



Become Friendly with Special Education

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"We know that equality of individual ability has never existed and never will, but we do insist that equality of opportunity still must be sought."

Franklin Delano Roosevelt, President

The intent of this booklet is to be a resource for those who are involved with, or interested in special education. In this booklet you will find information as well as tips and ideas to assist you in the special education process.

For further information or formal legal advice please refer to legal documents (such as the Procedural Safeguard, see page 21 for a web-link) or consult with an appropriate professional.

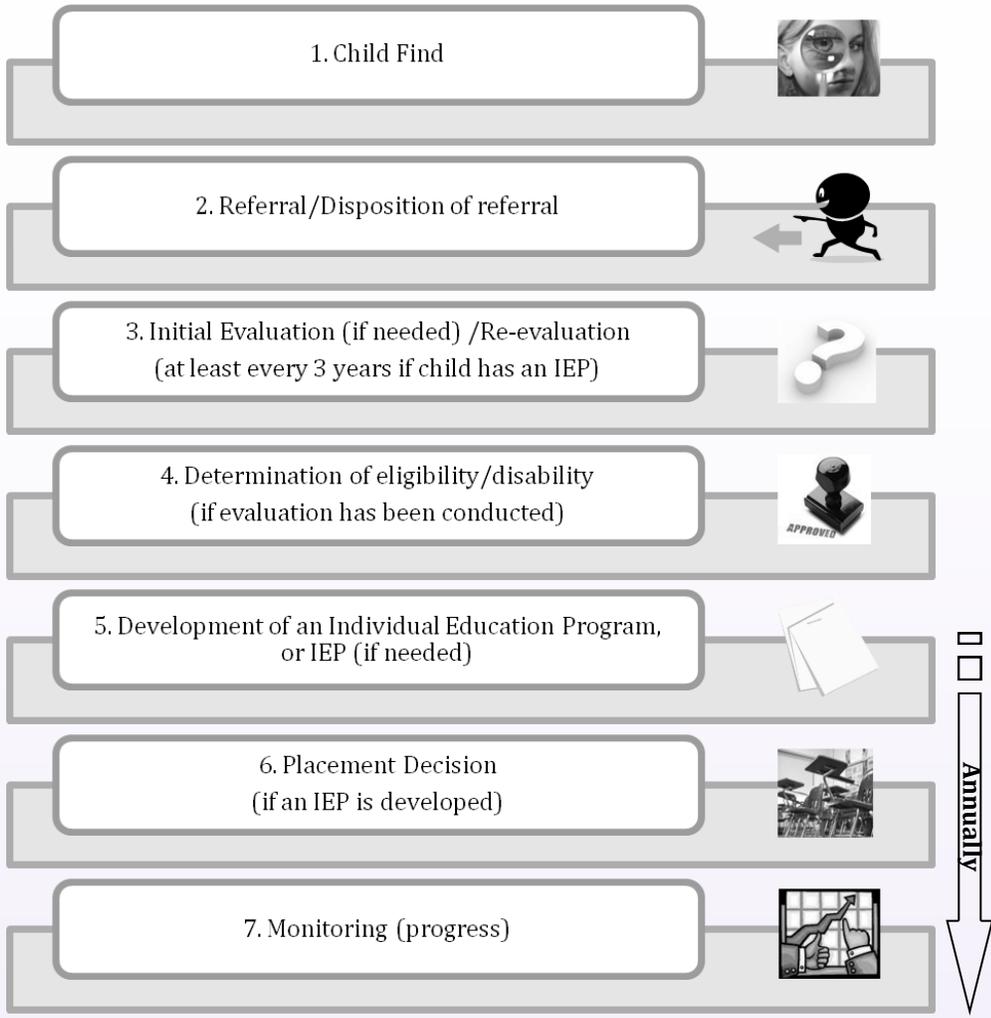
We hope that you will find this resource insightful.

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The Special Education Process

See page 4 for detailed explanations about each of the steps



Repeating Steps

If a student is identified within special education, an IEP is updated annually to address changing concerns and a comprehensive evaluation is done every three years.



Did you know?

Many times students receive support and interventions via a process called Response To Intervention, or RTI. Some students who receive support via RTI will require more intense instruction and strategies and will enter special education. Some students are successful in the classroom independently as a result of RTI supports and services and do not require additional specialized instruction.

“Continuous effort—not strength or intelligence—is the key to unlocking your potential.”

Winston Churchill—British Prime Minister

The Special Education Process Explained

1. Child Find

School districts have a legal responsibility to be aware of any student (age 3 – 21) in the towns they serve, that may need assistance in meeting educational or functional milestones or standards. Students who are in the school systems are continuously assessed to ensure learning. Information is available to the public making them aware that they can contact the school at any time if there is a concern.

2. Referral/Disposition of referral

When there is a concern about a child whether from a teacher or a parent, a referral is a means to bring all concerns up for discussion. The school will meet with the parents and will bring personnel who have an expertise in the area of concern. You may contact your child's school at any time for more information, and the school will be communicating with the family if they have concerns. After a referral has been made, a meeting will be held to dispose of the referral. The purpose of this meeting is to discuss the referral, share data, and decide on a plan of action. Several decisions can be made: continue to provide support in the regular classroom, provide an intervention and reconvene, conduct an evaluation to gain more information about the suspected area of concern (see pages 5-7 for more information about evaluation and disabilities).

3. Initial Evaluation (if need is determined)/ Re-Evaluation (at least every 3 years if child has an IEP)

See pages 5-7 for more details.

4. Determination of eligibility/disability (if evaluation conducted)

The team presents and discusses all evaluation results and determines whether a disability exists and if it exists, what is the identification (for more details see pages 5-7). If a disability exists the team needs to decide if and how it affects the student in the classroom and if the student requires specially designed instruction in order to make progress in school.

5. Development of an Individual Education Program, or IEP (if needed)

The team develops the plan to address all student's areas of need. For detailed explanation see pages 8-9.

6. Placement Decision (if an IEP is developed)

A decision about what types, frequency and quantity of services are needed, who will provide them and where.

7. Monitoring (Progress—Ongoing)

An IEP progress report comes home with the regular report card to explain how the child is making progress towards the goals stated in the IEP.



Timeline:

15 days between receipt of referral by the school to holding disposition meeting.



Timeline:

45 days from receipt of parental consent to complete an evaluation and determine disability/eligibility.



Timeline:

30 days to develop an IEP from date eligibility is determined by the team.

Did you know?

Days = calendar days

Parents have up to 14 days to respond to any required written consent by the school

Extension of any time period in the decision making process can happen with mutual agreement at any step during the process

Types of Disabilities Explained

The Federal and State laws define thirteen (13) categories of conditions that are considered disabling in an educational setup. In the next few pages, you will find a definition and a brief information about each category. Developmental Delay is an additional disability category for children 9 or younger—see page 9 for more details.) There are several named conditions that may fall under one of the categories below if the condition negatively impacts the child's education (Examples: Dyslexia, Central Auditory Processing Disorder, Pervasive Developmental Delay.)

“Autism”—a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term *autism* does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined below. child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

Autism/Pervasive Developmental Disorder (PDD) is a neurological disorder that affects a child's ability to communicate, understand language, play, and relate to others. PDD represents a distinct category of developmental disabilities that share many of the same characteristics. The different diagnostic terms that fall within the broad meaning of PDD, include: Autistic Disorder, Asperger's Disorder, Rett's Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). While there are subtle differences and degrees of severity among these conditions, treatment and educational needs can be very similar for all of them.

“Deaf-Blindness”—concomitant (simultaneous) hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness. The word “deaf-blindness” may seem as if a person cannot hear or see *at all*. The term actually describes a person who has some degree of loss in both vision and hearing. The amount of loss in either vision or hearing will vary from person to person.

“Deafness”—a hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.

“Emotional Disturbance”—means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (c) Inappropriate types of behavior or feelings under normal circumstances.
- (d) A general pervasive mood of unhappiness or depression.
- (e) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Some of the characteristics and behaviors seen in children who have emotional disturbances include: Hyperactivity (short attention span, impulsiveness); Aggression/self-injurious behavior (acting out, fighting); Withdrawal (failure to initiate interaction with others; retreat from exchanges of social interaction, excessive fear or anxiety); Immaturity (inappropriate crying, temper tantrums, poor coping skills); and Learning difficulties (academically performing below grade level).

Children with the most serious emotional disturbances may exhibit distorted thinking, excessive anxiety, bizarre motor acts, and abnormal mood swings. Some are identified as children who have a severe psychosis or schizophrenia. Many children who do not have emotional disturbances may display some of these same behaviors at various times during their development. However, when children have an emotional disturbance, these behaviors continue over long periods of time. Their behavior thus signals that they are not coping with their environment or peers.

Types of Disabilities Explained (cont.)

“Hearing Impairment”—an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but is not included under the definition of “deafness.” Hearing loss (or deafness) does not affect a person’s intellectual capacity or ability to learn. However, children who are hard of hearing will find it much more difficult than children who have normal hearing to learn vocabulary, grammar, word order, idiomatic expressions, and other aspects of verbal communication, including reading.

“Mental Retardation”—significantly sub-average general intellectual functioning, existing concurrently (at the same time) with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child’s educational performance.

Mental Retardation is the term found in the law since passage of the original legislation in 1975. In 2008, the American Association on Intellectual and Developmental Disabilities (AAIDD) and members of the community recommended use of the term *Intellectual Disability*.

Intellectual disability is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with intellectual disability may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn.

“Multiple disabilities”—concomitant (simultaneous) impairments (such as mental retardation-blindness, or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

“Orthopedic Impairment”—a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

“Other Health Impairment”—having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(a) is due to chronic or acute health problems such as asthma, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(b) adversely affects a child’s educational performance.

What is AD/HD and what are the symptoms?

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a condition that can make it hard for a person to sit still, control behavior, and pay attention. These difficulties usually begin before the person is 7 years old. However, these behaviors may not be noticed until the child is older.

Doctors do not know just what causes AD/HD. However, researchers who study the brain are coming closer to understanding what may cause AD/HD. They believe that some people with AD/HD do not have enough of certain chemicals (called *neurotransmitters*) in their brain. These chemicals help the brain control behavior.

There are three main signs, or symptoms, of AD/HD:

- problems with paying attention,
- being very active (called hyperactivity), and
- acting before thinking (called impulsivity).

