State laws)
ASAT	Alternative State Achievement Test
ASBA	Arizona School Boards Association
ASDB	Arizona State Schools for the Deaf and the Blind
ASVAB	Armed Services Vocational Aptitude Battery
AT	Assistive Technology
AYP	Adequate Yearly Progress
AzEIP	Arizona Early Intervention Program
AZ LEARNS	Arizona L eading E ducation through the A ccountability and R esults N otification S ystem
AZ READS	Arizona R eadiness, E arly D iagnosis and I ntervention, A ccountability, D evelopment of Teacher Expertise, S upport
BHS	Behavioral Health Services
BIP	Behavior Intervention Plan
CAI	Computer Assisted Instruction
CASA	Court Appointed Special Advocate
CBI	Community Based Instruction
CEC	Council for Exceptional Children
CFR	Code of Federal Regulations
CFT	Child and Family Team
CP	Cerebral Palsy
CPS	Child Protective Services
CRS	Children's Rehabilitative Services
CSPD	Comprehensive System of Personnel Development
CST	Child Study Team
CTE	Career and Technical Education
DD	Developmental Delay
DDD	Division of Developmental Disabilities
DES	Department of Economic Security
DHS	Department of Health Services
DOC	Department of Corrections

DOR	District of Residence
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders-IV
ED	Emotional Disability
EDP	Emotional Disability, Private School
ELL	English Language Learners
ESS	Exceptional Student Services
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavioral Assessment
FEOG	Full Educational Opportunity Goal
FERPA	Family Educational Rights and Privacy Act
GATE	Gifted and Talented Education
HI	Hearing Impairment
IAES	Interim Alternative Educational Setting
IDEA	Individuals with Disabilities Education Act
IEE	Independent Educational Evaluation
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IQ	Intelligence Quotient
LD	Learning Disability
LEA	Local Education Agency (including charter schools)
LEP	Limited English Proficient
LRE	Least Restrictive Environment
MD	Multiple Disabilities
MDSSI	Multiple Disabilities with Severe Sensory Impairment
MET	Multidisciplinary Evaluation Team
MIMR	Mild Mental Retardation
MIPS	Medicaid in the Public Schools
MOMR	Moderate Mental Retardation
MPG	Measurable Postsecondary Goal
MR	Mental Retardation
MS	Multiple Sclerosis
MSW	Master of Social Work
NASN	National Association of School Nurses
NASP	National Association of School Psychologists
NCLB	No Child Left Behind
NIMAC	National Instructional Materials Access Center
NIMAS	National Instructional Materials Accessibility Standard
NRT	Norm Referenced Test
OCR	Office of Civil Rights
OJT	On-the-Job Training
OI	Orthopedic Impairment
OHI	Other Health Impairment
O and M	Orientation and Mobility
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitative Services

OT	Occupational Therapy
OTR	Occupational Therapist, Registered
PBIS	Positive Behavioral Interventions and Supports
PEA	Public Education Agency (including charter schools)
PHLOTE	Primary Home Language Other Than English
PIN	Parent Information Network
PINS	Parent Information Network Specialist
PLAAFP	Present Level of Academic Achievement and Functional Performance
PMD	Progress Monitoring Data
PSD	Preschool Severe Delay
PSN	Procedural Safeguard's Notice (Parent's Rights)
PT	Physical Therapy
PTI	Parent Training and Information Center (Raising Special Kids)
PWN	Prior Written Notice
RBHA	Regional Behavioral Health Authority
RED	Review of Existing Data
RSA	Rehabilitation Services Administration
RTC	Residential Treatment Center
RTI	Response to Intervention
SAIS	Student Accountability Information System
SEA	State Education Agency
SEI	Sheltered English Instruction
SELP	Survey of English Language Proficiency
SELECT	Special Education Learning Experience for Competency in Teaching
SI	Sensory Integration
SLD	Specific Learning Disability
SLI	Speech Language Impairment
SLP	Speech Language Pathologist
SLT	Speech Language Technician
SMR	Severe Mental Retardation
SPP	State Performance Plan
SSDI	Supplemental Security Disability Income
SSI	Supplemental Security Income
SST	Student Study Team
TA	Technical Assistance
TBI	Traumatic Brain Injury
USC	United States Code
USDOE	United States Department of Education
VI	Visual Impairment
VMI	Visual Motor Integration
VR	Vocational Rehabilitation

