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Our Mission

Empowering people with diverse abilities, and their families, to successfully navigate the systems that serve them and to empower them to self-advocate, by providing support, information and training.

The logo is a blue silhouette of a family consisting of a man with one arm raised, a young boy, a girl, a woman, and a person in a wheelchair. It is located in the bottom right corner of the slide.

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PC's Story



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In this training we will discuss:



- Parent's Rights and Responsibilities
- Assessment and Evaluation
- A Brief Summary of IDEA
- The IEP Documents
- Due Process and Procedural Safeguards

Parents are Important!



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Parents' Rights and Responsibilities



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Parent Participation



School Level

- PTA
- Board Meeting



Community Level

- CAC- Community Advisory Board: Parents!
- Support Group



State Level

- Area Board
- ICC- Inter-Agency Coordinating Council, Early Start Program

We offer a Leadership Training!!!!



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Six Main Principles of IDEA

Mandated under IDEA:

1. Free, Appropriate Public Education (FAPE)
2. Appropriate Evaluation or Assessment
3. Individualized Education Program (IEP)
4. Least Restrictive Environment (LRE)
5. Parent and Student Participation in the Decision Process
6. Due Process and Procedural Safeguards




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Parental Consent is Required

- Assessment/Evaluations
- Changes in Placement
- Implementation and/or changes to the IEP




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Parents Have the Right:



- To have prior written notice in their native language.
- To record or have audio of the IEP; a 24 hour notice needs to be given to the IEP team.
- To have the IEP scheduled at an agreed upon time.
- To notify the school if unable to attend the IEP at the scheduled time.
- To be accompanied by a relative, friend, or support person.
- To fully participate and to have their input considered.
- To have an independent language interpreter present, if needed.




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Parents have the right to...

- Request a copy of the IEP at NO CHARGE.
- Have an annual review of their child's IEP.
- Take the IEP with them to review before signing.
- Have the IEP implemented immediately or as soon as possible after it is signed by the entire IEP team.

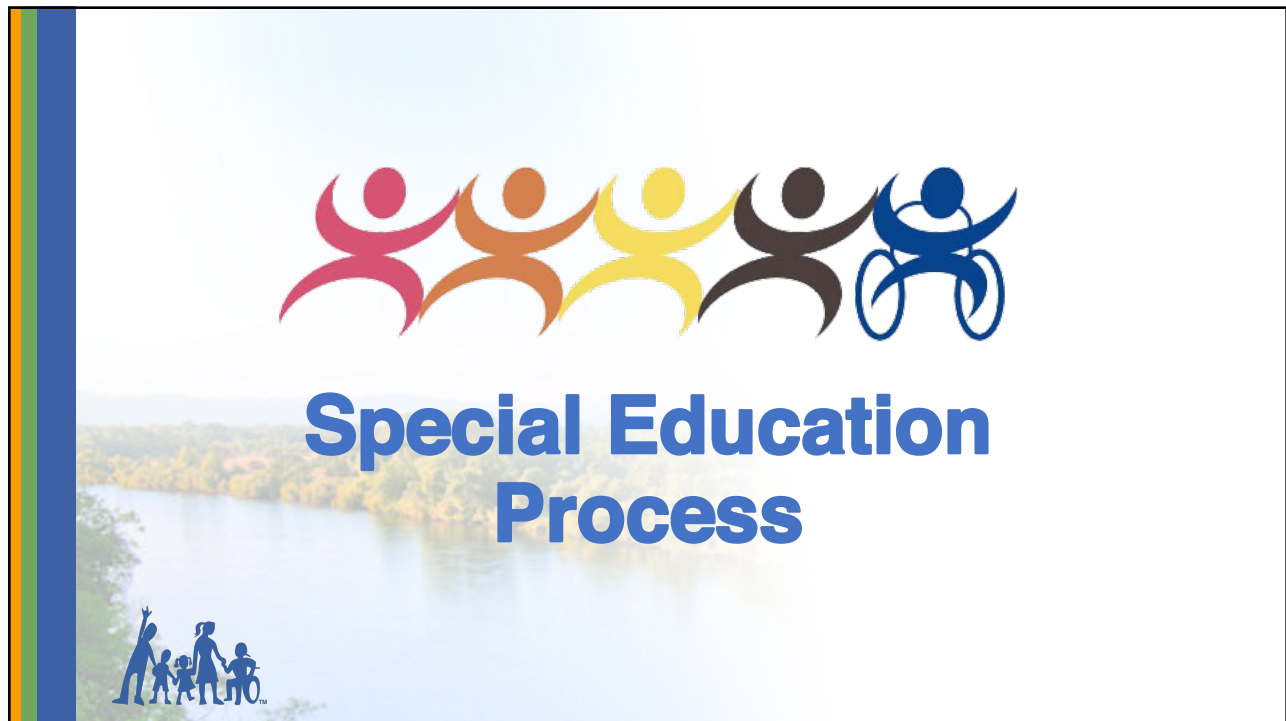
- Obtain copies of their Child's Cumulative File (known as "CUM file").
- Dispute and have CUM file entries removed if inaccurate or discriminatory.
- To add documents to the CUM file.