Based on these symptoms, three types of AD/HD have been found:

Inattentive type. Children with the inattentive type of AD/HD often: Do not pay close attention to details; can’t stay focused on play

Types of Disabilities Explained (cont.)

or school work; don't follow through on instructions or finish school work or chores; can't seem to organize tasks and activities; get distracted easily; and lose things such as toys, school work, and books.

Hyperactive-impulsive type. Hyperactivity and impulsivity tend to go together. Children with the hyperactive-impulsive type of AD/HD often may: fidget and squirm; get out of their chairs when they're not supposed to; run around or climb constantly; have trouble playing quietly; talk too much; blurt out answers before questions have been completed; have trouble waiting their turn; interrupt others when they're talking; and butt in on the games others are playing.

Combined type. Children with the combined type of AD/HD have symptoms of both of the types described above. They have problems with paying attention, with hyperactivity, and with controlling their impulses.

Of course, from time to time, all children are inattentive, impulsive, and too active. With children who have AD/HD, *these behaviors are the rule, not the exception.*

These behaviors can cause a child to have real problems at home, at school, and with friends. As a result, many children with AD/HD will feel anxious, unsure of themselves, and depressed. These feelings are not symptoms of AD/HD. They come from having problems again and again at home and in school.

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

Learning disabilities (LD) vary from person to person. One person can have trouble with reading and writing. Another may have problems with understanding math, yet another person may have trouble understanding what people are saying. Researchers think that learning disabilities are caused by differences in how a person's brain works and how it processes information. Children with learning disabilities are not "dumb" or "lazy." In fact, they usually have average or above average intelligence. Their brains just process information differently.

There is no *one* sign that shows a person has a learning disability. Experts look for a noticeable difference between how well a child does in school and how well he or she *could* do, given his or her intelligence or ability. There are also certain clues that may mean a child has a learning disability. We've listed a few below. Most relate to elementary school tasks, because learning disabilities tend to be identified in elementary school. A child probably won't show all of these signs, or even most of them. However, if a child shows a number of these problems, then parents and the teacher should consider the possibility that the child has a learning disability.

When a child has a learning disability, he or she:

- may have trouble learning the alphabet, rhyming words, or connecting letters to their sounds;
- may make many mistakes when reading aloud, and repeat and pause often;
- may not understand what he or she reads;
- may have real trouble with spelling;
- may have very messy handwriting or hold a pencil awkwardly;
- may struggle to express ideas in writing;
- may learn language late and have a limited vocabulary;
- may have trouble remembering the sounds that letters make or hearing slight differences between words;
- may have trouble understanding jokes, comic strips, and sarcasm;
- may have trouble following directions;
- may mispronounce words or use a wrong word that sounds similar;
- may have trouble organizing what he or she wants to say or unable to think of the word he or she needs for writing or conversation;
- may not follow the social rules of conversation, such as taking turns, and may stand too close to the listener;

Types of Disabilities Explained (cont.)

- may confuse math symbols and misread numbers;
- may not be able to retell a story in order (what happened first, second, third); or
- may not know where to begin a task or how to go on from there.

If a child has unexpected problems learning to read, write, listen, speak, or do math, then teachers and parents may want to investigate more. The same is true if the child is struggling to do any one of these skills. The child may need to be evaluated to see if he or she has a learning disability.

“Speech and Language Impairment”—a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child’s educational performance.

Speech and language disorders refer to problems in communication and related areas such as oral-motor function: sucking, swallowing, drinking, eating. These delays and disorders range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Some causes of speech and language disorders include hearing loss, neurological disorders, brain injury, intellectual disability, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse. Frequently, however, the cause is unknown. A child's communication is considered delayed when the child is noticeably behind his or her peers in the acquisition of speech and/or language skills. Sometimes a child will have greater receptive (understanding) than expressive (speaking) language skills, but this is not always the case.

Speech disorders refer to difficulties producing speech sounds or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stuttering, which is called dysfluency. Speech disorders may be problems with the way sounds are formed, called articulation or phonological disorders, or they may be difficulties with the pitch, volume or quality of the voice. There may be a combination of several problems. People with speech disorders have trouble using some speech sounds, which can also be a symptom of a delay. They may say "see" when they mean "ski" or they may have trouble using other sounds like "l" or "r." Listeners may have trouble understanding what someone with a speech disorder is trying to say. People with voice disorders may have trouble with the way their voices sound.

A language disorder is an impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics of language disorders include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary and inability to follow directions. One or a combination of these characteristics may occur in children who are affected by language learning disabilities or developmental language delay. Children may hear or see a word but not be able to understand its meaning. They may have trouble getting others to understand what they are trying to communicate.

“Traumatic Brain Injury”—an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

“Visual Impairment”—an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.

The Meaning of "Adversely Affects"

You may have noticed that the phrase "adversely affects educational performance" appears in most of the disability definitions. This does not mean, however, that a child must be failing in school to receive special education and related services. According to IDEA, states must make a free appropriate public education available to "any individual child with a disability who needs special education and related services, even if the child has not failed or been retained in a course or grade, and is advancing from grade to grade.

Disabilities, Assessments & Qualified Examiners

Evaluation is driven by suspected disability/areas of weakness. Each disability requires evaluation—a specific set of assessments by various qualified examiners as described in the chart below and the list to the right.

Disability	Required assessments for the educational disability	
Autism	<input checked="" type="checkbox"/> Academic Performance <input checked="" type="checkbox"/> Communication Skills	<input checked="" type="checkbox"/> Adaptive Behavior <input checked="" type="checkbox"/> Health
Deaf-Blindness	<input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Hearing <input checked="" type="checkbox"/> Vision
Deafness	<input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Hearing
Emotional Disturbance	<input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Social/Emotional Status
Hearing Impairment	<input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Hearing
Mental Retardation	<input checked="" type="checkbox"/> Academic Performance <input checked="" type="checkbox"/> Intelligence	<input checked="" type="checkbox"/> Adaptive Behavior
Multiple Disabilities	Requires at least two secondary disabilities which are accepted as part of the student's evaluation record.	
Orthopedic Impairment	<input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Motor Ability
Other Health Impairment	<input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Health
Specific Learning Disability	<input checked="" type="checkbox"/> Academic Performance <input checked="" type="checkbox"/> Intelligence	<input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Hearing & Vision **
Speech/Language Impairment	<input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Communication Skills
Traumatic Brain Injury <i>Plus minimum of 2 from the box</i>	<input checked="" type="checkbox"/> Academic Performance <input checked="" type="checkbox"/> Adaptive behavior <input checked="" type="checkbox"/> Intelligence	<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Communication Skills <input checked="" type="checkbox"/> Social/Emotional Status
Visual Impairment	<input checked="" type="checkbox"/> Academic Performance	<input checked="" type="checkbox"/> Vision

Developmental Delay (for children 9 or younger)

Children older than 3 and younger than 10 can receive special education services due to developmental delay. In order to identify a child as a result of a development delay, the team must determine that there are clear indicators present that the child may have one or more of the educationally disabling conditions. The required assessments and qualified examiners are the same as for those other conditions.

To learn more visit: <http://www.nichcy.org/Disabilities/Specific/Pages/DD.aspx>

Commonly Used Acronyms

S.A.I.F.—Specialist in the Assessment of Intellectual Functioning

SLI—Speech/Language Impairment

OHI—Other Health Impairment

SLD—Specific Learning Disability

Did you know?

Hearing and Vision screening is done by the school nurse for all students annually.



Qualified examiners

1. Academic Performance

Certified Educator
 School Psychologist
 Guidance Counselor
 Assoc. School Psychologist
 Psychologist
 S.A.I.F.

2. Adaptive Behavior

Certified Educator
 School Psychologist
 Guidance Counselor
 Assoc. School Psychologist
 Psychologist
 S.A.I.F.
 Psychiatrist
 Licensed Social Worker

3. Communication Skills

Speech/Lang. Pathologist
 Speech/Lang. Specialist

4. Health

Professional Licensed to provide a Health Evaluation

5. Intelligence

School Psychologist
 Assoc. School Psychologist
 Psychologist
 S.A.I.F.

6. Motor Ability

Licensed Physician
 Occupational Therapist
 Neurologist
 Physical Therapist

7. Observation

Same as Academic Performance (#1)

8. Social Emotional Status

School Psychologist
 Assoc. School Psychologist
 Psychologist
 Psychiatrist

9. Vision

Ophthalmologist
 Optometrist

10. Hearing

Audiologist
 Otolaryngologist
 Otologist

11. Vision Screening

School nurse

12. Hearing Screening

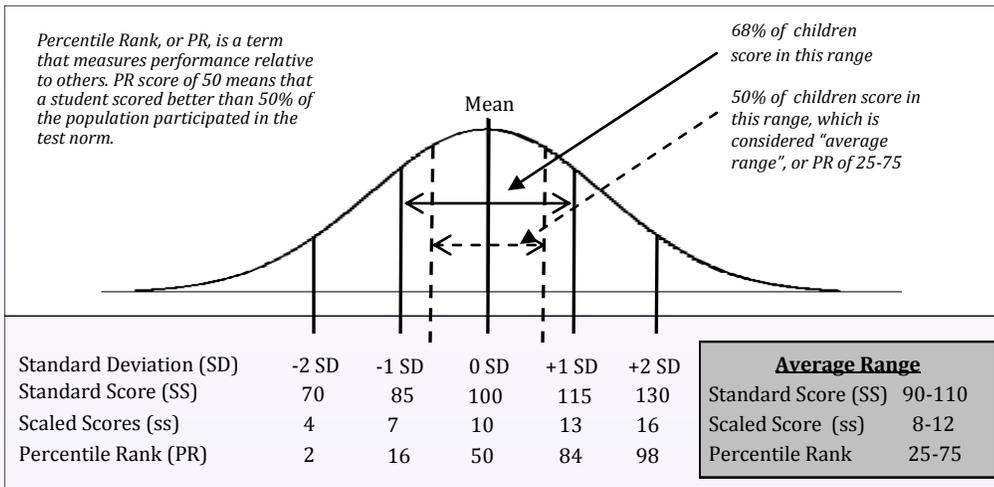
School nurse

Standardized (normed) Tests

How are things measured?

Standardized tests compare a child's performance with the performance of a large group of similar children (usually the same age). The large group's performance fits the "Bell Curve", which is a mathematical representation of the distribution of the group's test results. It assists in understanding and interpreting the results.