This document was compiled from a variety of sources, including Public Law 108-446, the Individuals with Disabilities Education Act, and revised in 2009. The contents do not necessarily represent the policy of the agency, nor should endorsement by the Federal government be assumed. This document is in the public domain and may be freely reproduced in its current format. For more information, call the Parent Information Network toll-free at 877-230-PINS (7467) or visit us online at <http://www.azed.gov/special-education/deputy-associate-superintendent/parent-information-network/>. Parent Information Network Special Education Publication SE05 Special Education Acronyms.

Addendum D: Glossary of Special Education Terms

Academic—core subjects in the school curriculum such as reading, social studies, science, and math.

Achievement tests—tests designed to measure a student’s present functioning level in basic academic skills. Items are selected to represent typical curriculum materials at specific grade levels.

Accommodations—provisions made to allow a student to access and demonstrate learning. Accommodations do not substantially change the instructional level, the content or the performance criteria, but are made in order to provide a student equal access to learning and equal opportunity to demonstrate what is known. Accommodations shall not alter the content of the curriculum or a test, or provide inappropriate assistance to the student within the context of the test.

Adaptations—changes made to the environment, curriculum, and instruction or assessment practices in order for a student to be a successful learner. Adaptations include accommodations and modifications. Adaptations are based on each student’s individual strengths and needs.

Adaptive physical education—modified activities that allow a child with a disability to participate in a program with the same or similar objectives as the mainstream physical education program.

Advocate—someone who: takes action to help someone else (as in educational advocate); takes action on behalf of someone who cannot help himself or herself; or takes action on behalf of a cause (as in advocating for legislative change).

Appeal—a written request for a change in a decision; also, the action of making such a request.

Appropriate—able to meet a need; in special education it usually means the most suitable setting possible for the student, or the supports and services that can best meet the child’s educational needs so the child can benefit from his/her education.

Arizona Academic Standards—standards which have been written for Arizona’s students in order to provide every student a quality education grounded in high academic standards.

Arizona’s Instrument to Measure Standards (AIMS)—a standards-based test; provides educators, parents, and the public with valuable information regarding the progress of Arizona’s students toward mastering Arizona’s Academic Standards.

Arizona’s Instrument to Measure Standards, Alternate (AIMS-A)—an alternative format of the AIMS test to measure student performance toward meeting the Arizona Academic Standards.

Arizona Revised Statutes (ARS)—a formal written enactment of the legislative authority that governs the state. Statutes, typically, command or prohibit something that was determined to be law by a legislative body.

Assessment—information gathering aimed at: (1) evaluating previous performance; (2) describing

current behavior; and (3) predicting future behaviors. Assessment differs from testing in that testing reflects performance at a particular time, whereas assessments require clinical judgment to give meaning to the overall pattern and interrelationships between various results.

Assistive Technology—a device or service required if “educationally” relevant and necessary to enable a child to be educated in the least restrictive environment. (1) *Assistive technology device*—any item, piece of equipment, or product system used to increase, maintain or improve the functional capabilities of a child with a disability; and (2) *Assistive technology services*—any services that directly assist a child with a disability in the selection, acquisition or use of an assistive technology device.

At No Cost—all specially designed instruction is provided without charge, but does not prevent Public Education Agencies (PEAs) from charging incidental fees that are normally charged to nondisabled students or their parents as part of the regular education program.

At Public Expense—when the Public Education Agency (PEA) either pays for the full cost of the Independent Education Evaluation (IEE) or ensures that an educational evaluation of the child is provided at no cost to the parent.

At Risk—a term used with children who have, or could have, problems with development that may affect their ability to learn in the future.

Autism—a developmental disability that significantly affects verbal and nonverbal communication and social interaction and adversely affects educational performance. Characteristics include: irregularities and impairments in communication, engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not include children with characteristics of emotional disability.

