

MADISON METROPOLITAN SCHOOL DISTRICT



PARENT PLANNER

A GUIDE FOR IEP TEAM PARTICIPATION





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INTRODUCTION

This planner was created for parents, guardians and other family members. Its purpose is to promote better understanding and more meaningful participation in the IEP (Individualized Education Program) process. A glossary of key terms and information about the IEP initial evaluation, reevaluation and the IEP program have been included. This planner was developed by a group of Madison Metropolitan School District (MMSD) educators with input from parents (the MMSD Special Education Advisory Council). In addition, several MMSD schools used a version of this planner during the '07-'08 school year and have given feedback based on parent responses.

If you have comments, suggestions or questions, please contact (608) 663-8429 or send an Email to mamitchell@madison.k12.wi.us This planner will continue to be revised as input is gathered.



INITIAL EVALUATION

An initial evaluation is conducted when a child is first suspected of having an impairment and a need for special education. The initial evaluation process is started when a written referral for a special education evaluation is made. Best practice and research suggests that a request for an evaluation be made only after appropriate interventions have been tried and documented over time. An initial evaluation may also be initiated when a student is suspected having an impairment upon referral for expulsion from school.

The IEP process is a confidential process. Documents developed in this process are confidential and will only be available to the staff who work with your child.

If your child is referred for a special education evaluation, the first step in the initial evaluation process is to gather existing data relative to your child's history, general development, academic progress and social/emotional functioning.

As an equal partner in this IEP process, you will be encouraged to share information about your:

- child's strengths,
- child as a whole (e.g., school/life experiences, interests, achievements, personality, learning style),
- child's developmental history (e.g., social, emotional, academic and physical), and
- concerns.



INITIAL EVALUATION

You will also be encouraged to bring relevant records such as:

- previous school records (e.g., report cards, progress reports, test results, previous evaluation(s)),
- reports/information from private or outside evaluations (e.g., medical, psychological),
- relevant court documents, and
- medication information (e.g., type, dosage, and frequency).

After the existing data has been reviewed and discussed at an IEP meeting that you have participated in, the information from the existing reports and the discussion will be summarized on the IEP evaluation forms.

Based on the review of the existing data, the IEP team will then determine one of the following:

- there is no need to continue the IEP evaluation **or**
- there is no need for further assessment as the existing data is sufficient to establish an impairment and a need for special education **or**
- there is a need for additional assessments to determine if your child has an impairment and a need for special education.

If additional assessments are needed, you will be asked to provide your written consent to allow staff to administer individual assessments.



INITIAL EVALUATION

When the assessments are completed, the IEP team will meet again to discuss the results of those assessments. At this meeting, the IEP team will decide whether your child:

- has an impairment and a need for special education or
- has an impairment but does not need special education or
- does not have an impairment and does not need special education.

If the IEP team determines that your child does have an impairment and a need for special education, a meeting is set to develop an individualized education program (IEP). At that meeting, an IEP will be developed and placement in special education will be offered. A parent/guardian signature is required for the initial placement of your child in special education.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

At a minimum, your child's IEP is reviewed and revised on an annual basis. This is done to evaluate your child's progress (academic, social emotional and/or behavioral) and to evaluate the IEP program. To prepare for your child's IEP meeting, consider the following:

- Write down your hopes, dreams, and aspirations for your child (short-term and long-term).



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

- Prioritize 3 to 4 areas that will assist your child in realizing their goals for the future.
- Review the progress your child has made throughout the year. To do this you may wish to look at his/her report cards, test results, progress reports, IEP documents, or anything else outside of the school domain that you believe is relevant.
- You may bring whomever you wish to an IEP meeting. If there is an individual who can assist you through the IEP process, consider inviting him/her (e.g., family member, friend, advocate).
- Be prepared to communicate your child's areas of strength or interests outside of school. These could be sports, hobbies, activities, interactions with family or friends, jobs/responsibilities, etc.
- Be prepared to ask questions if you are unsure of something or don't understand the jargon (e.g., LRE, FAPE). A glossary of key terms can be found on pages 15-23.