The Bell Curve and scoring system is shown below. One important concept of the "Bell Curve" is the Standard Deviation (SD), which is a range around the mean or average (the center of the Bell Curve) where most (68%) of the scores fall. Average performance is a universally defined range—it is the area around the mean where 50% of the students score and therefore ranges between 25 percentile to 75 percentile. ***



Results of testing can be reported using a variety of performance indicators. The most common are defined below: *(Percentile Rank has been defined for you in the chart area)*

- Standard Scores (SS)**- Bell curve based score on a normed test. Range of 90-110 is considered average and corresponds to 25-75 percentile. These scores are highly useful because they are used to track progress and compare student's performance to others. These are typically reported for a whole test or cluster that focuses on a certain skill.
- Scaled Scores (ss)** - A way to present testing results, typically of a subtest, or one component of a test. Scaled scores have a mean of 10 with standard deviation of 3. A range of 8-12 is considered average.
- Stanines (Standard Nines)**—Stanines divide the full range of scoring into 9 sections. Stanines 4, 5, 6 are approximately in the average range.
- Index scores/composite scores/subtest scores**—Many tests are categorized by subtests that assess specific skill in a certain way. Combined scores of several subtests can make an index score or composite score that reflects combined performance on the grouped subtests.

*** Please remember! This page is an overview of the area of evaluation.

Various scoring systems and labels are used by different tests' makers and even within tests due to differences in tests' design! Make sure to understand how your child's testing are being measured and reported and what the results mean.

Evaluators will explain this in detail at an IEP team meeting.



Tests

Tests are tools used to quantitatively assess performance. Tests measure certain skills. Standardized (or norm-based) tests place student's performance relative to other performers at the same age or grade.

Evaluation

Evaluation is a process of obtaining detailed information in order to answer questions with respect to areas of concern. During the process, multiple measurement tools are being used such as standardized testing, observations, work samples, surveys and inventories.

It is critical not only to look at test scores but also at how were the scores achieved. In some cases, students with significant deficits can score in the "average range" due to a specific test design, or by using inefficient compensatory strategies.

Looking at subtest scores can help identify patterns of strengths and weaknesses.

Types of Testing

Intelligence

Intellectual Quotient (IQ) scores are used to identify a student's learning profile. For example, a student may be found to have a strength as a visual learner. This information can assist a classroom teacher in planning instruction for a child.

Commonly used tests are: Weschler Intelligence Scale for Children (WISC), Differential Ability Scale (DAS), Kaufman Assessment Battery for Children (KABC). Comprehensive Test of Non-Verbal Intelligence (C-TONI) and Leiter are often used when there are significant deficits in processing of language.

Academic Performance

These tests measure the academic skills children acquire through instruction—reading, spelling, writing, vocabulary, mathematics, science and social studies. Screening tests generally assess academic skills very briefly. They may reveal problems that require further assessments to investigate their origin (example: Developmental Reading Assessment—DRA, is a screening test). Comprehensive tests are divided into two categories: multiple-subject tests and single-subject tests. Multiple subject tests may not be very thorough, and at times only selected parts may be administered. Single subject tests include several subtests that measure different skills in one broad area, such as reading.

Commonly used tests are: **Multiple subject tests:** Kaufman Test of Educational Achievement (KTEA), Weschler Individual Achievement Test (WIAT), Woodcock Johnson Test of Achievement (WJ Ach.). **Single subject test:** Gray Oral Reading Test (GORT), Test of Written language (TOWL), KeyMath Diagnostic Inventory (KeyMath), Comprehensive Mathematical Abilities Test (CMAT).

Other Areas Assessed

Behavior—Surveys and questionnaires provide norm-reference data about a child's behavior, how the child sees himself/herself, and how parents and teachers view the child. One commonly used questionnaire is the *Conners' Rating Scales* for parents and teachers. It focuses on a wide range of problem behaviors such as ADHD. Behavior Rating Scale for Children (BASC) is more comprehensive assessment, identifying possible anxiety and social problems.

"The burden is on the test users to be "better" than the tests they use"

Alan Kaufman—American Psychologist

Speech and Language—Many different tests are available to assess receptive and expressive language, pragmatics, abstract and figurative language, and inferential thinking. Commonly used tests are the Clinical Evaluation of Language Fundamental (CELF), Peabody Picture Vocabulary Test (PPVT), Oral and Written Language Scales (OWLS), Expressive Vocabulary Test (EVT).

Questions families can ask at an IEP meeting to learn more about testing and student's performance:

- What tests or subtests will be used to assess an area of weakness?
- What skills does a test or subtest assess, and how? (Example: timed vs. untimed)
- What is the significance of differences between tests or subtests results?
- What does poor performance on a particular test or subtest indicate about a student's success in school?

If you do not understand something—ASK!



A child's performance on any given day can be affected by anxiety, poor motivation, poor attention or concentration, sickness, or other factors.

Many tools are available to evaluate students. The goals for an evaluation are to get a thorough understanding of a student's strengths and weaknesses in the academic setting and to assist in developing the IEP.

What happens when an evaluation is completed?

The IEP team meets to review the results and make one of the following decisions:

A student is eligible for special education. An IEP needs to be developed within 30 days. See pages 8-9 to learn more about the IEP.

OR;

A student is not eligible for special education. The team determines what type of assistance within the general education is appropriate in order to ensure a student's success.

IEP Digest

Who is on the IEP team?

1. The child's family.
2. The child's regular education teacher (at least one).
3. Special education teacher.
4. Other professionals if needed: speech and language pathologist, school psychologist, occupational therapist, reading specialist, physical therapist, etc.
5. Others as needed depending on the nature of the IEP meeting and the types of decisions to be made. Example: if evaluation is being reviewed a professional who can interpret the results must attend. Another example: If special allocation of funds is required, a person who can approve funds must attend the meeting.
6. Sometimes the student.

IEP = Individual Education Program.

What is an IEP and how is it developed?

An IEP is a plan describing how the school will be addressing the unique needs of each eligible student in order to allow that student to have educational opportunities similar to regular education students. The IEP includes the specialized instruction that is needed for the student, as well as accommodations and modifications if needed.

The IEP team which includes the family, meets and discusses the students needs and how to address them appropriately.

Why would an IEP team meet?

1. To dispose a referral.
2. The IEP team must meet to develop an IEP at least once a year.
3. The IEP team can meet to discuss progress beyond what is provided at a periodic progress report.
4. To amend or change the IEP. The IEP can be changed at any time.
5. To plan for an evaluation or to review an evaluation.
6. To discuss any other topic requiring the IEP team discussion.

What forms may I be given and/or asked to sign?

1. 10 day prior notice—a notice about an IEP meeting. Family should get the notice at least 10 days before the meeting. Family can waive the 10 day notice (and sign a waiver) if a meeting is scheduled sooner by mutual agreement.
2. Record of team meeting—to acknowledge your attendance at an IEP meeting. Typically you will get a copy of this form showing who attended the meeting with the meeting minutes attached.
3. Written Prior Notice is an important form provided to parents describing the team's considerations and decision. Based on the detailed explanations included in this form, parents have the right to agree, disagree or agree with exceptions.
4. Parent response to special education proposal. Any change in the IEP requires consent of the student's parent.
5. IEP amendment—any time the IEP is amended, a form describing the changes is prepared.
6. Consent for evaluation or re-evaluation.
7. Disclosure of information form.
8. Receipt of Procedural Safeguard Handbook.

How can families prepare for an IEP meeting?

Questions families can ask before an IEP meeting

- *What is the purpose of the meeting?*
- *Who needs to attend?*
- *What will the team bring to the meeting to assist in the discussion?*

Ask yourself

- *What can I bring to assist in the discussion?*
- *What do I want to bring up at the meeting and is it appropriate given the purpose of the meeting?*
- *Is there anyone else I feel should be invited to the meeting?*

Main IEP Components Explained

- **Present levels of academic achievement and functional performance**

This section's main purpose is to describe, in detail, the child and his or her main needs. This section contains several sub-sections:

Student's strength—In this section we look at strengths which are important in order to understand the child and “play to their strengths” during instruction.

Needs (academic, functional, developmental) - This section describes the areas of weakness, where students will need support and or explicit instruction. Based on this section the goals and services are being determined by the team.

Parent concerns for improving the student's education—This is a section within the IEP that parents can provide input with respect to areas they feel are most important to address at that time.

Describe how the student's disability affects the student's involvement and progress in the general curriculum—Statement that summarizes the affects of a student's disability on their school performance. This is important because all students need to have access and benefit from the general curriculum.

Describe how the student's disability affects non-academic areas - As students get older there are more non-academic school related opportunities (examples: lunch, hallways, recess, extracurricular activities) to participate in and it is important to look at how their disability affects these areas.

Other sub-sections are included.

- **Considerations of special factors in developing an IEP**

This is a group of questions that the law requires that we ask and answer when developing an IEP. The intent is to cover specific needs or individual factors that can impact student's performance., based on their weaknesses.

- **Measurable annual goals, benchmarks/short term objectives and progress towards meeting the annual goals**

This section has specific goals to address each area of needs. For each annual measurable goal, there is a description of the student's present level of academic and functional performance. Benchmarks/objectives provide the road map towards meeting the annual goal. Within the section it is also outlined how progress will be monitored and reported to families.

- **Supports and Services**

List of instructional services students' need to address their goals.

- **Accommodations/Modifications**

Accommodations are specific strategies that assist a student in learning and participating within the general curriculum. Modifications are substantial changes to what students are expected to demonstrate.

Placement (supports/services) are determined once goals have been agreed on by the team.

Questions families can ask when developing an IEP

- *What need does the annual goal address?*
- *What steps will we use to ensure progress towards the annual goal?*
- *How will I know if my child makes progress?*
- *Did we address all areas of concern?*
- *Who will be personally responsible for implementing certain parts of the IEP?*

Section 504 and 504 plan

What is Section 504?

Section 504 is a part of the Rehabilitation Act of 1973. It is a civil rights law that covers the rights of eligible individuals with disabilities, not just school-aged children. It protects against disability based discrimination by any program or activity that receives federal funds. It therefore applies to public schools, colleges, and vocational programs, state and local government agencies and programs as well as public services (such as public libraries, town halls, etc.). It applies to private schools if they receive any amount of federal funds. This law is being enforced by the Office of Civil Rights (OCR). Section 504 of the Rehabilitation Act covers several areas: preschool, elementary and secondary schools, employment practices, accessibility, health, welfare, and social services.

What does Section 504 Require Schools to Do?