Arizona Leading Education through the Accountability and Results Notification System (AZ LEARNS)—an initiative for an accountability system to ensure all students have the skill and knowledge they need to succeed. Close statewide analysis of student data and student profiles can provide measures to influence decision-making.

AZ READS—a comprehensive plan aimed at improving reading achievement in Arizona. The plan requirements are founded in state statute and focused on the goal that every child in Arizona will learn to read proficiently by third grade and will remain a proficient reader through the twelfth grade. The comprehensive plan includes components for early diagnosis and intervention, teacher training, and accountability.

Behavior Intervention Plan (BIP)—a written plan targeted to promote a desired behavior or to include services and modifications designed to address the behavior so that it does not reoccur in the school setting.

Child Find—a component of the Individuals with Disabilities Education Act (IDEA) requires states to locate, identify, and evaluate all children with disabilities, aged birth through 21, who are in need of early intervention or special education services. Public Education Agencies (PEAs) and the Arizona Early

Intervention Program (AzEIP) must have policies and procedures in place for “finding” eligible children.

Child Study Team (CST)—a team of educators that meets to discuss concerns for a child’s school performance. This team is a pre-referral step for trying interventions in the classroom setting before referring for an evaluation for special education eligibility; also known as a Student Study Team (SST) or Teacher Assistance Team (TAT).

Consent—when the parent has been fully informed of all information relevant to the activity for which consent is being sought, in his or her native language, or other mode of communication. The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom. Parental consent is voluntary and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive.

Continuum of Placements—a variety of placements available to meet the individual needs of children with disabilities. The continuum must include instruction in regular classes, special education classes, special schools, home instruction, instruction in hospitals and institutions. Provisions for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement must also be included in the continuum. The federal regulations require the placement decision be made on an individual basis, not on the availability of a program or programs.

Developmental Delay—performance by a child who is at least three years of age, but under ten years of age, on a norm-referenced test that measures at least one and one-half, but not more than three, standard deviations below the mean for children of the same chronological age in two or more of the following areas: (a) cognitive development, (b) physical development, (c) communication development, (d) social or emotional development, (e) adaptive development. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on preponderance of the information presented.

Developmental History—documentation of the progress in the steps or stages of growth and development of a child (ages birth to 18 years) in such skills as sitting, walking, talking, physical, social and emotional development.

Disability—being physically or mentally impaired in a way that substantially limits activity especially in relation to employment or education.

Dispute Resolution—a unit of the Arizona Department of Education (ADE) charged with providing parties to disputes (parents and PEAs) options, as outlined in IDEA, to resolve those disputes. These options include the more informal through mediation or the more formal through a written complaint or due process. The intent of the dispute resolution process is to provide solutions to concerns at the lowest level possible.

Due Process—action that protects a person’s rights. In special education, this applies to action taken to

protect the educational rights of students with disabilities.

Due Process Hearing—a fair and impartial administrative hearing conducted by an impartial Administrative Law Judge (ALJ) in accordance with federal and state law.

Eligible—ability to qualify to receive special education services based on standard criteria.

Emotional Disability (ED)—a condition whereby a child exhibits one or more of the following characteristics over a long period of time and to a marked degree adversely affects the child's performance in the educational environment: (i) an inability to learn which cannot be explained by intellectual, sensory or health factors; (ii) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (iii) inappropriate types of behavior or feelings under normal circumstances; (iv) a general pervasive mood of unhappiness or depression; (v) a tendency to develop physical symptoms or fears associated with personal or school problems; and, includes children who are schizophrenic but does not include children who are socially maladjusted unless they are also determined to have an emotional disability as determined by evaluation.

English Language Learners (ELL)—students whose primary home language is other than English, who are still learning how to read, write and/or speak in English. ELL assessments are administered to determine if a child has developed the English language skills necessary to succeed in the English language curricula.

Evaluation—procedures used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. The evaluation should include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent that may assist in determining eligibility and deciding upon the content of the Individualized Education Program (IEP) (including information to enable involvement and progress in the general education curriculum and participation in appropriate activities). Parental consent for initial evaluation must be obtained for this process.