IEP REEVALUATION

School districts are required to evaluate students with disabilities once every three years unless the district and parent/legal guardian agree that a reevaluation is not necessary. During a reevaluation, district staff are required to



IEP REEVALUATION

review the student's existing assessments and educational records.

If the parent/legal guardian and the district agree that a reevaluation is not necessary, that decision must be based on the following:

- evidence documenting that the student continues to meet the eligibility criteria for his/her impairment(s),
- evidence documenting the continued need for special education, and
- a description of the student's educational needs.

To make the decision to conduct a reevaluation or not, the IEP team may review a variety of data sources. These sources of information may include test results from formal/informal assessments, work samples, written observations, student performance and progress reports.

If either the parent/legal guardian or the district believes a reevaluation is needed, the reevaluation must be completed.

All steps in the reevaluation process are the same as the steps in the initial evaluation process with one exception. A parent's signature is not required for continued placement of your child in special education. The initial evaluation process is described on pages 3 through 5 of this booklet.



FREQUENTLY ASKED QUESTIONS

What should I expect after the meeting that determined my child has a disability?

- You will receive a copy of the IEP evaluation in the US mail.
- You will be contacted by someone at your child's school (the IEP Chairperson) who will describe the next steps in the IEP process, schedule the next IEP meeting and answer any questions you may have. This is the chairperson's first opportunity to get to know you and to help you prepare for the IEP programming meeting. If the IEP chairperson does not give you his/her contact information, please ask him/her for that information in case you have additional questions before your child's IEP meeting.

What is an Individualized Education Program (IEP) and when is it developed?

An IEP is a legal document that represents an individualized education program to ensure that your child receives a free appropriate public education (FAPE). It is developed at an IEP programming and placement meeting by the IEP team. This occurs after the IEP team has determined that your child has a disability (impairment and need for special education). Subsequent IEP Programs are developed once a year on the anniversary of the initial IEP Evaluation.

FREQUENTLY ASKED QUESTIONS

The IEP has four major parts:

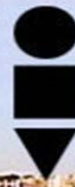
1. Present Level of Academic Achievement and Functional Performance (PLAAFP) describes your child's current skills and abilities.
2. Annual Goals are the outcomes you and the other IEP team participants anticipate that your child can accomplish in one year.
3. Service Needs include accommodations and modifications required for participation in the general education environment and curriculum. This includes direct services and consultation provided by special and general education staff on behalf of your child.
4. Placement is the educational location where the specialized instruction and services are provided.

Who will be at the IEP meeting?

Minimally, the "core" IEP team is comprised of the following:

- parent/guardian,
- general education teacher,
- special education teacher, and
- local educational agency representative (LEA Representative).

The special education teacher typically serves as the IEP team chairperson. The chairperson facilitates the meeting and completes most of the paperwork. You are also an active, equal and influential participant of the team.



FREQUENTLY ASKED QUESTIONS

Based on your child's needs, other professionals might attend the meeting, such as a school based speech and language clinician, physical therapist, occupational therapist, psychologist, nurse and/or social worker.

What are the roles and responsibilities of the team members at the meeting?

- As the parent/legal guardian, you will represent the hopes, dreams, and aspirations of your child and be an equal voice in the development of the IEP.
- The general education teacher provides input about the general education curriculum, your child's ability to meet curriculum standards at his/her age/grade level and how your child is doing in his/her classroom.
- The special education teacher provides input about specialized curriculum and instruction based on the individualized needs of your child.
- The chairperson is usually the special education teacher. This individual facilitates the meeting and is responsible for documenting the discussion and decisions of the IEP team. The chairperson is your contact person during this process.
- The LEA representative ensures that you are informed of your rights during the IEP meeting. In addition, he/she will decide if any additional resources are needed to implement the IEP.



FREQUENTLY ASKED QUESTIONS

- Other professionals might attend the meeting. They provide input specific to their areas of expertise and how it relates to your child's needs.

How are decisions made during IEP meetings?

During the meeting, the IEP team participants will discuss your child's educational programming. All participants will have an equal voice in the discussion and decision making. Consensus must be reached through an open discussion in order to develop the best plan for your child.

