

Margaretville Central School District

SPECIAL EDUCATION SERVICES PLAN

Supporting Student Success Across the Curriculum

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I. INTRODUCTION

Part 200.2 (c) of the Regulations of the New York State Commissioner of Education require that each school district board of education shall prepare biennial special education plans. The plan must describe:

- A description of the nature and scope of special education programs and services currently available to students and preschool students residing in the district, including but not limited to descriptions of the district's resource room programs, and each special class program provided by the district in terms of group size and composition;
- Identification of the number and age span of students and preschool students to be served by type of disability, and recommended setting;
- The method to be used to evaluate the extent to which the objectives of the program have been achieved;
- A description of the policies and practices of the board of education to ensure the continual allocation of appropriate space within the district for special education programs that meet the needs of students and preschool students with disabilities;
- A description of how the district intends to ensure that all instructional materials to be used in the schools of the district will be made available in a useable alternative format for each student with a disability at the same time as such instructional materials are available to non-disabled students;
- The date on which such plan was adopted by the board of education.

In addition, the district plan will also include a section on the activities and practices of the Committee on Special Education, district special education programs, and new mandated state requirements. The education of students with disabilities is regulated by the Federal Individuals with Disabilities Education Improvement Act (IDEA) Legislation and Regulations, as well as by New York State Education Law, Article 89, and the Part 200 and Part 201 Regulations of the Commissioner of Education. These regulations are amended frequently, resulting in complex processes and procedures to ensure compliance while maintaining primary focus on meeting the academic and social/emotional needs of children with disabilities.

The aim of this plan is to provide clear guidelines and a reference to the special education procedures and services provided at Margaretville Central School. I am hopeful that this initiative has been reached with the development of this plan. The ultimate goal of this plan is to ensure that our students receive an appropriate and quality education within the Margaretville Central School District.

Courtney Fairbairn
CSE/CPSE Chairperson/School Psychologist

II. Committee of Preschool Special Education (CPSE)

The Committee on Preschool Special Education and Committee on Special Education are regulatory processes derived from IDEA (Individuals with Disabilities Education Act). However, in New York State, the committees are implemented under two different systems within the same set of regulations. The district has programmatic but not fiscal responsibility for CPSE services. The district provides no special education preschool services at this time, but is in the process of contracting specific services with the county. The district must, therefore, work collaboratively with the County and with preschool service providers to make this system work effectively.

The Committee on Preschool Special Education holds meetings including initial referrals, program reviews and annual reviews. Pursuant to the regulations of the State Commissioner of Education, the CPSE makes recommendations to the Board of Education based on the needs of the students.

The criteria and procedures for eligibility, referral, evaluation, recommendations, and program implementation are slightly different for preschool students.

1. CPSE Membership

The required members of the CPSE are:

- The child's parent(s)
- A general education teacher (Kindergarten teacher @ MCS)
- A special education teacher (Elem. Sp. Ed. teacher @ MCS)
- School Psychologist-for transition to CSE
- Others with knowledge/expertise- (related service providers)
- The school district representative (CPSE Chairperson)
- An individual to interpret evaluations (may serve dual role with any professional members listed above)
- A parent member based on the request of the parent
- The county representative (Delaware or Ulster County)
- For a child transitioning from early intervention (EI) program (birth to 3 years old) a representative of the agency providing EI services (by parent request)

2. CPSE Process

1. Eligibility Determinations

Preschool children may be identified as having a disability if they exhibit a significant delay in one or more functional areas related to cognitive, language and communicative, adaptive, social emotional, or motor development which adversely affects the student's ability to learn. The

CPSE considers all evaluations and compares the child's performance to accepted milestones for child development. The criteria for eligibility are:

- A 12 month delay in one or more functional area(s); or
- A 33% delay in one functional area, or a 25% delay in each of two functional areas; or
- If appropriate standardized instruments are individually administered in the evaluation process, a score of 2.0 standard deviations below the mean in one functional area, or a score of 1.5 standard deviations below the mean in each of two functional areas; or
- Meet the criteria for a disability as described in the terms for school aged students.

2. Referral

A preschool child suspected of having a disability shall be referred in writing to the CPSE Chairperson. A referral may be made by the child's parents, a professional staff member of the school district (designee), or the Commissioner or designee of a public education agency. If a child is receiving early intervention services (ages 0-2) an Early Intervention Official may notify the school district with parent consent. A transition conference may be convened by the EI official, Service Coordinator, and CPSE chairperson. A request for referral may be made physician or a judicial officer. See **Appendix A** for CPSE flow chart.

3. Evaluation

Upon the consent of the parent and the parent's selection of an approved evaluator, a multidisciplinary evaluation will be conducted. The resulting report will include a detailed description of the child's needs.

4. Recommendations

If the CPSE determines that the child has a disability, the Committee shall recommend a program for the child. The committee is required to consider a continuum of services starting from the least restrictive to the most restrictive services (least intensive services to the most intensive). The Committee must first consider related services only or a placement in a part-time or half-time program in an integrated setting with age-appropriate peers without disabilities. More restrictive placements may only be considered if education in a less restrictive placement would not succeed even with the use of supplementary aids and services.

The CPSE must complete Child Outcomes Summary Form cover page and entry data and exit data as the student is declassified or transitions to CSE.

Parent is sent Prior Written Notice (PWN) before the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a Free and Appropriate Public Education (FAPE). At this time the parent is requested to consent for services.

The recommendations are then forwarded to the BOE.

If found to be ineligible, the recommendations shall indicate the reasons for ineligibility.

Transportation needs must also be considered.

The CPSE must develop an Individualized Education Program as described on page 9.

5. Implementation

Services must be implemented no later than 30 school days from CPSE recommendation.

Parent, county, and providers notified of Board of Education approval.

CPSE sends request for approval of reimbursement (STAC-5) to municipality and evaluator within 30 days of meeting.

IEP is developed by CPSE chairperson and distributed to staff.

6. Annual review

The IEP of each preschool student must be reviewed at least annually.

The Committee may meet sooner if necessary, based upon the student's performance or request by parent or staff member. Meeting notice must be given to parent at least 5 calendar days before meeting.

After the student's annual review, the Chairperson must provide Prior Written Notice of recommendation and copy of new IEP to parent.

The IEP may be amended without a meeting by mutual agreement between parent and district. Amending the IEP by written agreement

during the course of the year does not eliminate the requirement for an annual review.

7. Mediation and Impartial Review Process

Due process for preschool students with disabilities closely matches the due process for school age students. See page 10.