Evaluator—a qualified person in a field relevant to the child's disability who administers specific and individualized assessments for the purpose of special education evaluation and placement.

Extended School Year (ESY)—additional special education and related services for a child with a disability to supplement the normal school year, which is provided as part of a Free Appropriate Public Education (FAPE). ESY services are necessary if either of the following applies: (1) the benefits the pupil gained during the regular school year would be significantly jeopardized if the student is not provided educational services; (2) the student would experience severe or substantial regression if he/she is not provided educational services during recesses or the summer months and the regression would result in substantial skill loss of a degree and duration that would seriously impede the student's progress toward educational goals.

Free Appropriate Public Education (FAPE)—special education and related services that: (a) are provided at public expense, under public supervision and direction, and without charge; (b) meet the standards of the State Education Agency (SEA); (c) include an appropriate preschool, elementary school, or secondary school education in the State involved; and (d) are provided in conformity with an IEP. "Appropriate" is

not defined, but other references within the law imply the supports and services that can best meet the child's educational needs so the child can benefit from his/her education.

Functional Behavioral Assessment (FBA)—a targeted assessment that addresses a student's behavior which is interfering with his/her learning. The results are used to develop a positive Behavioral Intervention Plan (BIP) to replace the unwanted behavior or to stimulate desired behavior. The IEP team must look at reinforcers and consequences that will ensure that the behavior does not reoccur in the school setting.

Hearing Impairment (HI)—a loss of hearing acuity, as determined by an evaluation as outlined in Arizona Revised Statutes, which interferes with the child's performance in the educational environment and requires the provision of special education and related services.

IDEA 2004—abbreviation of the Individuals with Disabilities Education Act, amended in 2004; also known as the Individuals with Disabilities Education Improvement Act 2004 (IDEIA 2004).

Independent Educational Evaluation (IEE)—an evaluation done by a qualified evaluator who is not employed by the PEA responsible for the education of the child and that must be considered by the PEA making decisions about the child's education.

Individualized Education Program (IEP)—a written education plan for an eligible child with disabilities developed by a team of professionals (teachers, therapists, etc.) along with the child's parents. It is reviewed and updated annually and describes how the child is presently performing, what the child's learning needs are, and what services will be provided to the child.

Individualized Family Service Plan (IFSP)—a written plan for an infant or toddler (age birth to three years) with developmental delays, developed by a team of qualified professionals and the family. The IFSP must contain the level of development, strengths, needs, major goals or outcomes expected, services needed, date of the next evaluation, and the starting date of the present IFSP.

Interim Alternative Educational Setting (IAES)—(1) Physical location outside the regular classroom, determined by the IEP team to be appropriate for a student with a disability; (2) change in the physical location of where a student with a disability will receive his/her instruction, usually the result of a disciplinary action; or, (3) change in placement ordered by an administrator or an IEP team for behavior that includes weapons, illegal drugs, or if the student has inflicted serious bodily injury upon another person on school premises, or at a school function. While in an IAES, the student with a disability must continue to receive educational services to enable him/her to continue to participate in the general education curriculum and progress toward meeting the goals set out in the student's IEP.

Least Restrictive Environment (LRE)—to the maximum extent appropriate, children with disabilities are educated with children who are not disabled.

Location—setting on the continuum of placements; it does not refer to the particular school, classroom, or teacher who will be implementing the child's IEP.

Mediation—an informal intervention between parents and a PEA to resolve a dispute. It is conducted by

a qualified and impartial third party who is trained in effective mediation techniques. Mediation is voluntary and should not be used to deny or delay a parent's rights to a hearing on the parent's due process complaint.

Medicaid in the Public Schools (MIPS)—third party payment for covered services performed by qualified providers reimbursed to the PEA from Medicaid.

