



NASET's Education Children with Severe Disabilities Series

The Special Education Process

Introduction

In order to survive as a general education teacher working with children with special needs, it is important to become very familiar with the process by which children are identified as having a disability. This process is called the special education process and involves a number of steps that must follow federal, state, and district guidelines. These guidelines have been created to protect the rights of students, parents and school districts and as a result you must be knowledgeable to assist parents and students through this involved process. Working together within these guidelines ensures a comprehensive assessment of a student and the proper special education services and modifications if required. When a student is having difficulty in school, there are many attempts made by the professional staff to resolve the problem. When these interventions do not work, a more extensive look at the student is required.

The following parts describe the information you should know in order to guarantee that any child you work with in special education is provided the most comprehensive opportunity to clearly define his/her symptoms, problems, needs, learning styles, strengths and weaknesses, classroom placements, modifications, and so on. While the specific stages of this process may vary from state to state, district to district and even school to school, the following steps encompass the concepts and information that should be utilized by any system.

There are actually two stages to the referral process. The first stage looks at potential high risk children and determines the most suitable direction for that child. This direction might include a wide variety of options e.g., change of program, consolidation of program, disciplinary actions, parent counseling etc. However, when the Child Study Team, the local school committee assigned to monitor children with potential problems determines that the child being reviewed fits the criteria for a suspected disability the second stage begins which is the start of the special education process.

This two stage process involves several different steps. Each step should be reviewed in terms of your responsibilities, the legal procedures, parental rights and responsibilities and implications for the student. This section will take you step by step through this process which will be crucial for you to understand in your role as a general education teacher working with children with special needs.

Step I-Identification of a Suspected Disability

Sources of Referrals

Every staff member within a school should be trained to identify certain behaviors in children that may indicate a more serious problem. When such behaviors begin to seriously interfere in the child's ability to function in school the term that we use to indicate such a child is "high risk." As a general educator working with children with special needs it is likely that you will focus on children that have already been classified as having a disability. However, your skills and knowledge of high risk children should always be used to quickly assist in the identification of other children in your class with a suspected disability who have not yet been classified. Even if you are just sitting in a teacher's cafeteria overhearing two teachers talking about a student, sitting at a Child Study Team (discussed in length within this section) or hearing a teacher speak about a parent interview you will undoubtedly at some time hear high risk symptoms being mentioned. If this is the case then an investigation into this child should be initiated immediately. The referral of a potential high risk student can come from a variety of sources. These may include:

- The child's classroom teacher
- The special education teacher who identifies a potential problem
- The child's special teachers e.g. art, music etc.
- The child's parent/s
- The school's support staff i.e. psychologist, speech and language therapist, occupational therapist
- Outside professionals i.e. child's therapist, medical doctor
- The child him/herself
- Clergy
- Legal personnel i.e. police

When one of these sources feels a child needs to be reviewed as a potential high risk student, a referral form is filled out and forwarded to a local school committee called the Child Study Team. Many schools are moving towards a team approach to the identification of potential high-risk students. This local school based team may be called The Child Study Team, School Based Support Team, and Pupil Personnel Team etc. depending on the school district. The members of this team work as a single unit in determining the possible etiology (cause), contributing factors, educational status, prognosis (outcome) and recommendations for the referred student. The concept of bringing together many disciplines to help work on a case is the major objective of the CST. In this way you have many experts covering many fields and disciplines rather than a single individual trying to determine all of the factors.

Membership of the Child Study Team

The Child Study Team is usually made up of the following individuals:

- Administrator (usually the principal or assistant principal)
- School Psychologist
- Nurse/Teacher
- Classroom Teacher
- Social Worker
- Special Education Teacher (SET)
- Guidance Counselor on the secondary level
- Reading Teacher
- Speech and Language Teacher

The members of this team usually meet on a regular basis, once or twice a week depending upon the case load. This is a local school based support team and should not be confused with the IEP Committee (sometimes referred to as the Eligibility Committee or Committee on Special Education depending on the state in which you reside) which is district based team responsible to identify and classify students with disabilities. The Child Study Team does not have a parent member and is not required to do so as is the IEP Committee. (For more information on the workings of the IEP Committee see **Foundations of Special Education Series-Part IX-The IEP Committee**). A general education teacher involved with the student will always be a sitting member of this committee. It will be up to the individual administrator to choose which general education teacher in the school will fill this position. So you will need to be prepared if you are chosen. This section will help you survive if you become a member of this team.