III. The Committee on Special Education (CSE)

As of April 2013, the Committee on Special Education (CSE) held 78 meetings for the 2012-2013 school year. These meetings included initial referrals, program reviews, and reevaluations (required every three years). In addition to these meetings, every student with an IEP must have an annual meeting to review their progress and determine placement for the following school year. Typically, annual reviews begin in spring. Pursuant to the regulations of the State Commissioner of Education, the CSE makes recommendations to the Board of Education on the needs of those students referred to the CSE. Based upon those recommendations the District had 54 K-12 students with IEP's as of April, 2012.

1. CSE Membership

The required members of the CSE are:

- The student's parent(s)
- The student, if appropriate
- The student's general education teacher
- A special education teacher
- A school psychologist
- A school district representative (CSE Chairperson)
- A parent member, if requested, (with at least 72 hours notice)
- Others with knowledge/expertise
- The school physician, if requested, (with at least 72 hours notice)

Please note that due to changes in regulation the parent member is no longer a required member of the committee.

Sometimes the CSE meets as a subcommittee. The CSE subcommittee includes the student's parent(s), his/her general education teacher and the special education teacher. A school psychologist is required if a new psychological evaluation is being discussed. The subcommittee meets for routine case reviews and annual reviews. If the CSE plans on declassifying a student or placing the student in a more restrictive setting, (e.g. from resource room to special class placement) they meet as a full committee.

2. CSE Process

a. Pre-referral Interventions

Generally, when a student is experiencing academic or social difficulties in school, the child's teacher will refer the student for academic intervention services (AIS). These services include support for reading, mathematics, science and social studies. Small groups of students meet two or more times per week with an AIS teacher who helps the students improve their achievement. Some students may experience short-term personal or social difficulties that impede their progress in school. Students may be supported with services such as counseling on a temporary basis to assist overcoming these difficulties.

Students with mild speech and language problems are provided speech improvement services. Similarly, students with mild occupational or physical therapy needs are provided a screening with recommendations by the therapist. These students are generally not classified as disabled.

Response to Intervention Team (RtI)

The Response to Intervention (RtI) team includes a process provides general education school-wide supports to address students' needs and prevent the need for students to be classified for special education services. Before consideration of a referral of a child to the CSE, the members of the RtI team try to find ways to remediate or otherwise address the student's difficulties in school within regular education. This is an important responsibility since districts are legally required to attempt to address learning difficulties outside of special education whenever possible. Effective July 1, 2012 a "Response to Intervention (RtI)" program must be used with a student in kindergarten through fourth-grade as the method for determining whether a learning disability is present. The CSE cannot find a student eligible for special education if the determinant factor is:

- Lack of appropriate instruction in reading, including explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency, and reading comprehension strategies;
- Lack of instruction in mathematics; or
- Limited English proficiency.

RtI attempts to close the gap for all students, including students at risk, students with disabilities, and English Language Learners (ELL), by addressing smaller learning problems so that they do not become insurmountable gaps. The process is also used to gather data about students to make more appropriate identification of student's learning

issues and allow for more appropriate interventions for students with learning disabilities. The RtI team may consist of a general education teacher, special education teacher, reading specialist, school psychologist, building principal, etc. This team develops a plan to assist the teacher in working through the academic problems the student is experiencing.

b. Referral

A student suspected of having a disability must be referred in writing to the CSE chairperson or the school principal. The only individuals authorized to make a referral to the CSE are the student's parent/guardian, the commissioner, or a designee of the school district, such as the building principal. A *request* for referral may be submitted by professional staff member of the school district, a licensed physician, judicial officer, professional staff member of a public agency with responsibility for welfare, health or education of children, or student who is 18 years of age or older, or an emancipated minor. See **Appendix B** for CSE flow chart.

The referral should state the reasons why the student is suspected of having a disability. Intervention services, programs, or methodologies used to remediate the student's performance prior to referral, or state reasons why no such attempts were made, and description of the extent of prior parent contact.

Upon receiving a request for referral, a school district must within 10 days, either:

- Request parent consent to initiate evaluation; **or**
 - Provide the parent with a copy of the request for referral; **and**
 - Inform the parent of his/her right to refer the child for an initial evaluation; **and**
 - Offer the parent the opportunity to meet to discuss the request for referral and, as appropriate, the availability of appropriate general education support services.

Withdrawal of Referral

The principal may request a meeting with the parent, student if appropriate, and referring staff member to determine whether the student would benefit from additional general education support services as an alternative to special education.

This meeting must occur within 10 school days of receipt of referral.

If they agree to withdraw the referral, this must be documented in writing, including alternative interventions to be tried, data to be collected, the duration of the intervention, and a time to review progress.

c. Evaluation

An individual evaluation shall be commenced by the CSE. The evaluation must include a variety of evaluations including:

- A social history, which is a report of information about the student, the student's family and environment that may be influencing performance in school.
- A psychological evaluation, which assesses such areas as development, organization, memory, learning and other personality characteristics.
- A functional behavior assessment will be included is a student displays interfering behaviors in school which detract from the learning process.
- An educational assessment of the student's academic achievement.
- A physical examination to assess any physical or medical factors that may be influencing performance in school or you may submit an exam from your family physician.
- An observation of the student in the student's learning environment, or if out of school, an age-appropriate environment.
- If needed, a speech and language evaluation to assess the student's ability to understand and use language.
- If needed, an assessment of motor abilities that may be influencing performance in school.

d. Eligibility Determination

The CSE makes the determination on whether or not the student has a disability after reviewing the evaluations, prior interventions, teacher reports, and parental statements.

A student can be identified because of mental, physical, or emotional needs as having one of the following 13 educational disability classifications:

- Autism
- Deafness
- Deaf-Blindness
- Emotional Disturbance
- Hearing Impaired
- Learning Disabled
- Intellectually Disabled
- Multiple Disabilities

- Orthopedic Impairment
- Other Health Impairment
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment

Please refer to the **Appendix C** for definitions of these classifications.

e. Development of Individualized Education Program (IEP)

Prior to developing a recommendation to the Board of Education for special education services, the CSE must ensure that the student is receiving general education services including Academic Intervention Services (AIS) as appropriate. A child having an IEP does not negate the right to receive AIS services.

The CSE must develop an Individualized Education Program (IEP) for each student with a disability. The IEP must list the student's academic achievement, physical and social development, management needs, and present levels of performance (PLPs) for each major goal area. It must also include:

- The classification of the disability and a statement of how the child's disability affects his or her involvement and progress in the general curriculum.
- Evaluation results.
- Current levels of functioning including strengths in management, academic, physical, and social areas, which will include parent concerns in each area in IEPs being developed for the 2011-2012 school year.
- Measurable annual goals and benchmarks: Annual goals are specified to enable the student to progress in the general education curriculum; goals and objectives for students in an alternate curriculum for students with more severe disabilities and for preschool students.
- Each special education program or service and modification, including the projected date for the beginning, anticipated duration, location and frequency.
- An explanation of the extent, if any, to which the child will not participate with non-disabled children in the regular class and in other activities.
- Explanation of exemption from a language other than English if appropriate.
- Supplementary aides and services the student needs.
- Program modifications or supports for school personnel.
- Assistive technology devices needed.