What is decision-making by consensus?

Decision-making by consensus means the IEP team will discuss your child's program until all IEP team participants reach a decision they can all "live with." The decisions may not be optimal or ideal from everyone's standpoint. All IEP team members should agree that the IEP is reasonably developed and enables the child to receive meaningful educational benefit . Decisions will not be made through a majority rules voting process.

FREQUENTLY ASKED QUESTIONS

What if there are differences of opinion during the meeting?

If there are differences of opinion during the meeting, the IEP chairperson will work with the team to attempt to resolve all disagreements. If the team cannot resolve their differences, the LEA Rep. may stop the meeting and ask for assistance from the building principal, a program support teacher or a special education coordinator. An additional meeting will be scheduled to attempt to resolve those differences.

What if the IEP team cannot reach consensus?

If the IEP team cannot reach consensus after receiving assistance from a building principal, program support teacher or a special education coordinator, the LEA Rep. will be responsible for representing the District's offer of a free appropriate public education and inform you of your rights, including the possible next steps that you might take.

What can I do to prepare for the IEP Program meeting?

Carefully review the evaluation report after you receive it. In preparation for the upcoming IEP meeting, be ready to discuss your child's hopes, dreams, and aspirations. Prioritize two to three critical areas in which you would like to see your child improve.

FREQUENTLY ASKED QUESTIONS

Should my child attend his/her IEP meeting?

If your child is younger than the age of 14, the decision to have your child attend his/her IEP meeting is a parent decision. If one of the purposes of the IEP meeting is transition (preparing a child for life after high school), your child will automatically be invited. Transition planning is a required part of every child's IEP starting at age 14. If your child is age 18 and has reached the age of majority, he/she must be invited. In this situation you would not be invited unless your child gave prior permission.

Who can I bring to the IEP meetings?

You may bring individuals who can assist you in participating in the IEP meeting including family members, advocates, or community members.

What if I need accommodations and/or assistance for the meeting(s)?

Please let the IEP chairperson know if you need accommodations or assistance. Physical accommodations, transportation to and from the meeting, childcare or interpreter services for a hearing impairment or language other than English can be provided. In addition, audio taping of IEP meetings is available at the parent's request.

FREQUENTLY ASKED QUESTIONS

Who will work with my child?

In most cases, your child will work with general education teacher(s) and special education teachers/staff. In addition, based upon your child's disability, a speech and language clinician, occupational/physical therapist, school nurse, school psychologist, school social worker, special education assistant and/or other specialized staff may work with your child. Your child's needs, as described in the IEP, will determine who will work with your child.

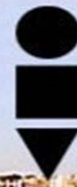
Where will my child receive services?

In most cases children receive special education services in the general education setting and continue to attend the school they would attend if they did not have an IEP.

How can I find out more about my rights as a parent under special education law?

You will be provided a copy of the MMSD Special Education Rights for Parents and Children at the initial IEP evaluation meeting. It will also be provided to you on an annual basis (at the annual IEP meeting), and additionally if a Manifestation Determination IEP meeting is convened regarding your child. The MMSD website also has links to parent rights brochures and the Department of Public Instruction. Please see

<http://specialedweb.madison.k12.wi.us/>



GLOSSARY OF KEY TERMS

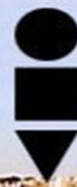
In this glossary you will find common terms and acronyms that are used in special education.

Attention Deficit/Hyperactivity Disorder (ADHD): ADHD is a disorder characterized by developmentally inappropriate behavior, including poor attention skills, impulsivity, and hyperactivity. A person whose behavior is more inattentive than hyperactive is often referred to as having ADD. If the person's behavior is more hyperactive-impulsive than it is inattentive or if the person has a combination of hyperactivity and inattentiveness, the person is often referred to as having ADHD. The diagnosis of ADHD is a medical diagnosis and not an educational term. A doctor makes the determination of this diagnosis, often with input from parents and teachers.

Assistive Technology (AT): AT is any item a child needs to increase, maintain or improve their ability to participate in school. AT includes low-tech and high-tech items, ranging from a calculator to a computer. AT may also include the services a child needs to help choose, obtain or use an item.