The school usually has a wealth of information about all children, distributed among a number of people and a number of records. Gathering this information after a referral has been initiated will provide a very thorough picture of the child and his/her abilities and patterns. This information is usually gathered once a referral has been made and prior to the initial CST meeting. Gathering information will contribute to the overall "picture" of the child and assist each member of the CST brings certain information to the first meeting. For instance:

- **Administrator:** This individual may bring prior knowledge or contact with the family or student, prior disciplinary or suspension information, and legal information that may have been communicated to the school by outside professionals. If known, this staff member will bring prior conference information obtained between previous teachers and parents, administrators and parents that may be important in understanding the child's patterns and history.

- **Psychologist:** This individual may bring past psychological reports, information gained from observation, reports from therapists or outside mental health facilities, clinical interviews or screening information. Besides this information the school psychologist may bring prior teacher's reports.
- **Nurse Teacher:** This individual may bring past and present medical information, medical reports, medication information, screening results on eyesight and hearing, observation, and other medical screening information. This information will need to be investigated for indications of visual or hearing difficulties, prescribed medication that may have an affect on the child's behavior (i.e. antihistamines), medical conditions in need of attention or that can be contributing to the child's present situation.
- **Classroom Teacher:** This individual may bring examples of class work, informal testing results, anecdotal records, observations of social interactions, academic levels, and parent intake information. This staff member will also bring comments or reports of his or her prior parent-teacher interviews. The classroom teacher will usually bring attendance records which need to be reviewed for patterns of lateness or absence. If such patterns exist the reasons should be investigated to rule out medical causes (hospital stays, illnesses), psychological causes (dysfunctional family patterns, school phobia etc) or social causes (peer rejection or isolation). The pattern of absences should also be reviewed. Two children both absent 10 days a year can be absent for very different reasons. One child may have been out twice for 5 days each due to illness while the other may have been out 10 Mondays possibly indicating a potential problem.
 - Classroom teachers should also bring Non-standardized assessment information. There may be times when teachers will assess students in their classroom using a variety of non-standardized assessment measures i.e. portfolios, informal reading inventories. Try to gather this material or ask the teacher to bring it to the initial meeting of the CST
- **Social Worker:** If a district has this type of individual on staff he or she may bring family history or information, history of outside agency involvement, observation, or experiences with the student in group interaction.
- **Special Education Teacher:** This individual may bring past academic testing results, perceptual testing results, observations, prior special education services, outside educational test results and reports, copies of IEP's on students who have been involved in special education, and any screening results.
- **Guidance Counselor on the secondary level:** This individual is very important on the secondary level since he/she represents all the child's teachers in communicating classroom progress, strengths and weaknesses. Since it is not realistic on the secondary level for all 7 or 8 of the child's teachers to

attend the CST meeting, the guidance counselor reviews the child's situation and progress with all the teachers prior to the meeting and then reports the results to the CST. He/she may also bring past report cards, schedule, standardized group test results, the permanent record folder, parent consultation information, aptitude testing results, observations, and past teacher comments.

- **Reading Teacher:** This individual may bring observation information, past and present reading diagnostic, screening or standardized testing results.
- **Speech and Language Teacher:** This individual may bring any past test results, outside test reports, observation if required, and screening results.

Initial Child Study Team Meeting

Once the referral is made and the available information gathered by all the members of the team, the initial Child Study Team meeting is held. The team will try to attempt to review everything available on the child and make some recommendations as to the next step or direction for the team to take on this case. When reviewing this information you may want to make sure that the team considers certain questions to help them decide the best options. The questions you will need to ask if not considered and the rationale are as follows:

Questions that should be discussed at the initial CST meeting

1- Has this child ever been referred to the CST?

Prior referral may indicate a historical disturbance or long term problem and therefore a more serious situation, especially if the same pattern exists. Situational disturbances, with no prior problems usually have a better prognosis.

2- Do we have any prior psychological, educational, language etc evaluations?

This information is very important so that child is not put through unnecessary testing. These reports also offer the team another perspective on the problem.

3- What are the comments from past teachers?

Never assume that the child is always the problem. Obtaining comments from past teachers may give a different picture and may also help pinpoint the changes that have led to the referral. A child who has had positive teacher feedback for the past four years and all of a sudden begins to deteriorate may have experienced something over the summer, experienced changes in the home or may be having a personality conflict with the teacher.

4- Is anyone familiar with other family members?

Family patterns of behavior may help define contributing factors to the child's problem. It may also offer the team some experience on the best approach to take with this family.