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Child Find

“Your school district has an obligation to “identify, locate and evaluate” all children with disabilities who may be eligible for special education, including those who are attending private schools or are homeless or wards of the court. 34 Code of federal Regulations [C.F.R.] § 300.111; California Education Code (Cal. Ed. Code) § 56300 & 301. This is called ‘child find’.”

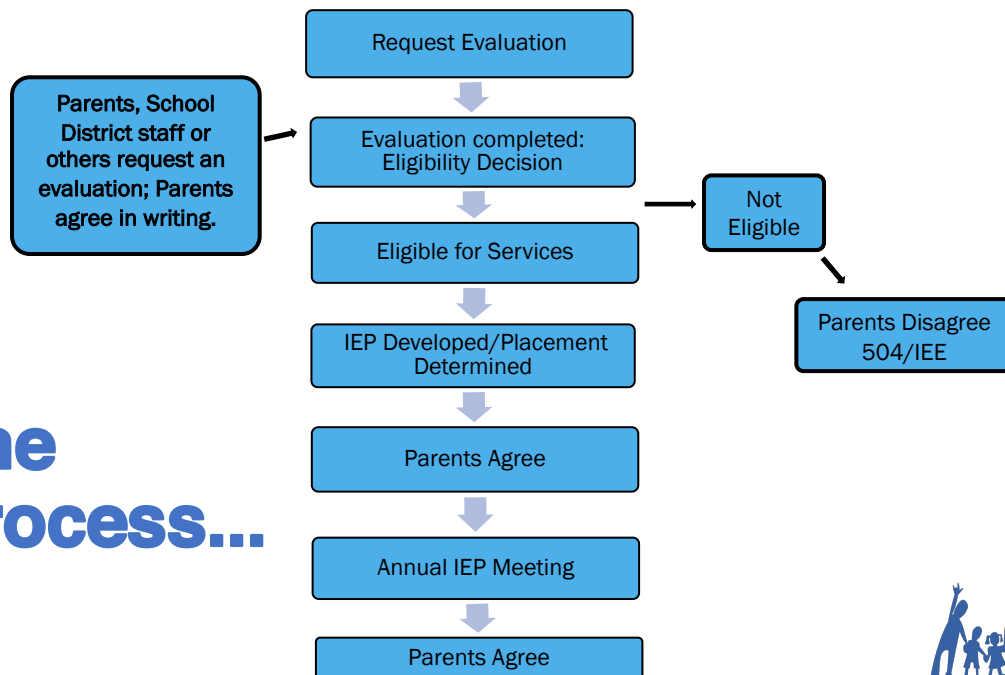


<https://www.disabilityrightsca.org/system/files/file-attachments/504001Ch02.pdf>



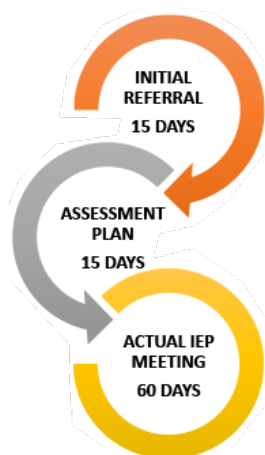
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The Process...



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An evaluation helps parents and schools determine if a child/student is eligible for special education services.



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Evaluation vs. Assessment



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Permission to Evaluate:

**Shasta County SELPA
ASSESSMENT PLAN**

☐ Initial ☐ Annual ☐ Triennial ☐ Transition ☐ Interim ☐ Other _____

To parent/guardian of: _____ Date: ____/____/____

District: _____ School: _____ Grade: _____ Birth date: ____/____/____

Primary language: _____ English proficiency/CELD Level: _____

Referred by: _____

☐ Parent (Signature) ☐ Home (Signature) ☐ Teacher (Signature) ☐ By Ed Teacher (Signature)

The district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed. To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the local educational agency (LEA)/district.