Under section 504, Schools are required to provide appropriate, reasonable adaptations and physical modifications for individuals who have disabilities that substantially affect a major life function such as physical or mental functioning (including: learning, breathing, walking, talking, seeing, hearing, working, eating, self care, performing manual tasks). Consequently, this law covers a very broad range of potential disabilities. And students who qualify for special education under IDEA (special education law) are automatically covered under Section 504.

Who can benefit from a 504 plan and what is a 504 Plan?

For students with a physical or mental impairment a 504 plan may be appropriate. Section 504 plans do not need to provide advantages to a child with a disability that would help them achieve over children without disabilities or have unfair advantages. Under section 504 school districts must provide all students with disabilities the same opportunity to succeed in school as they provide to students without disabilities. A 504 Plan has accommodations, is developed by a 504 committee, and must be implemented by school staff. All school programs must be accessible to people with disabilities. School must make reasonable adaptations and accommodations for instructional purposes; and school facilities must be accessible, (as in making meetings and classes accessible for wheelchair use). Schools are only required to implement reasonable accommodations and adaptations. If a requested accommodation is too costly for the program, the school may legitimately seek a less expensive alternative. Schools are not required to pay for personal use items such as a student's glasses. They are required, however, to provide adaptive materials or technology that may be needed by a student with a visual impairment in the classroom.

*"Once we accept our limits,
we go beyond them."*

*Albert Einstein, Physicist/
Mathematician*



Section 504 and IDEA – what’s the difference?

	Section 504	IDEA (Special Education)
Type and Purpose	<p>A civil rights law intended to prevent discrimination against people with disabilities by institutions receiving public funds.</p> <p>In schools: section 504 assures Free and Appropriate Public Education (FAPE) - an education that is comparable to the education provided to students without disabilities.</p>	<p>An education law that requires public schools to provide Free and Appropriate Public Education (FAPE) to eligible students with disabilities. It ensures that all students with disabilities have available to them a public education that is designed to meet their unique needs and prepare them for further education, employment and independent living.</p>
Definition of a disability	<p>Uses broad terms to define a disability, including physical or mental disabilities substantially limiting a major life function.</p> <p>Examples: severe allergies, heart condition.</p>	<p>Defines a disability as one of thirteen types and requires specific assessments performed by qualified examiners to qualify under each type.</p> <p>More details are provided on page 5.</p>
Evaluation	<p>Required in order to determine eligibility for services. Designed by the team working with the child and addresses specific questions raised by the team. It may include achievement assessment, review of student’s work and a physician’s diagnosis.</p>	<p>Required in order to determine eligibility for services.</p> <p>More comprehensive evaluation, determined by the IEP team, is typically conducted because the student’s needs are usually more complex. Its purpose is to learn about the type of disability, the specific needs of the child and to assist in designing specialized program.</p> <p>More details are provided on pages 6 and 7.</p>
Services	<p>Schools are required to provide appropriate, reasonable adaptations and accommodations to eligible students with a disability. These services provided are related to the disability.</p>	<p>Schools are required to develop an IEP based on the student’s needs, which are determined by the IEP team. Services are individualized and may include specialized instructions, therapies and services not provided to other students.</p>
Written plan	<p>A plan needs to be in place but it does not have to be written.</p>	<p>Written IEP must be in place and reviewed annually.</p>
Parent participation	<p>Parent participation is encouraged but not required.</p>	<p>A parent is a required member of the IEP team.</p>
Notice and Consent	<p>Parents must be notified when a 504 plan is developed. Consent is not required. School districts, however, do encourage parents’ input and offer parents the opportunity to consent to or decline services.</p>	<p>Parents must be notified of any and invited to any IEP meeting. Parents must sign on an IEP in order for it to be implemented. Parents have the right to accept or decline any service, evaluation, or decision.</p>
Procedural safeguards	<p>School districts’ establish safeguards that include impartial hearing and a review procedure . Plans can be reviewed at parental or school team request.</p>	<p>More extensive.</p> <p>More information and links on pages 16, 21 and 22.</p>
What happens after school graduation?	<p>Section 504 provides protection against discrimination after the child leaves public school (it is a civil rights law). Parents have no rights after child leaves public school.</p>	<p>IEP needs to be in place for eligible student until the age of 21 or graduation, whichever comes first. Parents and students have no rights under IDEA after child graduates from school.</p>

Education Legal Hierarchy

Federal and State Laws define and require

Free Appropriate Public Education (FAPE)

In the

Least Restrictive Environment (LRE)

Federal Laws/Statutes and Regulations

The minimum requirements (revised periodically).

Major related laws:

- **IDEIA—Individuals with Disabilities Education and improvement Act of 2004**

<http://www.copyright.gov/legislation/pl108-446.pdf>

- **34 CFR part 300—Federal regulations that explain and expand on IDEIA**

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title34/34cfr300_main_02.tpl

- **FERPA—Family Educational Rights and Privacy Act.**

Web: <http://www.ed.gov/legislation/FedRegister/finrule/2008-4/120908a.pdf>

- **Section 504 of the rehabilitation act:** Civil Rights law.

Protect children from discrimination from reasons related to their disability.

<http://www.section508.gov/index.cfm?FuseAction=Content&ID=15>

- **ADA—Americans with Disabilities Act.** <http://www.ada.gov/>

- **NCLB—No Child Left Behind** (applies to the education of all children). <http://www2.ed.gov/nclb/landing.jhtml>

NH State Laws/Statutes and Regulations

NH law somewhat exceeds the federal laws (constantly changing as a result of updates, testimonies and revisions).

Major related laws:

- **RSA 186-C** (RSA = Revised Statutes Annotated) - NH Special Education Statute (for children ages 3-21, or graduation of high school whichever comes first).

Web: <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XV-186-c.htm>

- **Ed 1100** (parts 1101-1129)—NH Rules for the Education of Children with Disabilities

Web: [http://www.ed.state.nh.us/education/doe/organization/instruction/documents/](http://www.ed.state.nh.us/education/doe/organization/instruction/documents/NHRuleswAmendmentJune102009June302008.pdf)

[NHRuleswAmendmentJune102009June302008.pdf](http://www.ed.state.nh.us/education/doe/organization/instruction/documents/NHRuleswAmendmentJune102009June302008.pdf)

This is a June 2008 document. A revision is expected to be finalized in early 2010

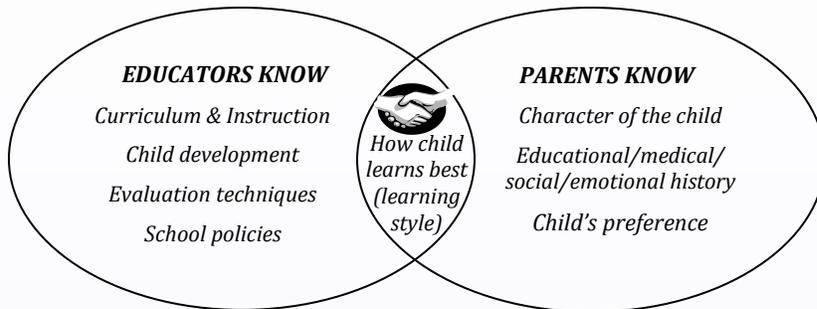
- **He-M 510—Family Centered Early Supports and Services (ESS)** for infants and toddlers with disabilities (for infants and toddlers up to the age of 3).

School district's and school's policies and procedures

Local policies affecting all students and students with disabilities can be challenged by all stakeholders. Check the website of the school your child attends to learn more about the policies.

Positive Communication

Effective communication starts with appreciation of and respect for people's knowledge and roles. With this appreciation in mind, we can learn from each other and complement each other to make better team decisions.



"I like to listen. I have learned a great deal from listening carefully. Most people never listen."

Ernest Hemingway

What makes good communication?

- ☺ Effective listening: following the thoughts and feelings of others to understand what they are saying from their perspective, frame of reference, or point of view.
- ☺ Interests! NOT positions: position is "what you want" - it can be interpreted as a demand or "I am right ... you are wrong." Interests explain why you want something—it gives life to your position! Explaining the interest helps everyone understand your position and the need. To find your interest ask yourself:
 - 1). What makes what I want so important?
 - 2). Why am I suggesting this?
 - 3). What positive outcome will occur if I get what I want?

☹ Communication blockers (the don'ts)

- Demanding, threatening
- Being close-minded
- Denying
- Using jargon
- Letting emotions cloud issues
- Jumping to conclusions
- Negative body language including facial expressions
- Negative tone of voice
- Not providing sufficient information to help the team make decisions

☺ How to "unblock"?

- Explain the interest (see above 2)
- Ask questions, provide details
- Be flexible—consider several solutions
- Reflect on your feelings, explain how you feel
- Validate—repeat what others say
- Summarize—to ensure that you are on the "same page"
- LISTEN! LISTEN! LISTEN

"The greatest compliment that was ever paid to me was when one asked me what I thought, and attended to my answer."

Henry David Thoreau

Questions that help with communication:

- *Can you tell me more about it?*
- *Why do you think this way?*
- *Can you show me or give me examples?*
- *What are other options we can consider?*
- *How is this going to be done?*
- *Who will be responsible?*
- *How can I help?*
- *What is the best way to communicate?*

A Message from an Educator

Special Education is a service within public education that is designed to help students with disabilities. It is complicated and can be difficult to fully understand. Even professionals who are trained and well versed within the discipline have to continue their professional development to stay abreast of new and important information. When your child enters the Special Education process we do our best to provide you important information without overwhelming you. Please feel free and comfortable to ask questions at any point. We are always happy to answer questions.

Since Special Education is a federal mandate, clear guidelines and procedures are put into place by both the federal and state government. As a result of these mandated procedures, meetings have to run a certain way and can feel very formal; however, please remember that although we follow specific guidelines we are here for the children. We want children to be successful academically, socially, and behaviorally. It is also important to remember that decisions made can be changed at any time or a meeting can be convened at any time. Special Education is a formal, yet fluid process. Nothing is ever set in stone. As your child's needs change so should our services and accommodations.

The word team is used a lot within education and it is truly the most important characteristic of Special Education. When you have a team of professionals around the table who are experts in their fields it is beneficial for the children. The student's family is an important member of the Special Education team as Mom and Dad are the experts for their child. You know your child best and the information that you have to give to the team is essential for your child's success.

It is our goal as educators to have positive relationships with all of our families because when we do children are most successful!

Working collaboratively is our utmost goal.