Mental Retardation (MR)—a significant impairment of general intellectual functioning that exists concurrently with deficits in adaptive behavior and that adversely affects the child's performance in the educational environment. *Mild Mental Retardation*—means performance on standard measures of intellectual and adaptive behavior between two and three standard deviations below the mean for children of the same age. *Moderate Mental Retardation*—means performance on standard measures of intellectual and adaptive behavior between three and four standard deviations below the mean for children of the same age.

Modifications—substantial changes in what a student is expected to learn and to demonstrate. Changes may be made in the instructional level, the content, or the performance criteria. Such changes are made to provide a student with meaningful and productive learning experiences, environments, and assessments based on individual needs and abilities.

Multidisciplinary Evaluation Team (MET)—a team composed of educators, administrators, evaluators, agency staff, and parents as equal team members. This team reviews existing data and any additional evaluation data to determine if the student is eligible for special education services.

Multiple Disabilities—learning and developmental problems resulting from multiple disabilities as determined by evaluation that cannot be provided for adequately in a program designed to meet the needs of children with less complex disabilities. Multiple disabilities include any of the following conditions that require the provision of special education and related services: (a) two or more of the following conditions: (i) hearing impairment; (ii) orthopedic impairment; (iii) moderate mental retardation; and, (iv) visual impairment; (b) a child with a disability listed in subdivision (a) of this paragraph existing concurrently with a condition of mild mental retardation, emotional disability or specific learning disability.

Neuropsychological Evaluation—a medical evaluation ordered by a psychiatrist, physician, or neurologist for the purpose of assessing the presence or effects of organic brain damage. A neuropsychological evaluation is different from a psychological or psychiatric evaluation, which typically identifies mental health, emotional, personality and/or behavioral disabilities.

No Child Left Behind (NCLB)—public law based on four basic education reform principles: (1) stronger accountability for results; (2) increased flexibility and local control; (3) expanded options for parents; and, (4) an emphasis on teaching methods that have been proven to work.

Occupational Therapy (OT)—services provided by a qualified occupational therapist and includes improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; improving ability to perform tasks for independent functioning if functions are impaired or lost; and

preventing, through early intervention, initial or further impairment or loss of function.

Orthopedic Impairment (OI)—one or more severe orthopedic impairments and includes those that are caused by congenital anomaly, disease and other causes, such as amputation or cerebral palsy and that adversely affect a child’s performance in the educational environment.

Other Health Impairment (OHI)—means limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, due to chronic or acute health problems which adversely affect a pupil’s educational performance.

Parent Training and Information Centers (PTI)—federally funded projects found in each state which provide various resources and services to parents of children with special needs. They provide information and training about acquiring services; working with PEAs and educators to ensure the most effective educational placement for their child; understanding the methods of testing and evaluating a child with special needs; and making informed decisions about their child’s education. The PTI in Arizona is Raising Special Kids (RSK).

Physical Therapy (PT)—services provided by a qualified physical therapist which are typically related to gross motor activities, such as navigating stairs, riding a bike, and catching a ball. It may be a related service if it is determined to be educationally necessary based upon evaluation results.

Policies—assurance statements that guarantee certain procedures will routinely be followed by staff as related to early intervention and special education programs. Policies are the guidelines that a state or PEA has for providing services and special education to students with disabilities.

Positive Behavioral Interventions and Support (PBIS)—a research-based initiative to improve the capacity of schools to address the full range of school-wide behavioral challenges facing educators. This national initiative provides schools with the expertise and resources necessary to establish and maintain positive behavioral support programs.

Preschool Severe Delay—is defined as performance by a preschool child on a norm-referenced test that measures more than three standard deviations below the mean for children of the same chronological age in one or more of the following areas: a) cognitive development, (b) physical development, (c) communication development, (d) social or emotional development, (e) adaptive development. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment and from parental input, if available, as measured by a judgment based assessment or survey. If there is a discrepancy between the measures, the evaluation team shall determine eligibility based on a preponderance of the information presented.