- Whether the student will participate in the New York State Regular or Alternate Assessments, and the test accommodations that will be used.
- A functional behavior assessment and behavior plan for any child whose behaviors impede the learning of the student or others.
- An enhanced transition plan for students age 15 and older, which includes outcome statements and activities in the areas of post-secondary education/training, employment, and community living, as well as specific interagency responsibilities and linkages.

IEP Implementation

It is the district's responsibility to implement the IEP within 60 days of the date that the parent signed consent for CSE evaluation of the student. This means that the services described on the IEP must be delivered within the timeline stated above. Each student's parent and teachers must be provided access to the IEP (electronically or in hard copy).

Consent is required by the parent for initial provision of services.

f. Annual Review and Reevaluations

The CSE must review the IEP of each student with a disability at least annually and make recommendations for an updated IEP. The review will include a consideration of the progress the student has made in general and special education, then the IEP will be revised to address lack of progress in key areas and to meet the student's needs. Test and instructional modifications will be reviewed and changed as needed.

After the annual review, Prior Written Notice of recommendation and a copy of the new IEP are provided to the parent.

Students will be reevaluated at least every three years to determine continued eligibility for special education services. Reevaluation requires parental consent, unless the district can document it has made a reasonable attempt to get consent and the parent has not responded. Parents must receive Prior Written Notice before the student is evaluated. Additional information can also be requested in addition to standardized assessment materials (report cards, student work, attendance records, teacher recommendations, etc). If the student remains eligible for special education services, the IEP will be updated as needed.

If a student is no longer eligible to be classified as a student needing special education services, (s)he may be declassified with no further services or (s)he can receive a year of declassification support. These transitional services typically consist of a reduced amount of consulting

teacher support, possibly related services, and continuation of testing modifications. The building principal is responsible for seeing that these services are implemented.

g. Mediation and Impartial Hearing Processes

If parents disagree with the recommendations of the CSE they can request meetings, mediation to resolve their differences with the District and/or an Impartial Hearing. Should a parent request an impartial hearing, the Board of Education appoints an impartial hearing officer (IHO) to conduct the hearing. The decision of the impartial hearing officer is final unless it is appealed to the State Review Officer.

Recent Changes in Regulations

An IEP Diploma is no longer awarded. Students who have severe cognitive deficits and are alternately assessed now receive a *Skills and Achievement Commencement Credential*. These students represent 1% of the school population, nationally. The remaining students must receive a Regents or local diploma.

Schools are now able to award *Career Development and Occupational Studies Commencement Credential* to a student with a disability to document his/her high school readiness for entry level employment. This credential could be issued to a student with a disability as a supplement to a regular high school diploma or to a student with a disability who is unable, because of his/her disability, to earn a regular diploma as the student's exiting credential. This is intended to encourage rigorous standards for students with disabilities in New York State.

**The CDOS Commencement Credential is NOT a diploma and cannot be used to apply to college, the military, or trade schools.

REQUIREMENTS:

Career Plan

Employability Profile

Demonstrate Mastery of CDOS Learning Standards:

1. Career Development

2. Integrated Learning

Participate in at least 216 hours of Work Based Learning (This can be done in a variety of ways and hours may be accrued beginning in 9th grade.)

NOTE: 216 Hours is equivalent to 2 units of study or two classes and may be met by the following:

1. Actual work experience OR

2. Career & Technical Education up to 162 hours AND minimum of 54 hours of WBL

OR

3. NYS registered WBL program up to 216 hours OR
4. Other WBL Options (any combination but must add up to 216 hours)
 - Community based work program
 - Job shadowing
 - Community service/volunteering
 - Service learning
 - Senior project
 - School-based enterprise

Diploma Safety Net options for Students with Disabilities

Students with disabilities have the following safety net options available to meet testing requirements for a local high school diploma: the Regents Competency Test (RCT) and the 55-64 passing score on Regents examinations and the compensatory option.

- The RCT safety net has allowed those students with disabilities who fail one or more of the required Regents examinations (i.e., English, Mathematics, Science, Global History and U.S. History) to meet the testing requirements for the local diploma by passing the corresponding RCT(s) or its equivalent. The existing RCT safety net is, by regulation, only available to students with disabilities entering grade 9 prior to September 2011. The RCTs are available to these students until they graduate or until the end of the school year in which they turn 21.
- The 55-64 passing score option provides an additional safety net for all students with disabilities. Under this safety net, a score of 55-64 on required Regents examinations meets testing requirements for a local diploma.
- The compensatory option provides an additional option for a student with a disability who entered grade nine in 2005 and thereafter if the student:
 - scores between 45-54 on one or more of the five required Regents exams, other than the English language arts (ELA) or mathematics exam but scores 65 or higher on one or more of the required Regents exams, in which case the lower score(s) can be compensated by the higher score(s) This cannot be combined with the RCT options

Other CSE Responsibilities

Progress reports detailing progress that each student has made toward meeting the goals on his or her IEP must be sent to parents quarterly. These reports are sent in addition to the regular report cards.

Parents have the right to receive the mandated *New York State Procedural Safeguards Notice, Rights for Parents of Children with Disabilities* upon a child’s initial referral for evaluation, upon any request for a due process hearing, and at least annually. In addition, parents of students who are referred for initial eligibility receive a copy of the *District’s Parents’ Guide to Special Education*.

When a student with a disability is suspended or removed from his or her current placement for more than 10 consecutive days or cumulate to more than 10 school days in a school year; the CSE must conduct a manifestation determination meet to assess whether the conduct is related to the disability and whether a change in services is appropriate.

The CSE must discuss each high school student’s course of study to ensure that they are meeting all of the requirements for graduation and that the courses are aligned with the student’s post-secondary goals.

The CSE has responsibility for compliance monitoring, including the management of data concerning students with disabilities. There are twenty different compliance indicators that are reported to the State Education Department. The State Performance Plan (SPP) is designed to evaluate the State's efforts to implement the requirements and purposes of IDEA and describe how the State will improve results.

These include:

- Graduation and drop-out rates
- Suspension rates
- Disproportionateness of students by race/ethnicity with regard to classification rates, placement and classification
- Compliance with required timelines and positive outcomes for all due process proceedings
- Participation and performance of students with disabilities on state assessments

Beyond these annual requirements, Margaretville Central School is required to collect additional information over a six year period on a rotating basis. Each year our district has one additional data point that must be tracked.