"Education is a social process. Education is growth. Education is not a preparation for life; education is life itself."

John Dewey

The sculptor

I dreamed I stood in a studio	And polished and smoothed o'er
And watched two sculptors there,	And when at last this task was done,
The clay they used was a young child's mind	They were proud of what they had wrought;
And they fashioned it with care.	For the things they had molded into the child
One was a teacher: the tools she used	Could neither be sold not bought.
Were books, music and art.	And each agreed he would have failed
One, a parent who worked with a guiding hand	If he had worked alone,
And a gentle and loving heart.	The parent and the school
Day after day the teacher toiled	The teacher and the home
With touch that was deft and sure.	
While the parent labored by her side	

-Author unknown -

A Message from a Parent

As a parent you are the historian of your child's experiences. You know how your child learns, what works and what does not work for your child. You know your child's unique personality, likes and dislikes, strengths and weaknesses. You have visions and dreams for your child's future and you may be the only one who knows your child's visions and dreams for themselves. You are the most important person in your child's life! It is normal for a parent to find the process of advocating for their child's unique needs stressful and overwhelming—I do, even after many years. Advocating for your child is a long-term commitment and spending the time to learn, prepare and plan makes it easier and smoother. Being organized, knowledgeable and a good communicator are key to a better experience and outcome.

Here are some strategies that can help you along the way:

- Have a positive attitude at all times and maintain a good sense of humor.
- Respect people's roles and responsibilities, experience and expertise. The IEP team's top priority is your child!
- Prepare for meetings. The statement "failing to prepare is preparing to fail" is true not just for that "big game."
- Prioritize—list the most important things your child must have in place this year in order to be successful.
- Strategize—support your positions! Express your child's needs clearly and directly.
- At meetings, listen carefully to what other team members say and ask many questions to clarify positions and interests. Repeat what others say to make sure that you understood. Do not be afraid to ask what you may think is a "foolish" question—not knowing is worse! You cannot make decisions if you do not understand!
- Treat others with the same respect you deserve no matter how upset you may be, or no matter what you think you heard at a meeting.
- Be a problem solver, be flexible—the more ideas shared, the better chance a common ground will be reached.
- Be organized—put your documents in chronological order. Summarize evaluation results. Make sure you know how to quickly find what you need when you need it. Help personalize your child's IEP—Little things can make a huge difference for your child.
- Take your time before signing documents—it is your right! Reflect on the meeting and make sure that you understand the documents you are asked to sign on. Request another meeting, make a phone call or send an email to ask additional questions or to request clarifications.
- Know your rights and your child's rights, understand the process and sequence, understand the school's roles and responsibilities, understand your roles and responsibilities in decision making. Learn the hierarchy and how decisions are made at your child's school. Learn about school policies that may affect your child. This will help you understand why things are done certain ways.
- Talk to your child and share your child's perspective, thoughts, feelings and dreams with the team. Share with the team some talents your child has that they may not see at school.
- Talk to other parents or find a support group—you will not feel so lonely anymore. Take the time to take care of yourself!
- Please remember to thank people and take the time to note specifics!
- Do not feel too guilty or afraid to express yourself.
- Do not jump to conclusions and please do not say "the wrong thing at the tempting place."
- Do not agree because everyone else knows what is best for your child, but because you too believe it is what is best for your child. Ask more questions to help you understand!
- Do not lower the expectations for your child, but set realistic goals—given the environment your child is in and your child's needs, what can be achieved in a year?
- If you feel that you had a really bad IEP meeting do not react immediately. Spend some time chilling, then examine things again and make decisions. Think: what was the problem? How can you solve it? Bring several options that can be considered. An IEP team meeting is the best place to resolve issues—with people who know your child best.

"Remember not only to say the right thing in the right place, but far more difficult still, to leave unsaid the wrong thing at the tempting place."

Benjamin Franklin

Using Respectful Language

What to say when describing people with disabilities

***Selection from: Kathie Snow author of "Disability is Natural: Revolutionary common Sense for Raising Children with Disabilities"*

Labels not to use....	People First Language....
The handicapped or the disabled	People with disabilities
The mentally retarded or he's retarded	People with mental retardation or he has a cognitive impairment
My son is autistic	My son has autism
She's a Down, she's mongoloid	She has Down Syndrome
Birth defect	Has a congenital disability
Epileptic	A person with Epilepsy
Wheelchair bound or confined to a wheelchair	Uses a wheelchair or a mobility chair or is a wheelchair user
She is developmentally delayed	She has a developmental delay
Mute	Is nonverbal
Is learning disabled or LD	Has a learning disability
She's emotionally disabled; she's crazy	She has an emotional disability
She's in Special Education	She receives Special Education services

When you "label" a person you actually say: "this is what defines that person."

When you think about Pablo Picasso, Leonardo Da-Vinci, Alexander Graham Bell, Albert Einstein, John Lennon, Robin Williams, Agatha Christie or Thomas Jefferson do you think "Dyslexic"? Not necessarily! All famous people above, made great contributions to society based on their talents and passions. Perhaps having Dyslexia helped them become who they are but it definitely did not define them.

Assertive—To be or not to be?

Assertiveness is....	Assertiveness is not....
<ul style="list-style-type: none"> • Expressing your needs clearly and directly • Expressing your ideas without feeling guilty or intimidated • Sticking up for what you believe your child needs • Knowing your rights and how to get them • Collaborating with service providers and treating them like partners • Communication effectively • Conveying your feelings of self-confidence when you communicate with others • Self-reliance and independence • Perseverance • Having a positive attitude at all times • Encouraging your child to have dreams and develop the skills to make those dreams come true 	<ul style="list-style-type: none"> • Beating around the bush before stating your needs • Feeling too guilty or afraid to express your needs • Agreeing no matter how you feel because "I do not know ..." • Ignorance about your rights • Accepting inappropriate or inadequate services • Ineffective communication • Reliance and dependence on others • Giving up • Acting precipitously before you get all the facts • Accepting the status quo "because nothing can be done" • Being swayed by those who do not have a "win" attitude

Assertive (adj.)

Disposed to or characterized by boldness or confidence.

Merriam Webster Dictionary

Before saying anything to anyone ask yourself:

1. **Is it true?**
2. **Is it kind?**
3. **Is it necessary?**

If you answered "no" to one or more of the above, think again - do not say or rephrase!

Alternative Dispute Resolution and Complaint Procedures Available for Parents and Schools in NH

Parents and school districts always strive to resolve disagreements in the least adversarial manner possible. When there is a concern or disagreement between parents and schools the best plan is to make attempts to resolve these issues starting at the lowest administrative level possible, then going up within the SAU administration chain. When those attempts are not possible or successful, alternative dispute resolution methods are available.

Facilitated Team Meeting

Both parties work with a Facilitator to try and reach an agreement. Both parties have to agree to this step and mutually formulate an agenda for the meeting. A facilitator is requested through the Department of Education by either party. The role of the facilitator is to move the discussion towards an agreement. The Facilitator does not contribute to decision making and does not interpret the law or regulations. The Facilitation is a free service provided by the Department of Education.

The chart below briefly summarizes dispute resolution  methods available in NH.

Mediation

A voluntary, confidential process guided by a trained professional (a state appointed Mediator) knowledgeable about the laws and regulations pertaining to Special Education. The Mediator helps the parties reach a mutually acceptable solution to their dispute. This provides an alternative to due process, where both parties come to an agreement or compromise. It is used to resolve disputes including when a parent or school district files a due process complaint to request a due process hearing. Mediation is a free service to the parents and the school district through the Department of Education.

Neutral Conference

An informal way the school district or parent can present case facts and issues to a trained professional. This neutral professional listens to both parties and issues a recommendation. If the parties agree to this recommendation, it is written down and becomes a legally binding document. If both parties do not come to agreement, dates and participation are the only recorded items from the meeting. Neutral conferences are free through the Department of Education.

Resolution Session

When **parents** initiate a request for due process, the parties can sit for a resolution session (may include lawyer). This is an opportunity for the parties to resolve their dispute prior to a due process hearing. It must occur within 15 days of filing for due process and 30 days are given to resolve the dispute to the parents' satisfaction. Using resolution session results in suspension of the timeline for completion of the due process hearing. Parties can waive resolution and try mediation. Agreements reached at the resolution session are legally binding of both the parents and the school districts.

Due Process Hearing Complaint

Provides a formal means for parents and the school district to resolve disagreements pertaining to identification, evaluation, educational placement or the provision of Free and Appropriate Public Education (FAPE). A due process decision is made by a hearing officer. For directions on how to file due process, please see pages 15-22 of the NH Procedural Safeguard Handbook for Special Education or the NH Department of Education website at:

http://www.education.nh.gov/instruction/special_ed/complaint.htm

** Due Process must be filed within two years of the cause of complaint.*

Filing a Special Education Complaint with the State Department of Education

A parent, individual, or an organization may file a written complaint alleging the school district has violated a child's special education rights. At the time of filing a complaint, parents must forward a copy of their complaint to their school district. Upon review of the facts presented by the parent and school district (in written form, phone contact, and interviews), the complaint investigator issues a report outlining the facts, conclusions, and recommendations within a 60 day timeframe. For information on how to file a complaint, please consult the NH Procedural Safeguards Handbook for Special Education or the NH Department of Education website at:

http://www.education.nh.gov/instruction/special_ed/complaint.htm.

** There is a limit of one year from the cause of complaint in which to file a complaint.*

Web Resources

SAU41 Parent to Parent Group Website: <http://sites.google.com/site/sau41special/home>

Email: HP2special@gmail.com

Your local address for support and information: providing information, resources, opportunities for involvement, parent-parent support via local networking, questions/answers via email, and information on local meetings and workshops you may be interested in. Send us an email and we'll add you to our email distribution list. We keep your information confidential.

NH rules for the education of children with disabilities (Ed 1100): <http://www.ed.state.nh.us/education/doe/organization/instruction/documents/NHRuleswAmendmentJune102009June302008.pdf>

New Hampshire special education procedural safeguards handbook: http://www.education.nh.gov/instruction/special_ed/documents/nhrules_42010.pdf

Wright's law—website with wealth of information about special education and advocacy: <http://www.wrightslaw.com>

LD online—website with information about learning disabilities: <http://www.ldonline.org>

The parent information center on special education (NH): <http://www.nhspecial.ed.org>

National Dissemination Center for Children with Disabilities (NICHCY): <http://www.nichcy.org>

Florida Center for Reading Research: <http://www.fcrr.org>

Asperger's Association of New England: <http://www.aane.org>

Autism society of NH: <http://www.autism-society-nh.org>

NH Center for Effective Behavioral Intervention and Supports: <http://www.nhcebis.seresc.net>



Add your personal resources here

Dictionary of Terms and Acronyms

I. Special Education process, IEP components and general terms

Accommodations – changes in how material is taught or a test is administered but does not substantially alter what the test measures or the curriculum; includes changes in presentation format, test setting or test timing.