Evaluation Area	Examiner Title
<input type="checkbox"/> Academic Achievement: These tests measure reading, spelling, arithmetic, oral and written language skills, and/or general knowledge.	
<input type="checkbox"/> Health: Health information and testing is gathered to determine how your child's health affects school performance.	
<input type="checkbox"/> Intellectual Development: These tests measure how well your child thinks, remembers, and solves problems.	
<input type="checkbox"/> Language/Speech Communication Development: These tests measure your child's ability to understand and use language and speak clearly and appropriately.	
<input type="checkbox"/> Motor Development: These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured.	
<input type="checkbox"/> Social/Emotional: These scales will indicate how your child feels about him/herself, gets along with others, takes care of personal needs of home, school and in the community.	
<input type="checkbox"/> Adaptive/Behavior:	
<input type="checkbox"/> Post Secondary Transition: Age appropriate transition assessments related to training, education, employment and where appropriate independent living skills.	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Alternative Means of Assessment: (Describe alternative methods of assessing the child, if applicable)	

☐ I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.

☐ I do not consent to the proposed assessment described above.

☐ I would like the following assessment information to be considered by the IEP team: _____

Signature of Parent/Guardian: _____ Date: ____/____/____

Address: _____ Phone number: _____

Comments: _____

NOTE: Prior Written Notice attached if this is an initial evaluation.
Form 20A Assessment Plan, Rev. 7-10 Date Received: ____/____/____

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The IEP: Individual Education Program



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Support is Important

- IEPs can be very emotional for us as parents.
- It is important to have a support person who is not as emotionally attached as you at the IEP.



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Eligibility: Disability Category

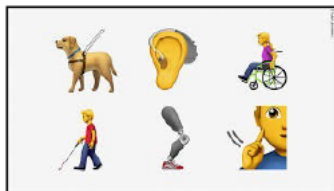
- | | |
|------------------------------------|--------------------------------------|
| ➤ Intellectual Disability (ID) | ➤ Other Health Impaired (OHI) |
| ➤ Hard of Hearing (HH)* | ➤ Specific Learning Disability (SLD) |
| ➤ Deaf * | ➤ Deaf-Blindness (DB)* |
| ➤ Speech/Language Impairment (SLI) | ➤ Multiple Disabilities (MD) |
| ➤ Visual Impairment (VI)* | ➤ Autism (AUT) |
| ➤ Emotional Disturbance (ED) | ➤ Traumatic Brain Injury (TBI) |
| ➤ Orthopedic Impairment (OI)* | |

* Low Incidence



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Services are NOT determined by Eligibility Category (IDEA)



Services are determined by the **INDIVIDUAL CHILD'S NEED!**



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What you will see on the IEP



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The meeting will start with:



- Notice of Procedural Safeguards
- Student's strengths and interests
- Parent concerns for student's education
- Present levels of performance



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Page #1

Things to take notice of:

1. "Next Eval" date
(This will be the Triennial date)
2. "Last Eval" date
3. "Purpose of Meeting"
4. "Next Annual IEP" date
5. "Indication Disability" (qualifying category-primary and secondary)

STATE SELPA IEP TEMPLATE
INDIVIDUALIZED EDUCATION PROGRAM

Student Name _____ Date of Birth _____ IEP Date _____
 Original SpEd Entry Date _____ Next Annual IEP _____
 Last Eval _____ Next Eval _____

Purpose of Meeting ☐ Initial ☐ Annual ☐ Triennial ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other _____

Age _____ Gender _____
 Grade _____ Migrant ☐ Yes ☐ No Native Language _____
 EL ☐ Yes ☐ No Redesignated ☐ Yes ☐ No Interpreter ☐ Yes ☐ No
 Student ID _____ SSID _____

Residency ☐ Parent/Guardian ☐ Foster ☐ LCI _____
☐ Adult Student ☐ Other _____

Parent / Guardian Home Address _____ Home Phone _____
 City _____ Work Phone _____
 State, Zip _____ Cell Phone _____
 Email Address _____

Parent / Guardian Home Address _____ Home Phone _____
 City _____ Work Phone _____
 State, Zip _____ Cell Phone _____
 Email Address _____