Prior Written Notice (PWN)—a written document the PEA gives to the parents of special education students when they propose or refuse to initiate or change the identification, evaluation, placement, or provision of Free Appropriate Public Education. This document must include: (1) a description of the action proposed or refused and why that action was taken; (2) any other options considered in taking that action and why those were rejected; (3) which tests, evaluations, or records the school used to support that action; (4) a description of any other factors involved in taking the action; (5) a full written explanation of procedural safeguards; and, (6) a list of contacts to explain procedural safeguards to

parents.

Public Education Agency (PEA)—a school district, charter school, accommodation school, state supported institution or other political subdivision of the state that is responsible for providing education to children with disabilities.

Related services—transportation and such developmental, corrective, and other supportive services that a child with disabilities requires in order to benefit from education. Examples of related services include, but are not limited to: assistive technology; speech/language pathology; audiology; health services; psychological services; physical and occupational therapy; recreation; counseling services; parent training; interpreters for the hearing impaired; social work services for educational purposes; rehabilitation counseling; orientation and mobility services; and medical services for diagnostic and evaluation purposes.

Student Accountability Information System (SAIS)—a data-based electronic reporting system devised by ADE for schools to report performance data per student. It is used for accountability and student profile report decisions during educational reforms.

Special Education—specially designed instruction, provided at no cost to the parents, to meet the unique needs of a child with a disability, including instruction conducted in the classroom, the home, hospitals and institutions, and other settings.

Specially Designed Instruction—adapting the content, methodology or delivery of instruction to address the unique needs of a child with a disability and to ensure that child's access to the general curriculum as identified in the academic standards adopted by the state board of education.

Specific Learning Disability (SLD)—a specific learning disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, dyslexia and developmental aphasia, and does not include learning problems which are primarily the result of visual, hearing, or motor disabilities, of mental retardation, or of emotional disturbance, or of environmental, cultural or economic disadvantage.

Speech-Language Pathology Services—includes the identification of children with speech or language impairments; diagnosis and appraisal of specific speech or language impairments, provision of speech and language services for the habilitation or prevention of communicative impairments, and counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Speech and Language Impairment—(a) for a preschool child means performance on a norm-reference language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech, out of context, is unintelligible to a listener who is unfamiliar with the child. Eligibility for a preschool child under this subdivision is appropriate only when a comprehensive developmental assessment and parental input indicate that the preschool child is not eligible for services under preschool category or under the developmental delay category; (b) for a child who has reached the required age for kindergarten, means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's

educational performance.

Standard Deviation—a unit used to measure the amount by which a particular score differs from the mean (average) of all the scores in the sample (persons used to take the test before it is used with the public). Different tests have different standard deviations.

State Education Agency (SEA)—the agency or office within each state that oversees special education requirements and coordinates special education programs and services for public education. In Arizona, the SEA is the Arizona Department of Education (ADE).

Surrogate Parent—a person appointed by the court or ADE to function in the role of parent for a child only on special education matters when the natural parent cannot be identified or located. The person has all the same rights as a natural parent for special education procedures.

Transition—a movement or change from one level of education to another. There are six identified stages of transition in education. These include: (1) early intervention services or home to preschool; (2) preschool to kindergarten; (3) primary to intermediate grades; (4) intermediate to middle school; (5) middle school to high school; and, (6) high school to post-secondary.

Transition Services—a coordinated set of activities for a child with a disability that: (1) is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; (2) is based on the individual child's needs, taking into account the child's strengths, preferences, and interests; and includes: (i) instruction; (ii) related services; (iii) community experiences; (iv) the development of employment and other post-school adult living objectives; and, (v) if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation. Transition services must be included annually in the IEP for students by age sixteen.

Traumatic Brain Injury (TBI)—an acquired injury to the brain that is caused by an external physical force and that results in total or partial functional disability or psychosocial impairment, or both, which adversely affects educational performance. It applies to open or closed head injuries resulting in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing and speech. TBI does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma.

Visual Impairment (VI)—means a loss in visual acuity or a loss of visual field that interferes with the child's performance in the educational environment and that requires the provision of special education and related services.

Parent Information Network Special Education Publication SE06 Glossary of Special Education Terms. Revised in September 2009. <http://www.azed.gov/special-education/deputy-associate-superintendent/documents/education-resources/>