Alternative Dispute Resolution (ADR) – processes that may be used to resolve an issue in dispute: facilitated IEP meeting (in NH), LEA mediation, state mediation, a neutral conference (in NH).

Annual Goals – goals that are written for an individual student, that identify what will the student be expected to do or accomplish within one year.

Assistive Technology Device – equipment used to maintain or improve the capabilities of a child with disability, and any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

Audiology – a related service that includes identification, determination of hearing loss, including referral for medical or other professional attention for habilitation of hearing, provision of services (such as auditory training, lip-reading, hearing evaluation and speech conservation), creation and administration of programs for prevention of hearing loss, counseling and guidance of parents, children and teachers regarding hearing loss, determination of children’s needs for group and individual amplification, selecting and fitting an appropriate aid and evaluating the effectiveness of amplification.

Child Find – the procedures by which local school district locate, count, evaluate, and if found eligible provide special education services to children with disabilities.

Consent: Requirement that the parent be fully informed (in writing), with the parent’s agreement documented in writing, of all information that relates to any action that school wants to take about the child, that parent understands that consent is voluntary and may be revoked at any time. Also see Procedural Safeguards Notice, Written Prior Notice.

Core academic subjects: Under the No Child Left Behind law, core academic subjects include the following: (a) English; (b) Reading or language arts; (c) Mathematics; (d) Science; (e) Foreign languages; (f) Civics and government; (g) Economics; (h) Arts; (i) History; and (j) Geography.

COTA: Certified Occupational Therapy Assistant

Counseling services: a related service in special education that means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

Cumulative file: General file maintained by the school; parent has right to inspect the file and have copies of any information in it. (also referred to as a “cume file”)

Curriculum: The subject matter that is to be learned. A curriculum is usually described in terms of its scope and sequence. All of the courses and educational opportunities offered by a school district.

Curriculum frameworks: guidelines set by the State Department of Education for what children are expected to know in a given subject area by certain grade levels. NE curriculum frameworks can be found in the NH Department of Education website.

Day: a calendar day, including weekends and school vacations, unless otherwise stated.

Direct Instruction: presents new content and skills within a scope and sequence. Students practice the content and skill in class exercises and homework and are evaluated by tests similar to practice exercises.

Due Process: A due process hearing is designed to be a fair, timely and impartial procedure for resolving disputes that arise between parents and school districts regarding the education of students with disabilities.

Early intervening services: coordinated services that may be provided to students in kindergarten through grade 12, who are not currently identified as needing special education or related services but who need additional academic and behavior support, using up to 15% of IDEA funding.

Educational Goal: the level of educational achievement accepted as reasonable and desirable for a specific child at a specific time and at a specific rate of speed.

English as a Second Language (ESL) or English Language Learners (ELL): Refers to students who are learning English as an additional language. These students need specialized instruction to help them acquire English language skills and to master the required curriculum.

ESEA: Elementary and Secondary Education Act of 1965 (reauthorization is called “No Child Left Behind”).

Extended School Day: A provision for a special education student to receive instruction for a period longer than the standard day.

Extended School Year: A provision for special education students to receive instruction during ordinary school “vacation” periods, or at any time when school is not typically in session. ESY services or programming may focus on all, or only some, of a child’s needs that are addressed during the regular school year, depending on the needs of the child. The IEP team determines whether a child needs ESY services as part of the IEP process. See memo from NH Department of Education with respect to ESY: http://www.education.nh.gov/instruction/special_ed/documents/fy08_memo04.pdf

Extracurricular and nonacademic activities: the activities and services detailed in IDEA (Nonacademic and extracurricular services and activities may include counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the public agency, referrals to agencies that provide assistance to individuals with disabilities, and employment of students, including both employment by the public agency and assistance in making outside employment available).

Facilitated IEP meeting: the alternative dispute resolution process in which the department provides an impartial, trained facilitator to assist parties to conduct special education meetings.”

Family centered early supports and services (FC-ES&S): the array of comprehensive supports and services for families who reside in NH with children, birth through age 2, who have developmental delays, are at risk for substantial developmental delays, and/or have established conditions.

FAPE (Free Appropriate Public Education): education for children with disabilities provided in the least restrictive environment, and at public expense, under public supervision, and without charge, through an IEP.

Functional goal: a measurable outcome that is developed by the IEP Team to address a need detailed in the analysis of the student’s functional performance.

Functional performance: how the child demonstrates skills and behaviors in cognition, communication, motor, adaptive, social/emotional and sensory areas.

Functional Curriculum: A curriculum focused on practical life skills, and usually taught in the community-based setting, with concrete materials that are a regular part of everyday life. The purpose of this type of instruction is to maximize the student’s generalization to real life use of his/her skills.

General Curriculum: Curriculum adopted by the LEA or SEA for all children from preschool through high school

GLE: Grade Level Expectations

Grouping: puts students together for a specific reason and amount of time.

High-stakes tests: determine what may happen to a student. For example, a test score may decide promotions, tracking, graduation, or entrance into special programs or higher education. Many activists and educators believe scores alone do not provide enough information to make such important educational decisions.

Independent Educational Evaluation (IEE): testing done by someone who doesn’t work for the school system. Parents may either pay for such an evaluation themselves or ask the school district to pay.

Highly Qualified Teacher: a teacher who meets the requirements set out in No Child Left Behind and IDEA.

Home Education or Home Schooling: when a parent makes the decision to educate their child at home in accordance with the home education standards established by the state.

Home instruction: a home-based special education placement made by a child’s IEP team. This is not the same as home schooling.

Homogeneous Grouping: An educational practice in which students of similar abilities are placed within the same instructional groups. This practice usually serves as a barrier to the integration of children with disabilities.

IDEA: Individuals with Disabilities Education Improvement Act (IDEIA), which is Public Law 108-446 (generally referred to as the Individuals with Disabilities Education Act. IDEA is the Federal special education law that provides a free appropriate public education in the least restrictive environment to all eligible children with disabilities.

IEP: Individualized Educational Program. The document, developed at an IEP meeting that describes the child's special education program. It sets the standard by which special education services are determined appropriate for a child with a disability.

IEP Team: develops the IEP. By law, the team should include parent(s), regular teacher, special education teacher, special services providers, school district representative, person knowledgeable about evaluating the child's disability, others invited by the parent or school district, and in some cases, the student.

IFSP: Individualized Family Support Plan. The document that outlines the services to be delivered to families of infants and toddlers receiving early supports and services (ESS).

Inclusion or Inclusive Education: Providing accommodations and supports to enable all students to receive an appropriate and meaningful education in the same setting, including participation in extracurricular and nonacademic activities; full participation in the general education curriculum.

Independent Level: A way of expressing a child's level of mastery of basic academic skills. At this level, the learner works easily and doesn't have to be under constant direction of the instructor. Example: in reading, the learner will make less than 4 errors in 100 consecutive words and have 90% or better comprehension.

Infants and toddlers: Children not yet 3 years of age.

Interim alternative educational setting: the setting, as determined by the IEP Team in accordance with the process described in IDEA, in which a child with a disability receives services when removed from placement for disciplinary reasons.

ISP: Individualized Services Plan - document describing services that an LEA has agreed to provide to a parentally-placed private school child with disabilities (also called a "services plan")

LEA (Local Education Agency): local school district

Least Restrictive Environment: To the maximum extent appropriate, educating children with disabilities, including children in public or private institutions or other care facilities, with children who are nondisabled; and removing children with disabilities to special classes, separate schooling, or other settings apart from the regular educational occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Limited English Proficient (LEP): refers to students who are not at grade-level in reading and writing English and for whom English is second language.

Manifestation Determination Review: a meeting of the IEP team, held within 10 days after a child with a disability violates a school rule and is suspended for 10 or more days. It is an investigation of whether or not the behavior is caused by his/her disability (manifestation of the disability) or is the result of the IEP not being implemented.

Mastery: Competence in a subject area; an ability to demonstrate an attained skill independently under a variety of conditions.

Mediation: A voluntary dispute resolution process in which an impartial mediator assists the parties in resolving issues in dispute.

Medical services: services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

Methodology: an operating procedure, routine or technique. As it applies to learning, it means reliable, established instructional approaches such as remedial reading systems and behavioral methods that provide repeated opportunities for students to practice a task; following prescribed steps or techniques. The teaching method(s) consider the student's needs, environment and learning goals.

Modality: channels of input

Modifications: Substantial changes in what the student is expected to demonstrate: includes changes in instructional level, content, and performance criteria, may include changes in test form or format; includes alternative assignments.

Multi-Sensory: using many senses (seeing, hearing, smelling, tasting and touching)

Neutral conference: one of the alternative dispute resolution options in New Hampshire. Involves a “neutral” making a decision after hearing brief input from both parties.

New Hampshire Rules for the Education of Children with Disabilities: NH State regulations for the provision of special education and related services to eligible children with disabilities; regulations to the State special education law, RSA 186-C. The NH Rules ensure compliance with the minimum requirements in the Federal special education law, the Individuals with Disabilities Education Improvement Act.

New Hampshire Special Education Information System: (NHSEIS) a computer-based special education data base and retrieval system that confidentially maintains personally identifiable data used for program development, monitoring, compliance, and reporting to the state board of education, the New Hampshire legislative bodies, and the U.S. Department of Education

No Child Left Behind Act: (NCLB) – the Federal law reauthorizing the Elementary and Secondary Education Act. The law requires each state to set higher standards for what children should know and be able to do in grades 3-8. NCLB includes incentives and consequences for school districts who do or do not show adequate yearly progress towards the standards established in the law.

Occupational Therapy: A special education related service which is usually focused upon the development of a student’s fine motor skills and/or the identification of adapted ways of accomplishing activities of daily living when a student’s disabilities preclude doing those tasks in typical ways.

Orientation and mobility services: services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community. Includes teaching children the following, as appropriate:

(A) Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);

(B) To use the long cane or a service animal to supplement visual travel skills or as a tool for safely

negotiating the environment for children with no available travel vision;

(C) To understand and use remaining vision and distance low vision aids; and

(D) Other concepts, techniques, and tools.