IV. Description of Students with Disabilities

Year (Sept to June)	10/11	11/12	12/13	13/14	14/15
# students classified	65	54	50	58	58
# students declassified	4	1	1	1	0

# new referrals	4	4	4	6	2
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*As of October 2014

Committee on Pre-School Special Education

Year (Sept to June)	10/11	11/12	12/13	13/14	14/15
# students classified	6	4	3	6	5

*As of October 2014

K- 12 Students

The following table shows the number of students with IEPs in each disability category over the past five years:

Classification	2011	2012	2013	2014	2015
	# students				
Autism	1	1	3	2	3
Emotional Disturbance	0	1	1	3	3
Learning Disabled	42	35	29	31	35
Intellectually Disabled	1	1	1	1	1
Deafness	0	0	0	0	0
Hearing Impairment	0	0	1	1	0
Speech/Language	7	5	4	2	2
Visual Impairment	0	0	0	0	0
Orthopedic Impairment	0	0	0	0	0
Other Health Impairment	6	5	4	10	8
Multiple Disabilities	8	6	6	8	6
Deaf/Blindness	0	0	0	0	0
Traumatic Brain Injury	0	0	0	0	0
Total	65	54	50	58	58
% of Total Population with IEPs	16%	13%	13%	15%	15%

of students with the Learning Disabilities represents 60% of our special education classification rates. This number has decreased in the past few years and is suspected to be a result of closing the gap by the use of supplementary services, AIS support, and general education initiatives that are available to all students.

- Due to the reauthorization of IDEA in 2004 and federal mandates of the use of the RtI model, CSE must have data to show that a student is not responding to scientific and research based interventions.

- *The total percentage (%) of students with a disability has remained steady over the past 5 years. This is due to the collaboration between General and Special Education and a variety of methods associated with best educational practices including:*
 - Flexible service delivery system increasing supports to students through AIS.
 - Consultant teaching supports at all levels.
 - Supportive documentation provided prior to CSE referral.
 - Intervention models which support the defining of the student's academic issues.

Placement IEP students ages 6-21

Time Inside Regular Classroom	10/2012	10/2013	12/2012
	# students	# students	# students
80% or more	36	31	29
41% to 79%	7	11	14
Less Than 40%	8	9	11
Total	51	51	54

Trends:

- It is the district's responsibility to provide appropriate opportunities for students to be academically mainstreamed with the proper supports and accommodations. The majority of students are classified as a student with a disability spend 80% or more of their school day in the regular education classroom setting with consultant teacher and resource room support. Continuing to offer the opportunity for academic mainstreaming is a goal for our students.
- We have also begun to offer more restrictive placements within district to help support the needs of students with more significant cognitive, academic and behavioral needs. Our goal is to have students participate to the greatest extent possible with their same-age peers during opportunities such as specials, including art, music, physical education, and other general education classes as appropriate.

As of October 1 of the year listed, the following information identifies location of student placement in specific types of school settings:

Out of District Students	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
	# students	#students	#students	#students	#students
BOCES Special education placement	4	2	3	4	3
Andes Central School (parent choice)	3	2	2	5	4
Approved Private Schools	0	0	0	1	1
Home Schooled	2	1	1	1	0
Charlotte Valley	0	0	1	1	0
Total	9	5	7	12	8

Trends:

- Despite the increase in students needing more restrictive setting we have not shown an increase in need for out-of-district placements, such as BOCES. It is a goal of the special education department to provide appropriate educational, social and behavioral supports to our students in the least restrictive environment as mandated by IDEA. To do so will require continued collaboration between our educators, administrators and parents. The Special Class Programs have provided an appropriate education for our students who have returned from out of district placements.

V. K-12 Special Education Programs and Services

In compliance with the federal Individuals with Disabilities Education Act (IDEA) and the Part 200 Regulations of the New York State Commissioner of Education, the Margaretville Central School District provides the following continuum of services for our students with disabilities. The services are listed from the least restrictive to the most restrictive (least intensive to most intensive). Services are offered on a K-12 basis in all buildings unless otherwise specified. In this section, described are the district's program and services along with **guidelines**, if developed.

1. Related Services

Related Services are specialized instruction offered to students with needs in the areas of speech/language, occupational therapy, physical therapy, counseling, hearing impairments, and visual impairments. Service providers include speech/language pathologists, occupational and physical therapists, school counselors, teachers of the deaf/hearing impaired, and teachers of the blind/visually impaired. Students are served one-to-one and in small groups.

The following chart showcases the number of students who are receiving IEP mandated related services during the 2014-2015 school year:

	Speech Therapy	Occupational Therapy	Physical Therapy	Counseling
2014 - 2015	25*	9	4	16
2013 - 2014	23	12	5	17
2012 - 2013	14	9	5	15

*As of the 2014-2015 school-year Margaretville has had to take on Preschool speech related services because that county does not have a provider available.

It should be noted that many students receive related services at the building-level. This means that services are being provided to all students, not only special education students, as part of the RtI model. By reaching these students in a lesser restrictive environment, many are able to improve school performance without being referred to the Committee on Special Education.

a. Speech/Language Services

Description of Speech/Language Services

The speech/language pathologist provides services to students who need assistance with articulation, fluency (stuttering), voice (hoarseness, nasality), or language (limited vocabulary, abbreviated sentences, improper syntax, weak pre-literacy and literacy skills), pragmatics (greeting, initiating and continuing conversations, etc.), and related disabilities. They also work with students needing assistance with central auditory processing (ability to focus on critical information with competing noise in the background), cognitive aspects of communication (i.e. attention, memory, problem solving, planning and organization), augmentative communication methods/devices (special communication methods or devices used by people with sensory or developmental disabilities), and students who have hearing impairments.

Speech/Language Therapists provide:

- Prevention services, follow-up, management, monitoring
- Screening
- Therapy, assessments, and diagnosis
- Consultation to parents, teachers, and students
- IEP/504 Plan development and implementation

Entrance Criteria for Speech/Language Services

The following entrance and exit criteria are combined by the clinical judgment of the speech/language pathologists on how well the student is able to function academically and socially given his/her communication ability.

Students whose problems can be corrected in a relatively short period of time receive *speech improvement* services (speech for non-disabled students). Students whose difficulties are long-term in nature and that impact learning in the classroom can receive speech therapy as part of a Section 504 Accommodation Plan. Students whose difficulties are long-term in nature and impact on their educational progress are classified as *Speech Impaired* and receive services for students with disabilities.