Autism: Autism is one of 11 impairments listed in the state rules and regulations. It is a developmental disability that significantly affects a child's social interaction and verbal and non-verbal communication abilities. It generally is evident before age 3 and adversely affects learning and educational performance.

Autism Spectrum Disorders (ASDs): ASDs refers to several disorders characterized by varying degrees of impairment in the areas of communication skills, social interactions, and restricted, repetitive, and/or stereotyped patterns of behavior (e.g., hand-flapping, rocking).



GLOSSARY OF KEY TERMS

Behavior Intervention Plan (BIP): A BIP is a plan, developed and written by the IEP Team for the following purposes:

- to help a child learn new appropriate behaviors,
- to help prevent challenging behaviors, and
- to provide staff with intervention strategies for challenging behaviors.

A BIP allows the child to be educated in the least restrictive environment (LRE—refer to pg. 19 for a definition of LRE). In addition, a BIP is created from the results of a Functional Behavioral Assessment (FBA—refer to page 18 for a definition of FBA).

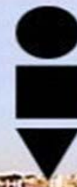
Business Day: This term refers to the days Monday through Friday, excluding state and federal holidays.

Central Auditory Processing Disorder (CAPD): This disorder is characterized by difficulty understanding speech or auditory instructions in the presence of normal hearing sensitivity. A child with this disorder has normal hearing, but cannot understand oral communication at the same level as other people his/her age.

Case Manager: The case manager is the special education cross categorical teacher or S/L Therapist assigned to lead the implementation and coordination of a student's IEP services and IEP meetings.

Cognitive Disability (CD): CD is one of 11 impairments listed in the state rules and regulations. A student with a cognitive disability has significantly below average intellectual and adaptive functioning that adversely affects his/her educational performance.

Core IEP Team: The core IEP team includes the parent/legal guardian, the general education teacher, the special education teacher, and the local educational agency representative.



GLOSSARY OF KEY TERMS

Department of Public Instruction (DPI): This is the agency which is charged with providing direction and technical assistance for public elementary and secondary education. It distributes and monitors federal and state monies used for education. It provides guidance on laws and policies regarding public education. For more information visit DPI's website: <http://dpi.wi.gov>

Emotional Behavioral Disability (EBD): EBD is one of 11 impairments listed in the state rules and regulations. A student with an EBD demonstrates social emotional or behavioral functioning that so departs from generally accepted, age appropriate ethnic or cultural norms that it adversely affects a child's academic progress, social relationships, personal adjustment, classroom adjustment, self-care or vocational skills.

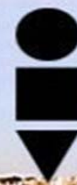
Early Childhood (EC): This term refers to children from infancy through age 5.

English Language Learner (ELL): A child whose primary language is not English.

English as a Second Language (ESL): ESL is the program that provides services and instruction for students who are learning the English language.

Extended School Year (ESY): ESY is special education and related services described in IDEA provided to children with disabilities beyond the school term. It is provided in a consistent manner with a child's IEP. In the MMSD, ESY is provided to special education students:

- who are at a critical stage of skill acquisition at the end of the spring school term ***or***
- who have demonstrated significant regression of learned skills during breaks in instruction and failed to recoup those skills in a reasonable time when instruction resumed.



GLOSSARY OF KEY TERMS

Free Appropriate Public Education (FAPE): FAPE includes special education and related services that::

- are provided at public expense and under public supervision and direction,
- meet the standards of DPI,
- include an appropriate preschool, elementary or secondary school education and transition to post secondary options, and
- are provided in conformity with an IEP.

School districts are required to make FAPE available to all children enrolled in special education in their district.

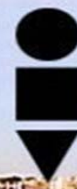
Functional Behavioral Assessment (FBA): An IEP team conducts a FBA to gain information about a child's behavior before creating and implementing a behavior intervention plan (BIP). During a FBA, the IEP team works to determine why a child exhibits challenging behaviors and what supports are needed to help the child learn new appropriate behaviors.