5- What is going on at home?

Many symptoms in school may be the result of tension or problems emanating from the home. If confused as school related problems the true issue will be overlooked and you will be treating symptoms, not problems. Home issues affect every child and some more than others. A brief conversation by the classroom teacher can possibly find out situational disturbances (brief, but intense patterns of tension i.e. loss of a job, death of a relative, separation etc.) that may be causing the child to have difficulty focusing or performing in school.

6- What does the developmental history look like?

A child's developmental history can be like a fingerprint in determining possible causes or influences that may be contributing to the present problem. A thorough intake that covers all areas of a child's history is a crucial factor in the proper diagnosis of a child's problems. A look at developmental milestones, traumatic experiences, hospitalizations, prior testing etc. offer us a closer look at the total child.

7- Are there any medical issues we need to be aware of at this time that might impact on this case?

These issues are crucial and the existence of medical problems should always be determined first. Difficulties with hearing, eyesight, taking medication, severe allergies etc. may be significant contributors to poor performance and may be masked as "unmotivated", "lazy", "stubborn", and so on.

8- When was the last time both vision and hearing were checked?

These two factors should be ruled out immediately as having any influence on the presenting problem. If the child has not been evaluated in either area within at least one year, or symptoms indicate possible visual or auditory involvement i.e. squinting, eye fatigue, failure to hear directions etc. then a retest is indicated.

9-Has anyone observed this child?

The observation should always be a piece of the contributing information presented to the CST. One member, usually the psychologist, social worker, guidance counselor, or special education teacher, should observe the child in a variety of situations prior to the first CST meeting. It is very important for the team to know how this child functions in structured and unstructured settings.

10-Do we have samples of his class work?

Samples of class work over a period of time offer a clearer overview of the child's abilities and attitude towards class work. This also gives several team members an opportunity to observe possible academic symptoms that may first appear in written work.

11- Has the parent been notified of the teacher's concerns?

The team should not be the one to notify the parent that a problem may exist. It is the responsibility of the classroom teacher to alert the parents that he/she is concerned and would like a closer look by the CST. A parent does not have a legal right to refuse such a request since it is considered a normal school procedure. The parent should also be notified by the teacher that someone from the team will be in touch with them to gather more information and to review any findings.

Some Options of the Child Study Team

This process of discussion on a specific child may take one or several meetings depending on the complications and needs of the case. There may be times when the CST may need further information not available at the time of the initial meeting. This may include:

- **Educational screening:** This recommendation is chosen by the CST when a child's academic skill levels (reading, math, writing and spelling) are unknown or inconsistent. A screening is not a formal evaluation but a series of short, brief measures that give the CST some basic academic knowledge on which to make other decisions.
- **Language screening:** This recommendation usually occurs when the child is experiencing significant delays in speech or language development, problems in articulation, or problems in receptive or expressive language.
- **Intellectual screening:** This recommendation is utilized by the CST when the child's intellectual ability is unknown.
- **Parent Intake:** This recommendation is utilized when family background information is missing or needs to be updated.
- **Pre-Referral Strategy Plans:** After analyzing all of the information presented at the meeting, the CST has to make a decision: What do we recommend at this point? If this is the first time a student is being reviewed by the team then pre-referral strategies will be recommended to the teacher. These are techniques and suggestions to attempt to resolve the child's issues without the need for a more comprehensive assessment. The team, along with the teacher will choose strategies from those listed below and develop a Pre Referral Strategy Plan. This pre-referral strategy plan as outlined in IDEA is an attempt to try every possible alternative prior to making a formal referral for assessment.

Determination of a Suspected Disability

If after some time the teacher reports to the CST that the problems still exist despite all the pre-referral strategies then the CST team must consider whether or not the child has a more serious suspected educational disability. The team will usually accomplish this by using the following criteria:

- 1-The level of the discrepancy between the child's ability and his/her performance
- 2-The historical patterns of this discrepancy
- 3-Behavioral manifestations of a suspected disability. For instance, in the case of a suspected learning disability the following behaviors may be present:
 - distractibility
 - problems in attention
 - problems in memory
 - social difficulties
 - gross motor coordination issues
 - fine motor concerns

If these factors are present and the pre-referral strategies were unsuccessful then it is the responsibility of the CST to refer the child for a more formal assessment. This referral for a more formal assessment begins The Special Education Process: Assessment, Diagnosis, Classification and Placement of a Child with a Suspected Disability.