Exit Criteria for Speech/Language Services

For additional information, refer to **Appendix D**.

b. Occupational Therapy Services

Description of Occupational Therapy

Occupational Therapists instruct students who demonstrate impaired functioning in such fine-motor skill areas as handwriting, cutting or drawing. They also help students who demonstrate significant weakness in their upper body, difficulty performing activities of daily living such as dressing, feeding, toileting, and difficulties with organization or difficulty processing sensory information (e.g. hypersensitivity to sound or touch). The model of delivery for OT services includes in-class support, collaborative and co-therapy with other specialists (speech, PT, OT, APE), therapy room treatment, team teaching with general of special educators, and consulting with teacher, staff or parents.

Entrance Criteria for Occupational Therapy

Students qualify for occupational therapy services when standardized testing reveals 25% delay in 2 areas or a 33% delay in 1 area, when a safety concern is present, and/or the student displays an inability to functionally participate in or gain access to the educational curriculum. The OT would also have some discretion based on clinical judgment, as well.

Similar to speech improvement, students whose problems can be corrected in a relatively short period of time receive OT services under general education. Students whose difficulties are long-term in nature and have a mild impact on classroom performance receive occupational therapy as part of a Section 504 Accommodation Plan. Students whose difficulties are long-term in nature and impact on their educational progress are classified as having an *Orthopedic Impairment* and receive services for students with disabilities.

Exit Criteria for Occupational Therapy

Students exit occupational therapy services when their skills are at, or close to, age-level based on standardized testing and/or clinical findings. In terms of motor skills, the student would exit services if the motor skills were essentially functional in the school setting with or without adaptations. Finally, the student would exit services if (s)he has reached a plateau based on reevaluation with standardized tests, clinical observation of skills and the therapist's professional judgment.

For additional information, refer to **Appendix E**.

c. Physical Therapy Services

Description of Physical Therapy

Physical therapy is provided to students who have significant gross motor, orthopedic, or neurological issues. Students who need physical therapy may have difficulty with locomotor skills, body coordination, balance, low muscle tone, or limited range of motion.

Entrance Criteria for Physical Therapy

Students qualify for physical therapy services when standardized testing shows a 25% delay in 2 areas or a 33% delay in 1 area. In addition, the student would present with issues related to safety or an inability to functionally participate in or gain access to the educational curriculum. The physical therapist would also have some discretion based on clinical judgment, as well.

Exit Criteria for Physical Therapy

Students exit physical therapy services when their skills are at, or close to, age-level based on standardized testing and/or clinical findings. In terms of motor skills, the student would exit services if the motor skills were essentially functional in the school setting with or without adaptations. Finally, the student would exit services if (s)he has reached a plateau based on reevaluation with standardized tests, clinical observation of skills and the therapist's professional judgment.

For additional information, refer to **Appendix E**.

d. Counseling Services

Description of Counseling Services

Counseling is provided to students on a short-term basis or on a long-term basis if the student has significant emotional or behavioral issues that interfere with their education. A school psychologist or school counselor provides counseling for students. Services may be delivered in a group setting, with no more than 5 students, or individually.

Entrance Criteria for Counseling

Teachers, the Committee on Special Education, parents, or students themselves may make a counseling referral. The students are evaluated by the counselors and then offered school-based counseling if it is warranted. In many cases, students can be helped in a few sessions, especially if they are motivated to change. Students with deeper-seeded emotional issues may receive counseling over several years. Counselors inform parents of counseling available from outside agencies when counseling needs go beyond school related issues.

Exit Criteria for Counseling

Counseling is discontinued if the student is functioning well in school and no longer needs counseling in the judgment of the counselor, teachers, or the student's parents. Counseling may also be discontinued if continued counseling is not likely to be effective or if the student has refused to cooperate with the counselor over a period of time.

e. Supplementary Support Services (Teacher Aide)

Description of Supplementary School Personnel (Aide)

Supplementary School Personnel (Aide) is determined by the CSE when a student is in need of closer adult supervision. The request can be made based on behavioral or academic need. Aides can be assigned in the following manner: 3:1; 2:1; 1:1. Supplementary School Personnel support the least restrictive environment statement. Goals are assigned relative to the student needs and criteria are set to meet the needs.

Entrance Criteria for Supplementary School Personnel (Aide)

A teacher, psychologist, social worker, or parent can request supplemental support services. A form is completed justifying the need and goals are established at that time. The CSE Chairperson reviews the information and discusses options with the CSE team. A determination is made at that time.

Exit Criteria for Supplementary School Personnel (Aide)

The CSE reviews the growth of the student at least annually based on the needs listed on the Supplementary School Personnel. Services can be revised or discontinued.

f. Other Related Services

Several other types of related services exist. For students diagnosed deaf/hard of hearing we contract for services from a teacher of the deaf/hard of hearing. For students with visual impairments, we contract for services from a teacher of the visually impaired, teachers of visual rehabilitation, and teachers of orientation and mobility.

2. Special Education Services

a. Special Class

Students with disabilities need educational environments that are tailored to meet their unique learning styles. Without the opportunity to participate in these unique educational environments, students can become “frustrated learners” and exhibit negative behaviors or feelings of incompetence that effect the student's learning potential. These programs are available to serve students from kindergarten through 12th grade. These programs serve students with delayed language and/or cognition. Some students may also have mild to moderate emotional, motor or sensory disabilities, as well as Autism. In these classes a mixture of academic and functional skills are taught. Student’s behavioral needs are supported through functional behavioral assessments and behavior plans.

- *Elementary Autism and Developmental Disabilities Program* -serves students from Kindergarten through 2nd grade. Counselors, our speech and language pathologist and OT work with the special education teacher and support staff to meet students emotional, behavioral, and sensory needs while supporting academic skills, as well.
- *Elementary Special Class (Grade 3/4/5)*- Students in Grade 3/4/5 who continue to require an emersion of language, sensory, social skills, and need significant modifications to the academic work that cannot be provided in the regular classroom.
- *Middle School Special Class (Grade-6/7/8)*- Students require this small and distinct classroom option to transition into the Middle School due to their language and cognitive delays. Each student is reviewed to understand if (s)he can benefit from academic mainstreaming. All students are part of the total school community in terms of elective classes whenever possible.
- *Life Skills Program*-- Students attending this program typically have multiple disabilities requiring no more than 12 students in the class. Often, students will continue in the program through 21 years of age as is

legally supported through IDEA. The emphasis is on skill acquisition and functional use of those skills. As students prepare for adulthood, the emphasis is placed on pre-vocational and vocational skills through the use of a job coach. Students are prepared for Day Habilitation Programs, Sheltered Employment and Enclave Job opportunities. Students are typically referred to VESID and OPWDD for continued services post-graduation due to the nature of their life-long disabilities.