General Education Curriculum: This is the curriculum that children without disabilities learn in regular education.

Hearing Impairment (HI): HI is one of 11 impairments listed in the state rules. A student identified as having a hearing impairment will have a significant impairment in hearing, with or without amplification, whether permanent or chronically fluctuating, that significantly adversely affects a child's educational performance including academic performance, speech perception and production, or language and communication skills. It includes deafness.

Individuals with Disabilities Education Act (IDEA): This is the current federal special education law.

Individualized Education Program (IEP): The IEP is the plan developed by the child's IEP team that determines the annual goals for the child, and specifies the special education and related services the child will receive in the least restrictive setting for him/her.



GLOSSARY OF KEY TERMS

IEP Evaluation: An IEP evaluation is an evaluation done by the IEP team to decide if a child has an impairment and needs special education. Parents are equal partners of the team that conducts this evaluation.

Local Educational Agency Representative (LEA Rep.): The LEA Rep. is a person on the IEP Team who has knowledge about, and can commit the school's resources to enable the child to receive appropriate IEP services. All IEP meetings must have an LEA Rep. present and actively involved.

Least Restrictive Environment (LRE): This is the environment that the IEP team has determined is the most appropriate educational setting for the child that will enable the child to be involved and make progress in the general education curriculum. This environment should include typically developing same age/grade peers to the greatest extent possible based upon individual needs.

Manifestation Determination (MD): Under IDEA, a manifestation determination is a process conducted by an IEP team to determine whether a specific behavior or cluster of behaviors is related to, or a manifestation of, the student's disability(ies). IDEA requires that before removing a student for disciplinary reasons beyond 10 cumulative (or consecutive) days in a school year, the IEP team must first conduct an MD. If the behavior subject to discipline is related to the student's disability, the student cannot be removed.

Other Health Impairment : OHI is one of 11 impairment areas listed in the state rules. A student identified as OHI would have limited strength, vitality or alertness due to chronic or acute health problems. The term includes but is not limited to: a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affect a child's educational performance.



GLOSSARY OF KEY TERMS

Orthopedic Impairment (OI): OI is one of 11 impairment areas listed in the state rules. A student identified as OI would have a severe orthopedic impairment that adversely affects his/her educational performance. The term includes, but is not limited to:

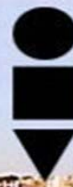
- impairments caused by congenital anomaly, such as a clubfoot or absence of a limb
- impairments caused by disease, such as poliomyelitis or bone tuberculosis
- impairments from other causes, such as cerebral palsy, amputations, and fractures or burns that cause contractures.

Present Level of Academic Achievement and Functional Performance (PLAAFP): This term refers to the section of the IEP document where the IEP team describes:

- the child's strengths,
 - parent concerns, and
 - the child's abilities relative to language arts and math standards.
- The PLAAFP also includes a discussion of how the child's impairment affects his/her ability to participate in the general education curriculum and environment.

Program Support Teacher (PST): In Madison schools, PSTs function like "master teachers" and perform the following functions:

- serve as the special education teacher on initial IEP evaluations,
- serve as facilitator for Manifestation Determination IEP meetings,
- provide professional development services to staff,
- respond to staff requests for support, and
- respond to general questions from teachers, principals and parents, etc.



GLOSSARY OF KEY TERMS

Related Services: Related Services are developmental, corrective, and other supportive services that are required to assist a child with a disability to benefit from special education. Examples of related services include:

- transportation,
- speech-language pathology and audiology services,
- interpreting services,
- school psychological services,
- school physical and occupational therapy services,
- recreation services,
- early identification and assessment of disabilities in children,
- counseling services (e.g., rehabilitation counseling),
- orientation and mobility services, and
- medical services for diagnostic or evaluation purposes,
- school health service,
- school nurse services,
- school social work services and
- parent counseling and training.

Response to Intervention (RtI): This term refers to the practice of providing high-quality instruction and intervention matched to student need and frequent progress monitoring to make data-based decisions about supports etc., that may improve a child's success at school.