District of Residence _____ Residence School _____

Ethnicity (Select One) ☐ Hispanic or Latino ☐ Not Hispanic or Latino
 Race (Enter Code, must select one or more, regardless of Ethnicity): Race 1 _____ Race 2 _____ Race 3 _____

INDICATE DISABILITY/IES (P = Primary, S = Secondary) Note: For Initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

210 ID	220 HH *	230 Deaf *	240 SLI	250 VI *
260 ED	270 OI *	280 OHI	290 SLD	300 DB *
310 MD	320 AUT	330 TBI	281 Est. Med. Dis. (0-5)	

* Low Incidence Disability
☐ Not Eligible for Special Education ☐ Exiting from Sp. Ed. (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in the general curriculum (or for preschoolers, participation in appropriate activities):

FOR INITIAL PLACEMENTS ONLY
 Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years? ☐ Yes ☐ No
 Date of Initial Referral for Special Education Services _____
 Person Initiating the Referral for Special Education Services _____
 Date District Received Parent Consent _____
 Date of Initial Meeting to Determine Eligibility _____

Revised 04/2016 Form 1



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Special Factors:

- Positive behavioral interventions and supports to address challenging behavior
- Communication
- Vision
- Assistive technology
- Services



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Assistive Technology: Beyond just computers

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ Special pens or pencils ➤ Special grips/handles ➤ FM systems for hearing impaired ➤ Closed captioning for films and videos ➤ Telecommunications for the Deaf (TDD) ➤ Large print or Braille texts and handouts | <ul style="list-style-type: none"> ➤ Spell checkers ➤ Calculators ➤ Communication devices ➤ Computers/laptops ➤ Computer programs |
|---|--|

This list does not include all possible devices or services considered assistive technology



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Goals:

- Baseline
- Measurable Annual goal
- Person responsible
- Short term objectives/Benchmarks

SMART:

- **S**pecific
- **M**easurable
- **A**ttainable
- **R**esult Oriented
- **T**ime boundaries



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Related Services:

- Service
- Start/end date
- Provider
- Individual/group
- Frequency/duration/location
- Transportation
 - Can never be the reason a child/student does not receive special education services.



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Examples of Related Services

- Speech Pathology
- Audiology
- Psychological services
- Physical Therapy
- Occupational Therapy
- Recreation including therapeutic recreation
- Counseling services
- Medical services for diagnostic or evaluation purposes
- Social Work services
- Parent counseling & training
- Rehabilitation services including career development and vocational rehabilitation
- Transportation



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Extended School Year (ESY):

- Decided by team to prevent regression
- How to decide if your child needs ESY
 - Time to regain knowledge from previous year?
- Ask when the team will know the details...
 - Location
 - Staff
 - Length
- How will services work?

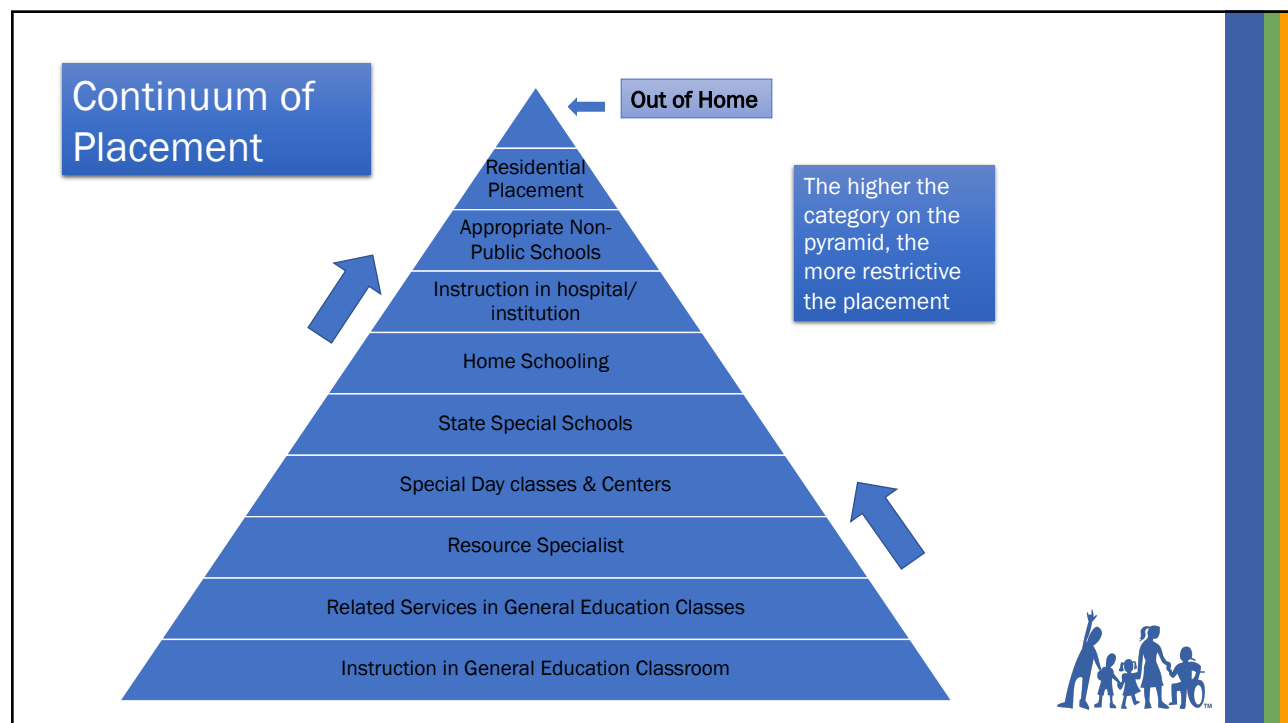
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Least Restrictive Environment:

LRE considerations = percentage of time the child will participate in the regular education classroom and justification if not 100%.



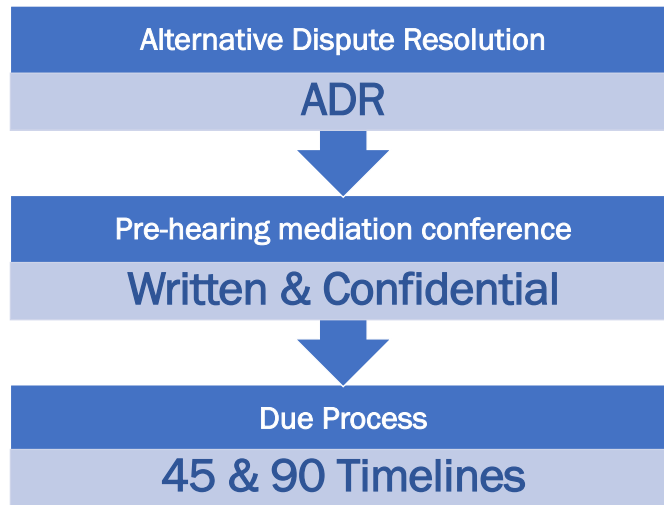
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Procedural Safeguards



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Resolving a disagreement:

Two methods:

1. Compliance Complaint

- Special education law has not been followed and/or components of the IEP have not been implemented.

2. Due Process Hearing

- Parents and school officials disagree about the child's eligibility, placement, program needs and/or related services



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How:

Compliance complaints may be filed in writing to:

California Department of Education
Special Education Division
1430 North St. Suite 2401
Sacramento, CA 95814



Attn: Procedural Safeguards
Referral Service (PSRS)



**Office of
Administrative Hearings**

A written request for a **due process
fair hearing** may be filed to:

Office of Administrative Hearings
2349 Gateway Oaks Dr., Suite 200
Sacramento, CA 9583-4231

Attn: Special Education Division

Phone: (916) 263-0880

Fax: (916) 263-0890



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Our services are provided to you through outside funding. In order to maintain this funding, we need to hear from you.

Please take a moment to fill out this short survey before we continue with the training.

https://forms.office.com/Pages/ResponsePage.aspx?id=c5L6xm20SkWf6OZ6BuBml46BJ_QB0y5Anf30IMpIPAFUMjRCUTVINDQ2TVlyS1BNWldHQ0kxRzIeRy4u



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Know your Rights & Responsibilities

Special Education Rights & Responsibilities Resource Book



www.disabilityrightscalifornia.org



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Resources

- California Department of Education (CDE)
 - <https://www.cde.ca.gov>
- Special Education Rights and Responsibilities
 - <https://www.disabilityrightscalifornia.org/publications/serr-special-education-rights-and-responsibilities>
- Disability Rights of California
 - <http://disabilityrightscalifornia.org>
- Understood.org
 - <https://www.understood.org/en>
- Desired Results Developmental Profile
 - <https://www.desiredresults.us/dr-dp-forms>



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