The following questions may serve as a guideline to consideration of special-class full-time:

1. What internal educational supports have been exhausted?
2. Is the student “at risk” of being referred outside of the district?
3. Is the student currently receiving an educational program outside of the district?
4. Are the student’s language skills below average?
5. Does the student present as Learning Disabled/Language Delayed?
6. How is the student able to profit from the supports built into the program?
7. Is the student two years or more below grade level in the areas of math, reading, ELA, and writing?
8. To what degree does the child’s behavior impact the learning process?

b. Consultant Teacher and Resource Room

At the high school and middle school level, time frames for consultant teacher and resource room are represented as instructional *periods*. At the elementary schools, time frames are represented in hours/minutes.

c. Consultant Teacher

Student-to-teacher ratio is always 20:1. Under this designation, service can be provided in instructional groups smaller than 20:1, but never in an instructional group larger than 20:1.

Middle school/high school: minimum service provision is 2 *periods* per week

Elementary level: minimum service provision is 2 *hours* per week. Consultant teacher services should be designated as direct (provided to the student), indirect (provided to the regular education teacher), or direct/indirect (service provided in some combination to the student and the student’s teacher).

d. Resource Room

Student-to-teacher ratio is always designated as 5:1. Service can be provided in instructional groups smaller than 5:1, but never in an instructional group larger than 5:1. It may be possible to create an instructional 5:1 group within a larger classroom group by having a special education or reading teacher

instruct a subgroup of no more than five students. Students, who are designated to receive consultant teacher (direct) services, may be included in a group of students receiving resource room as long as the total instructional group size of the resource group does not exceed five students.

Middle School: service to students at the Middle School level is designated as resource room and/or consultant teacher/skills support (direct or indirect) is used.

High School: minimum service provision is 3 hours per week unless in combination with Consultant Teacher services (two hours per week).

Elementary level: minimum service provision is 3 *hours* per week. If the student needs less than 3 hours/3 periods per week, the student should receive consultant teacher (direct). Students may not spend more than 50% of the school day in a resource room program.

e. **Extended School Year Program (Special Education Summer School)**

Students who are classified under the CSE may be eligible for Extended School Year services if they meet the criteria listed under, "substantial regression." This means a student's inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August of such severity as to require an inordinate period of review at the beginning of the school year to reestablish and maintain IEP goals and objectives mastered at the end of the previous school year. The CSE must determine substantial regression for a student to participate or receive Related Services Only during an Extended School Year Program.

VI. Program Evaluation

The district evaluates the quality of the special education programs by closely examining three indicators:

- A. Student progress toward IEP goals as measured at annual review meetings.
- B. Student progress on the State Education Department testing program, standardized measures, and portfolio achievements.
- C. Comparison of standardized testing in the area of achievement.

VII. Special Education Classroom Space

The District provides appropriate space for special education programs. All of our special education teachers and related service providers have adequate classroom space considering the type of services they provide to students.

VIII. Provision of Alternative Materials

The district has an obligation to provide alternative materials in a timely fashion that are needed by students with disabilities as specified in their IEP. Alternative materials include large print books, audio taped versions of books, alternative tests, etc. The alternative materials must be available to the students with disabilities at the same time as instructional materials are provided to general education students.

We will meet this requirement by purchasing alternative materials over the summer and throughout the school year as indicated. The district has accessed a program called Bookshare that has thousands of audio books available for students with disabilities.

IX. Future Trends

What follows is a list of prognostications concerning future needs based on trends observed in our district and based on State and National tendencies promoted in the field of education:

1. Although our number of our student's referred and classified by the Committee on Special Education has decreased, this is primarily due to new models of serving our students. Known as, "blending," or providing a flexible service delivery system has provided supports to students as a prevention, rather than immediately receiving services through the CSE. All avenues of AIS support are tried and evaluated prior to CSE referral. Allowing our special education teachers, speech pathologist, counseling, and OT/PT staff the opportunity to, "flex," their schedules and service

provisions has been beneficial to students and the organization as a whole.

2. With the development of special classes we expect to see the number of students being sent out of district to decrease.
3. Promoting staff implementation of differentiated instruction and universal (Tier I) and secondary interventions (Tier II) practices will further prepare our teachers to respond and adapt to the unique learning needs of our students.
4. At present, we are providing some service to students with more significant mental health and behavioral needs in our district. It is anticipated that the number of students with behavioral needs will increase over time. Providing a comprehensive model of mental health, behavioral, and academic supports to our students will allow them to remain in district and become productive members of the community.

Conclusion:

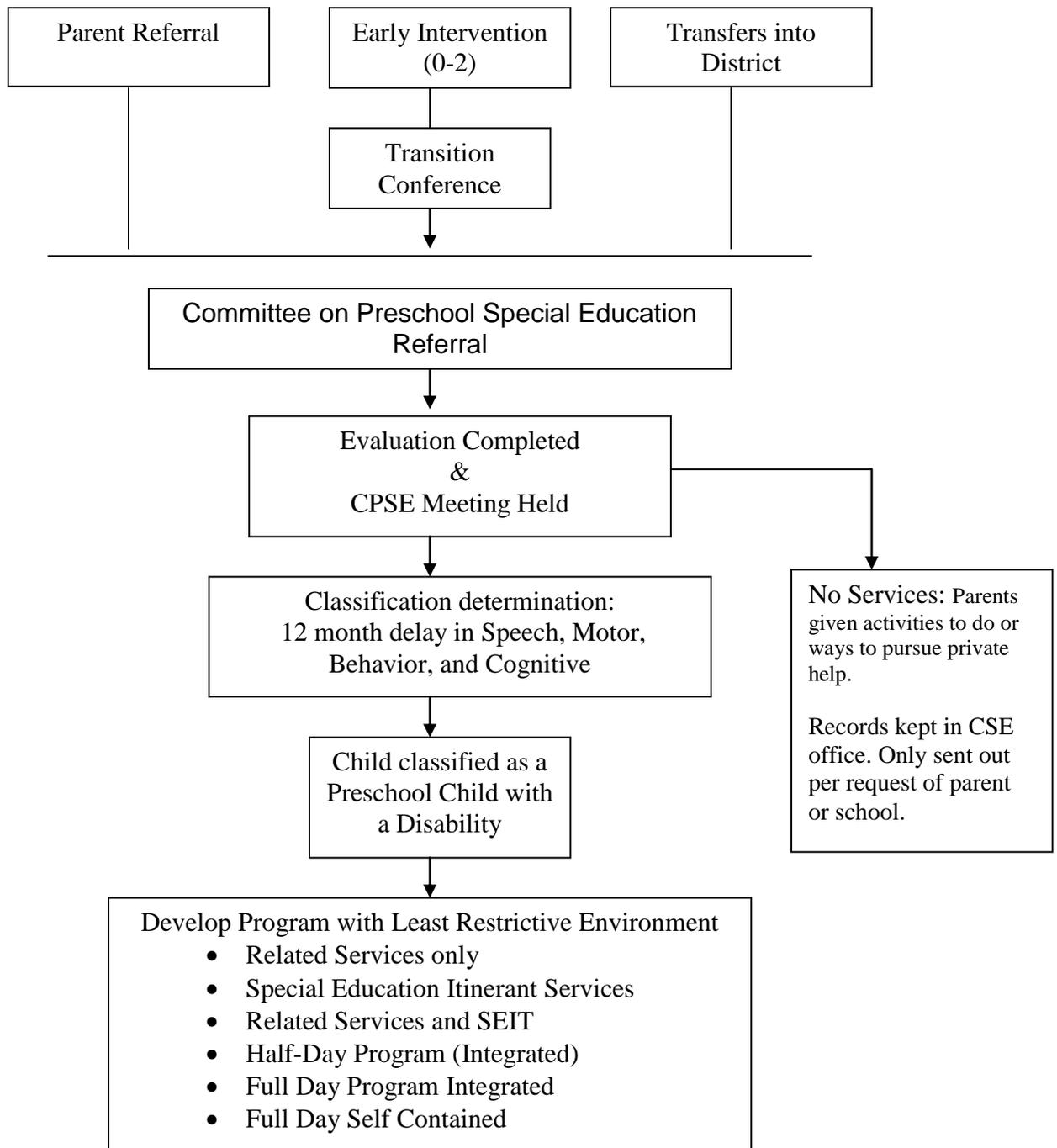
The Margaretville Central School District aims to provide quality general and special education programs to students with disabilities. The District has a commitment to the placement of students with special education needs in the least restrictive environment. The onerous requirements in the regulations, the multifaceted and changing requirements of federal and state regulations, and the movement to raise standards for all students present great challenges. The appendices that follow provide information regarding an overview of the referral process, definitions of educational classifications, and entrance/exit criteria for related services. It is my hope to provide a better understanding to the complex procedures and regulations governing special education.

XII. Appendices

- A. CPSE Referral and Flow Chart**
- B. CSE Referral Flow Chart**
- C. Definition of Disability Classifications**
- D. Exit Criteria for Speech Services**
- E. Exit Criteria for Occupational Therapy Services**
- F. Exit Criteria for Special Class Full-Time Programs**

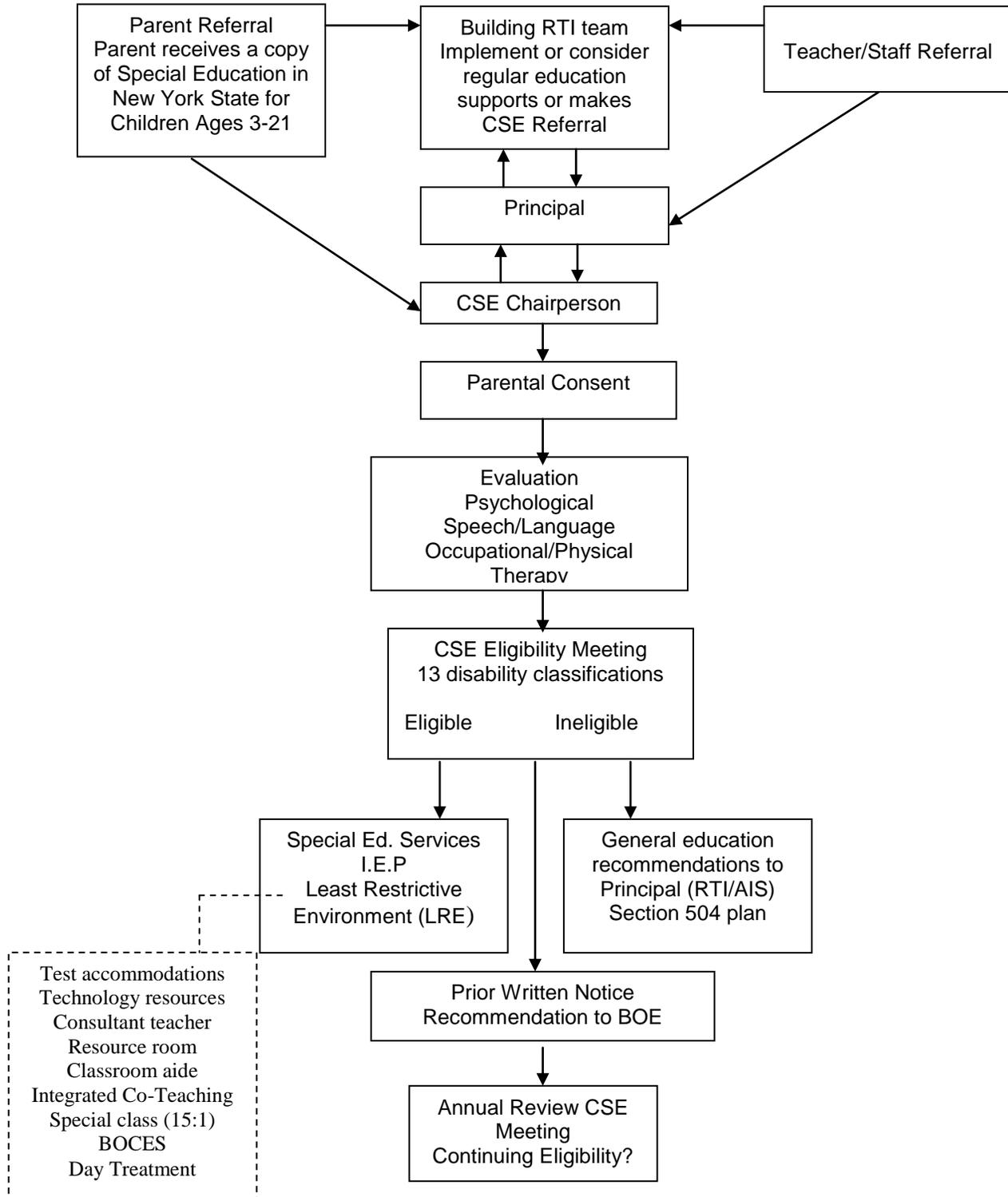
Appendix A-- CPSE Referral and Flow Chart

Committee on Preschool Special Education (CPSE) Process



Appendix B-- CSE Referral and Flow Chart

Committee on Special Education (CSE) Process



Appendix C-- Definition of Disability Classifications

From Part 200 of the Regulations of the Commissioner of Education

Section 200.1 (zz) December 2005

(zz) *Student with a disability* means a student with a disability as defined in section 4401(1) of Education Law, who has not attained the age of 21 prior to September 1st and who is entitled to attend public schools pursuant to section 3202 of the Education Law and who, because of mental, physical or emotional reasons, has been identified as having a disability and who requires special services and programs approved by the department. The terms used in this definition are defined as follows:

(1) *Autism* means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a student's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined in paragraph 4 of this subdivision. A student who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria in this paragraph are otherwise satisfied.