Significant Developmental Delay (SDD): SDD is one of 11 impairment areas listed in the state rules. Children identified as SDD are children who are 3,4, and 5 years of age or below compulsory school attendance age, who are experiencing significant delays in the areas of physical, cognition, communication, social-emotional or adaptive development.

Special Education: This is the program that provides specially designed instruction by special education staff to meet the unique needs of a child with a disability.



GLOSSARY OF KEY TERMS

Specific Learning Disability (SLD): SLD is one of 11 impairment areas listed in the state rules and regulations. A student identified as SLD would have a severe learning problem due to a disorder in one or more of the basic psychological processes involved in acquiring, organizing, or expressing information that manifests itself in school as an impaired ability to listen, reason, speak, read, write, spell or do mathematical calculations, despite appropriate instruction in the general education curriculum.

Specialized Physical Education (SPE): SPE is specially designed curriculum and/or instruction in physical education for a child with a disability. SPE may be provided across a continuum of environments.

Speech & Language (S/L): S/L is one of 11 impairment areas listed in the state rules and regulations. A student identified as having a S/L impairment has an impairment of speech or sound production, voice, fluency, and/or language that significantly affects educational performance or social, emotional or vocational development.

Supplementary Aids and Services: This term refers to the services and supports provided in regular education classes and other settings to enable a child with a disability to meet their IEP goals while being educated with children who do not have disabilities.

Traumatic Brain Injury (TBI): TBI is one of 11 impairment areas listed in the state rules and regulations. A student identified as having a TBI has an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas. It does not apply to brain injuries that are congenital, degenerative or induced by birth trauma.

GLOSSARY OF KEY TERMS

Transition: Transition is the term that applies to preparing a child for life after high school. Transition planning is a required part of every child's IEP starting at age 14. Transition planning is also required for every child moving from Birth to Three Programs to early childhood special education. Sometimes transition planning happens when a child moves from one grade to the next, or one school to the next (e.g., elementary to middle school, middle school to high school). Transition can also mean moving from one class to the next class in school.

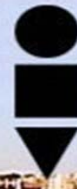
Visual Impairment (VI): VI is one of 11 impairment areas listed in the state rules and regulations. Visual impairment means that, even after correction, a child's visual functioning significantly adversely affects his or her educational performance.

Wisconsin Alternate Assessment (WAA): This is the assessment that the State requires for children with disabilities who cannot take the regularly required state tests because they are functioning significantly below same age/grade peers.

Sources of Information

Wilmshurst, Linda, Ph.D., ABPP & Brue, Alan W., Ph.D., NCSP 2005. A Parent's Guide to Special Education. New York, NY: American Management Association

Wisconsin Department of Public Instruction



WORKSHEET FOR PARENTS

My Child's Name:
 School Year:
 School:

| School Staff Working With My Child | | | |
|------------------------------------|---------------------------|---------|---------------|
| Name | Role | Phone # | Email address |
| | Principal | | |
| | General Education Teacher | | |
| | Program Support Teacher | | |
| | Special Education Teacher | | |
| | | | |
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Checklist of documents you may wish to bring to meetings.

- Previous school records (report cards, progress reports, test results, previous evaluation(s))
- Reports/information from private or outside evaluations (medical, psychological)
- Relevant court documents
- Medication information (type, dosage, and frequency)



WORKSHEET FOR PARENTS

Important Factors to Consider During the IEP Process:

1. What are my child's strengths at home, at school and in the community?
2. What supports will he or she need to be successful?
3. What are my dreams/hopes for my child?

WORKSHEET FOR PARENTS

Meetings/Contacts

| Meeting/Contact | Date | Time |
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**Madison Metropolitan School District
Division of Special Education
545 West Dayton Street, Madison, WI 53703
Phone: 608-663-8442
<http://specialedweb.madison.k12.wi.us>**



The Madison Metropolitan School District (MMSD), does not discriminate on the basis of religion, race, creed, color, national origin, ancestry, age, gender, physical appearance, marital status, disability, arrest or conviction record, membership in the national guard, state defense force, or any reserve component of the military forces of the United States or this state, political belief, sexual orientation, less than honorable discharge, source of income or the fact that an individual is a student.

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