Paraprofessional: individual who provides direct support to a child, teacher, or other school professional and who works only under the direct supervision of qualified personnel. Not required to meet the highly qualified teacher standards in NCLB.

Parent: Biological or adoptive parent, educational surrogate parent, or guardian, but not the state if the state has guardianship over the child. When a student becomes an “adult student” all of the rights of the parent transfer to that student.

Parent counseling and training: a related service assisting parents in understanding the special needs of their child including by: providing parents with information about child development; and helping parents to acquire the necessary skills that will allow them to support the implementation of their child’s IEP or IFSP.

Peer tutor: students who have mastered certain skills or information and then help others at the same grade level learn those same skills.

Physical therapy: services provided by a qualified physical therapist.

Placement: the setting in which the special education service is delivered to the student. It must be derived from the student’s IEP.

Present level of academic achievement and functional performance: A statement on the IEP that describes what the child knows and can do at this time. It includes how the child’s disability affects the child’s involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children); or for preschool children, as appropriate, how the disability affects the child’s participation in appropriate activities.

Procedural Safeguards Notice: are the rights provided to parents and school districts in the special education process. Include: written prior notice, mediation, written parental consent, and due process.

Psychological services: a related service that includes--

- (i) Administering psychological and educational tests, and other assessment procedures;
- (ii) Interpreting assessment results;
- (iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;
- (iv) Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;
- (v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and
- (vi) Assisting in developing positive behavioral intervention strategies.

Pull-Out Programs: remove a child from a regular classroom for part of the school day for remedial services or enrichment, if that is the least restrictive environment.

Recreation: a related service that can include: assessment of leisure function; therapeutic recreation services; recreation programs in schools and community agencies; and leisure education.

Referral: notice to a school district that a child may be in need of special education. A referral sets certain timelines into place, and may be made by a parent, school personnel or others.

Regression: the amount of loss of skills a child experiences over an instructional break. *See recoupment*

Related Services: a special education term meaning transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training. According to the IDEA statute, "the term does not include a medical device that is surgically implanted, or the replacement of such device."

Resource room (placement): a special education placement (must consist of no more than 60% of a child's school day).

Resource services: Services provided in a resource room, as an adjunct to the general curriculum.

Response to scientific, research-based intervention: (RTI) – a multi-step process of providing educational supports and instruction to children who are struggling learners. Individual children's progress is monitored and results are used to make decisions about further instruction and intervention. RTI is most commonly used in addressing problems with reading and mathematics, but it can also be used in other areas. The RTI process is flexible and designed by school districts to meet the needs of their students. RTI may be used as part of an evaluation to identify a child as having a specific learning disability.

Retention: the ability to remember, keep or hold onto something; keeping a student in one grade instead of promoting them to the next.

School health services and school nurse services: a related service meaning health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

Section 504: provision of the Rehabilitation Act of 1973, which prohibits recipients of federal funds from discrimination against persons with disabilities.

Self Contained Placement – a setting, apart from the regular educational environment, where a child with a disability spends more than 60% of his/her school day, if determined to be the least restrictive environment.

Short-Term Objectives: (STOs) – a requirement of the IEP that breaks down the measurable annual goal into smaller (more manageable or understandable) components. (Note: IDEA only requires STOs for children who take alternate assessments aligned to alternate achievement standards. However, NH Rules require Short Term Objectives for all children unless the parent determines them unnecessary for all or some of the annual goals.)

Special Education Services: are supports school districts must provide to students with IEPs.

Special factors: the factors that the IEP team shall consider when the team develops each child's IEP.

Speech-language pathology services: a related service that includes--

- (i) Identification of children with speech or language impairments;
- (ii) Diagnosis and appraisal of specific speech or language impairments;
- (iii) Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
- (iv) Provision of speech and language services for the habilitation or prevention of communicative impairments; and
- (v) Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Supplement Aids and Services: Accommodations that could permit a student to profit from instruction in the least restrictive environment.

Transition Plans: must be included in the IEP beginning by the first IEP when the student turns 14. Transition plans describe how the school will help students prepare for life after high school, in college, employment and/or independent living. Students have a right under IDEA to be a part of this plan.

Transition Services: a coordinated set of activities for a child with a disability that 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; and 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 provision of a functional vocational evaluation.

Transition services for children with disabilities may be special education, if provided as specially designed instruction, or a related service, if required to assist a child with a disability to benefit from special education.

Transportation: a related service that includes travel to and from school and between schools; travel in and around school buildings; and specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability.

Written Prior Notice (WPN)

The document that describes an IEP team's proposal or refusal of an action, or requested action. The WPN must be provided to the parent when school proposes to initiate or change, or refuse to initiate or change, the identification, evaluation or placement of a child. It is to be given after the decision is made, but before the change is put into effect. The WPN must include the following elements:

- (i) A description of the action (what) proposed or refused by the team.
- (ii) An explanation of why the team proposes or refuses to take the action.
- (iii) A description of any other options that the team considered and the reasons why those options were rejected.
- (iv) A description of each evaluation procedure, test, record, or report (document) the team used as a basis for the proposed or refused action.
- (v) A description of any other factors that are relevant to the team's proposal or refusal.
- (vi) A statement that the parent of a child with a disability have protection under the procedural safeguards of this part of the regulations and, if this notice is not an initial referral for evaluation, how a copy of a description of the procedural safeguards can be obtained.
- (vii) Resources parents may contact to get assistance in understanding these procedural safeguards.

II. Disability related

Applied Behavior Analysis (ABA) – one research based method for supporting/teaching children with certain disabilities; most commonly with children with autism or autism spectrum disorder.

Articulation – most often referring to the clarity of understanding of a student’s speech. Disorders of articulation are presented in omissions (leaving out sounds), substitutions (‘teef’ for ‘teeth’), distortions (lispings), or additions (‘runnering’ for ‘running’).

Attention – the ability to focus (attend) with eyes and/or ears for a period of time without losing the meaning of what is being said.

Attention Deficit Hyperactivity Disorder (ADHD) – a medical diagnosis. Broken into two types: Inattentive type or Hyperactive type.

Autism – a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects educational performance. Other characteristics often associated with autism are engagement with repetitive activities and stereotyped movements, resistance to environmental change or change in daily routine, and unusual responses to sensory experiences.

Autism Spectrum Disorder (ASD) – including autism, Asperger’s syndrome and Pervasive Developmental Disorder—Non Other-wise Specified (PDD-NOS).

Behavior Intervention Plan (BIP) – a plan of positive behavioral interventions in the IEP of a child whose behaviors interfere with his/her learning or that of others; based on data gathered through a functional behavior assessment.

Central Auditory Processing Disorder (CAPD) – a deficit in how the parts of the auditory nerve pathways in the brain sort out and refine what we hear.

Deaf-Blindness: simultaneous hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that a child cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness: a hearing impairment that is so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

Decode: breaking down and putting together words.

Development: Stages of growth from babyhood on up, observable in sequential steps. The approximate ages in which steps in development occur are charted in developmental scales. Development is usually measured in the following areas: Fine Motor, Self-help, Gross Motor, Social-emotional, Cognitive, Language.

Developmental Delay: a delay in the appearance of some steps or phases of growth in any of the above areas. See Page 9.

Disability: A physical, sensory, cognitive, or affective impairment that causes the student to need special education.

DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, 4th edition

Emotional disturbance (ED): (previously referred to as serious emotional disturbance) a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance.

1. Inability to learn which cannot be explained by intellectual, sensory, or health factors
2. Inability to build or maintain satisfactory interpersonal relationships with peers and teachers
3. Inappropriate types of behavior or feelings under normal circumstances
4. A general pervasive mood of unhappiness or depression
5. A tendency to develop physical symptoms or fears associated with personal or school problems

The term includes children with schizophrenia, but not children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

Functional Behavioral Assessment (FBA): an assessment of a student's behavior. An FBA is used when developing positive behavioral interventions for a child with a disability.

Hearing Impairment: impairment in hearing, whether permanent or fluctuating, which adversely affects a child's educational performance, but is not included under definition of deafness.

Hyperactivity: habitually unusual and inappropriate amounts of movement in a child when compared to other children of the same age and in the same setting.

Mental Retardation: significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

Multiple disabilities: simultaneous impairments, the combination of which causes such severe educational problems that the child cannot be accommodated in a special education program solely for one of the impairments. The term does not include children with deaf-blindness.

NVLD: Non-Verbal Learning Disability

OCD: Obsessive Compulsive Disorder

ODD: Oppositional Defiance Disorder

Orthopedic Impairment: a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Other Health Impaired: having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that-- (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) Adversely affects a child's educational performance.

PDD: Pervasive Developmental disorder

PDD/NOS: Pervasive Developmental Disorder, Not Otherwise Specified

Specific Learning Disability: (also referred to as "learning disability") - a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, write, spell or to do math calculations. The term includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Speech or Language Impairment: a communication disorder such as stuttering; impaired articulation, language impairment, or a voice impairment which adversely affects a child's educational performance.

Traumatic Brain Injury: an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, which adversely affects educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Visual Impairment, including Blindness: a visual impairment that, even with correction, adversely affects child's educational performance; includes both partial sight and blindness.

III. Testing/Evaluation/Skills

Academic Achievement – a student's level of academic performance when measured against the regular curriculum.

Academic Aptitude – the combination of native and/or acquired abilities needed for doing schoolwork; also called scholastic aptitude.

Achievement/Ability discrepancy – a criterion often used to determine whether a child has a learning disability. It asks, “is the child working up to expectations?” Based on test data and criteria imposed by a particular test.

Achievement test – test that measures competency in a particular area of knowledge or skill; measures mastery or acquisition of skills (generally applies to skills that have been taught).

Adaptive Behavior – measured by how well a person manages with independence within his/her own environment. It includes communication, community participation, self-direction, health and safety, functional, academics, leisure and work.

Aptitude Test – test to measure individual’s ability (native or acquired) to learn in some particular areas such as music or mechanics.

Auditory Discrimination – ability to discern likeness and differences in sound.

Curriculum Based Assessment (CBA) – Direct assessment of a child’s academic skills, by measuring and recording the child’s progress in the general curriculum at frequent intervals as a basis to make instructional decisions. NWEA testing is an example of Curriculum Based Assessment.

Cloze – a method of assessing reading comprehension by asking the student to supply missing words.