(2) *Deafness* means a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing; with or without amplification that adversely affects a student's educational performance.

(3) *Deaf-blindness* means concomitant 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 students with deafness or students with blindness.

(4) *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 student's educational performance:

(i) an inability to learn that cannot be explained by intellectual, sensory, or health factors.

(ii) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(iii) inappropriate types of behavior or feelings under normal circumstances;

(iv) a generally pervasive mood of unhappiness or depression; or

(v) a tendency to develop physical symptoms or fears associated with personal or school problems.

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

(5) **Hearing impairment** means an impairment in hearing, whether permanent or fluctuating, that adversely affects the child's educational performance but that is not included under the definition of *deafness* in this section.

(6) **Learning disability** means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an 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 intellectual disability, of emotional disturbance, or of environmental, cultural or economic disadvantage. A student who exhibits a discrepancy of 50 percent or more between expected achievement and actual achievement determined on an individual basis shall be deemed to have a learning disability.

(7) **Intellectual Disability** means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a student's educational performance.

(8) **Multiple disabilities** means concomitant impairments (such as intellectual disability-blindness, mental retardation-orthopedic impairment, etc.), the combination of which cause 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.

(9) **Orthopedic impairment** means a severe orthopedic impairment that adversely affects a student's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputation, and fractures or burns which cause contractures).

(10) **Other health-impairment** means 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 is due to chronic or acute health problems, including but not limited to a heart condition,

tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, attention deficit disorder or attention deficit hyperactivity disorder or tourette syndrome, which adversely affects a student's educational performance.

(11) *Speech or language impairment* means a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment, that adversely affects a student's educational performance.

(12) *Traumatic brain injury* means an acquired injury to the brain caused by an external physical force or by certain medical conditions such as stroke, encephalitis, aneurysm, anoxia or brain tumors with resulting impairments that adversely affect educational performance. The term includes open or closed head injuries or brain injuries from certain medical conditions resulting in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not include injuries that are congenital or caused by birth trauma.

(13) *Visual impairment including blindness* means an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

Appendix D-- Exit Criteria for Speech Services

Students will no longer be considered eligible for optional speech-language improvement services if one or more of the following exit criteria are noted.

Speech Improvement Exit Criteria	
Articulation	<p>The student demonstrates the ability to correctly produce target sounds at an age appropriate level in conversational speech in a variety of settings.</p> <p>The speech-language therapist, parent/guardian, and/or student agree that progress has reached a plateau and continuation of therapy is no longer indicated.</p>
Expressive/Receptive Language	<p><i>When compared to students of the same age, a student whose expressive and /or receptive language scores placed in the average range (as evidenced by standardized tests in terms of language quotients and performance for specific or isolated subtest(s) of the language assessment instruments used) may be considered eligible for dismissal from speech-language improvement services if one or more of the following exit criteria is evident:</i></p> <p>The student demonstrates average ability for auditory processing of verbally presented information.</p> <p>The student demonstrates average ability for understanding and/or following directions.</p> <p>The student demonstrates average receptive and/or expressive vocabulary skills.</p> <p>The student demonstrates average written language skills.</p> <p>The student demonstrates average ability for understanding, asking, and/or responding to questions.</p> <p>The student demonstrates average word retrieval skills.</p> <p>The student demonstrates average phonemic awareness skills.</p>

Pragmatic Language	The student demonstrates average/age appropriate social language skills, as compared to same age peers. For example , the student demonstrates the ability to maintain topics, use conversational turn taking, modulate volume, monitor eye gaze needed for effective communication, initiate communication acts, respond, request, understand the perspectives of others, interpret non-verbal language, monitor and use an appropriate tone of voice, use greetings and/or farewells appropriately etc.
Fluency	The student's speech is characterized by no greater than 2% stuttering in connected speech permitting effective communication in all speaking contexts.
Voice	The student's vocal quality is perceived to be normal. The student refuses recommendations to implement a vocal hygiene program or stop behaviors that abuse or misuse the voice (e.g. yelling, screaming etc.).

Appendix E-- Exit Criteria for Occupational and Physical Therapy Services

- Skills are at or close to age level based on testing and/or clinical judgment
- Motor Skills are essentially functional in the school setting with or without adaptations and further gains from school-based therapy are not anticipated. Specific adaptations will be stated in the IEP or 504 Plan.
- Student has reached a plateau based on re-evaluation with standardized tests, clinical observation of skills and therapist's professional judgment.

Appendix F-- Entrance Criteria for Self-Contained Program (12:1:1)

	Special Class Full Time
Academic	<ul style="list-style-type: none"> • 1 ½ - 2 years below grade level in most core subjects • Needs repetition; re-teaching significant practice to acquire skills; restatements; multiple examples; slower rate of instruction; longer processing time • Needs multimodal presentation (visual/hands-on); thematic instruction • Needs modified curriculum; modeling; encouragement • Structured environment
Adaptive Behavior	<ul style="list-style-type: none"> • Needs small, special class instruction • Can mainstream for specials, character education activities; whole school assemblies; grade level activities; lunch and recess • OT/PT concerns; sensory needs; visual-perceptual issues • Emerging daily living skills and some independence • Exhibits minimal behavior issues and may require limited behavior management
Language	<ul style="list-style-type: none"> • Language skills below average • Communication delayed (receptive, expressive, auditory/language processing and/or pragmatic, sign language, FM Trainer, picture exchange system)
Social	<ul style="list-style-type: none"> • Needs support to process social situations • Needs adult support to communicate with peers in social situations • Needs guidance and direct instruction on how to socially interact with peers and adults (PDD spectrum and/or limited expressive language ability)
Cognitive	<ul style="list-style-type: none"> • Below average but not severely developmentally delayed • Scattered skills or missing milestones in development may be present
Support Services: Approximation of Support services (Student may have more or less on IEP)	<ul style="list-style-type: none"> • Speech= 1 indiv, 1-3 group, 3 push-in class (3 hours) • OT= 1 or 2 indiv & 1 push in group • PT= 1 or 2 indiv & 1 push in group • Counseling= 1 group/week & indiv as deemed appropriate