Cognitive – a term, which refers to reasoning or intellectual capacity; thinking and understanding.

Criterion-Referenced Tests (CRT’s): measure how well a student has learned a specific skill or subject. They are not tests that produce a number quotient, but show what a student can or cannot do. These tests compare a child to a set of standards or criteria and not to other children.

Critical thinking: is the ability to find information and use it to reach a logical conclusion or solve a problem.

Diagnostic Test: test that diagnosis or locates the areas of weaknesses or strengths

Encode: ability to express ideas in symbols or words (spelling)

Executive Functioning: the ability to manage or regulate cognitive processes, including initiating, planning, organizing, and following through on a task. Children with executive functioning disorders may struggle with focusing on an activity, completing work on time or at all, organizing themselves and motivation. It can also impact the child’s ability to regulate his/her emotions. A disorder in this area coexists with another diagnosis such as ADHD or Autism.

Expressive language: Ability to communicate by using words, writing or gestures.

Fine Motor: functions that require tiny muscle movements. For example: writing or typing

Figure-Ground: ability to distinguish at will, what one wishes to see (figure) from the environment (ground)

Frustration Level: the level at which a child is tense, hesitates, makes many errors and lacks confidence.

Gross motor: functions that require large muscle movements. For example walking, jumping.

Higher order thinking skills: include gathering, evaluating, managing and mixing information to solve problems and reach conclusions. *See critical thinking.*

Initial Evaluation: determines whether a student is eligible to receive special education services or needs an IEP.

Instructional level: learners’ need for teacher’s assistance. After instruction, the child can continue independently.

Intelligence: ability to learn from experience and apply it in the future to solve problems and make judgments.

Intelligence Quotient (IQ): a way of expressing the results, through a score, of an intelligence test.

Kinesthetic: ability to learn through body movements

Learning Characteristics: physical factors, attention factors, preferred input channel, preferred response channel, level of cognitive development, capacity to work independently or not

Learning Style: The way a person goes about learning A person's preferred or most used mode for obtaining information. Learning takes place through auditory, visual, verbal, visual-motor, and other channels.

Mean: the mathematical average of a set of numbers; the sum of a set of scores divided by the number of test or sub-test scores.

Memory Sequence: ability to remember, in order, what has been seen

Metacognition: Thinking about thinking; being aware of your cognitive processes and strategies.

Norm: statistical term which describes the performance of some specified group; "Norm" indicates "normal" or usual or average performance; status quo.

Norm-referenced tests (NRT's): compare each student's score to the scores of students who took the same exam before. Questions are usually based on the content of nationally-used textbooks, not what is taught locally, so students may be tested on topics not taught in their local school.

Norm Curve or distribution: graphic representation of the way scores or measures distribute themselves, by chance, above and below the mean or average.

Objective Tests: tests in which a single answer key is used-scores have no option as to rightness or wrongness of the answer (examples: multiple choice or true/false tests).

Observation: watching and recording systematically-facts, data, behavior, time on task, etc.

On-Task Behavior: expected behavior at that moment on that particular task

Percentile: a score that reflects a comparison of one child's performance with others, taking the same test

Percentile rank: Refers to a point in a distribution of scores. Example: if a child scores in the 80th percentile, it means that 80 percent of all children taking that test scored below that level.

Perception: Mental ability to grasp or understand objects or qualities by means of the senses (hearing, seeing, smelling, touching, tasting). Some different types of perception:

- *Visual perception* -

- _ association: ability to categorize visually those relationships that go together Example: tree goes with plants – not with food
- _ closure: ability to form a whole word or puzzle from some of its separate parts
- _ constancy: ability to see that objects are the same when they are seen from different angles.
- _ figure-ground: ability of learner to distinguish at will what one wishes to see (figure) from the environment (ground).
- _ memory sequence: ability to remember in order what has been seen – for long and short periods of time.
- _ spatial relationships: ability of the individual to relate self or objects or parts of self to the environment in terms of size, position, distance or direction.
- _ visual discrimination: ability to discern likenesses and differences in colors, shapes, objects, words (symbols).
- _ visual motor: ability to coordinate the eyes with the movement of the hands and the process of thinking. These three processes must be able to work together in order to write.

- *Auditory perception* -

- _ association: ability to understand (or process) relationships, auditorially. Example: boat goes with water – not with sky or ground.
- _ auditory discrimination: ability to discern likenesses and differences in sound.
- _ closure: ability to form a whole word from some of its parts
- _ constancy: ability to know that sounds are the same when heard in different ways.
- _ figure-ground: ability to pick out a sound (figure) from a number of sounds together (ground). Example: pick the sound of a flute in an orchestral piece
- _ localization: ability to locate the source and direction of sound.
- _ memory sequencing: ability to remember in order what has been heard from long or short periods of time.

- *Haptic perception* -

- _ tactile: ability to discern likenesses and differences in object through feeling. Example: can identify a spoon by feel (not seeing it).
- _ kinesthetic: ability to learn through body movement.

Performance Standards: what a student is supposed to be able to do by the end of a particular grade. For example: at the end of third grade students are expected to know how to multiply numbers

Performance Test: test in which requires learner to manipulate objects rather than use paper and pencil

Proficiency: the ability to do something at grade-level

Psychometric: technique generally used on norm-referenced tests or criterion-referenced tests

Psychological Test: covers a range of tests used for studying people and how they behave; may include intelligence tests, projective or non-projective tests to study personality or other tests to decide if there may be an organic impairment of functioning.

Qualified examiner: a person licensed or certified in the state in which the evaluation is performed, who performs a formal diagnostic assessment in the area of disability in which the person is qualified to perform the assessment as set forth in the NH Rules for the Education of Children with Disabilities.

Range: the differences between the lowest and the highest scores on a particular test taken by a particular group

Raw score: The number of points or items correct on a test, used to convert to standard, scaled or T-scores.

Readiness Test: test that ascertains whether a learner is "ready" for certain school tasks, such as adequate basic skills and maturity to enter first grade.

Receptive Language: ability to attach meanings to words, gestures, based on experience; understanding what another person is saying.

Rubrics: are guides for grading test or student work. Rubrics describe what work must include to be considered excellent or satisfactory. Rubrics should be given to students when they bring the work so they know what is expected.

SAIF: Specialist in the Assessment of Intellectual Functioning. NH is the only state that has this certification. This is a certified professional who can perform cognitive and academic evaluation.

Scaled score (ss): A form of standard score

Screening: Brief testing, observation or both that gives preliminary information on how a child learns and whether or not more testing is needed.

Sequencing: Perceiving, understanding or remembering things in a particular order.

Social-Emotional: growth in self-concept and social skills...smiling at familiar faces, expressing feelings, making friends

Spatial Relationships: ability of individual to relate self, objects, or parts of self, to the environment in terms of size, position, distance or direction

Standard score: A score defined by the number of standard deviation units that it lies away from the mean of the distribution scores.

Standardized Tests: Test which have norms reflecting a larger population, usually age or grade based norms reflecting the performance of children throughout the country; given under uniform conditions with the same instructions given every time.

Standards: define what students are expected to know and be able to do. They should be clear, measurable, and rigorous, but not too detailed.

Stanines: a way of relating "raw scores" to the performance of other children in the same grade, etc. Stanine scores range from 1-9, with the average being 5. The point of figuring out where the child fits on this line is to see where the child stands in comparison with others in the same grade level in a given geographical area.

Subjective test: Test in which different scorers may rate the answers differently. No set answer key – in contrast to objective test. Example: essay test.

Sub-test: Many tests are broken down into parts; the results of a sub-test may be used by itself or in a battery of tests.

Tactile – The ability to discern likeness and differences in objects through feeling.

Visual Discrimination – The ability to discern likenesses and differences in colors, shapes, objects, words, symbols.

Visual-Motor – The ability to coordinate the eyes with the movement of the hands and the process to thinking.

Specific Tests

* the list is not inclusive. The IEP team, which includes the parents, determines which combination of testing is needed to determine eligibility, continuing eligibility and present levels of performance for the IEP.

ABAS II – Adaptive Behavior System, 2nd edition.

ABS – Adaptive Behavior Scale. Test that measures an individual's personal (independence) and social skills.

BASC-2 – Behavior Rating Scale for Children 2nd edition.

BRIEF – Behavior Rating Inventory of Executive Functioning.

CELF-4 – Clinical Evaluation of Language Fundamentals, 4th edition.

Connors Behavior Rating Scale – Test of a child's behaviors; may be used to identify factors indicating ADD/ADHD.

C-TONI: Test of Non-Verbal Intelligence.

CTOPP: Comprehensive Test of Phonological Processing

DAS-2: Differential Abilities Scale, 2nd edition.

DIBELS: Dynamic Indicators of Basic Early Literacy (test)

EVT: Expressive Vocabulary Test

GORT-4: Gray Oral Reading Test, 4th edition

GSRT: Gray Silent Reading Test.

KABC: Kaufman Assessment Battery for Young Children

Key Math, 3rd edition: A test of mathematics skills/knowledge that can be used for diagnostic, achievement and curriculum assessment purposes.

KTEA-II: Kaufman Test of Educational Achievement, 2nd edition.

Leiter-R: Non Verbal Intelligence test.

NECAP: New England Common Assessment Program; the statewide assessment used to comply with NCLB

NECAP Alt.: the alternate statewide assessment provided to students with disabilities who are unable to take the NECAP, even with appropriate accommodations.

NWEA: North West Evaluation Association – a private non-profit organization working with school districts to use data to improve instruction and student outcomes.

PPVT-4: Peabody Picture Vocabulary Test

PSAT: Preliminary Scholastic Aptitude Test

SAT: Scholastic Aptitude Test

TOWL-4 – Test Of Written Language, 4th edition.

TOWRE – Test Of Word Reading Efficiency.

W-J-III: Woodcock-Johnson test, 3rd edition. This test has 2 parts, achievement and cognitive.

WIAT-III: Weschler Individual Achievement Test, 3rd edition.

WISC-IV: Weschler Intelligence Scale for Children, 4th edition

WRAML: Wide Range Assessment of Memory and Learning

Sources

The Parent Information center: <http://www.nhspecialed.org/>

NICHCY: <http://www.nichcy.org>

NH Rules for the Education of Children with Disabilities, NH Department of Education, June 20, 2008

Special Education Survival Guide, Pam and Pete Wright: www.fetaweb.com/06/glossary.sped.legal.htm