

**Special Education**

**Parent**

**Handbook**

**Katonah-Lewisboro School District**

**S E P T A**

**Office of Special Services**

**Parent Handbook**

**For**

**Special Education**

**Parent Handbook**  
**For Parents**  
**Of**  
**Children**  
**Ages Three To Twenty-One**

## **Forward**

This handbook was created to help parents of special needs students gain a better understanding of special education services in the Katonah-Lewisboro School District. It is a collaborative effort between the Office of Special Services and SEPTA (Special Education Parent Teacher Association), and is dedicated to all special needs students in the Katonah-Lewisboro School District.

The information stated in this handbook is based on the updated Part 200 and 201 of the Commissioner's Regulations Processes.

While we have made every effort to ensure that the information included in this handbook is current, complete and accurate, we recognize that Regulation definitions, programs and services are subject to change on a regular basis. Readers with questions are advised to contact the the Office of Special Services, the officers of the Special Education PTA or the State Education Department website: <http://web.nysed.gov/vesid>.

# **SPECIAL EDUCATION PARENT HANDBOOK**

Dear Parents,

Everyone acknowledges that the Special Education process can be confusing, frustrating, and at times daunting. For years, parents have told us that they need a clear, concise guide to the programs and services available in our District for students with disabilities, as well as more help figuring out how the Special Education process functions. This handbook, a collaboration between the Office of Special Services and the Special Education PTA (SEPTA) is designed to meet that need.

Just as preparing this handbook required cooperation and collaboration between parents and professionals, the special education process **REQUIRES** active participation and cooperation from all members of the special education team. In our district, parents are key participants in this critical team effort.

We hope this handbook will serve as a valuable tool in understanding the Special Education process in the Katonah-Lewisboro School District.

*We would like to thank the members of SEPTA and the Office of Special Services for their participation:*

*Nancy Alfano, Peter Beardsley- Director of Special Services, Nancy Cogswell, Nancy Euchner, Katherine Garren, Cindy Greenburg, Ellen Holmon, Kathy Lett, Cindy Roden, Connie Taibi Lewis- Assistant Director of Special Services, and Pam Zambrotta.*

## Welcome to Holland

“I am often asked to describe the experience of raising a child with a disability – to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It’s like this:

“When you’re going to have a baby, it’s like planning a fabulous vacation trip – to Italy. You buy a bunch of guidebooks and make your wonderful plans. The Coliseum, the Michelangelo “David”, the gondolas in Venice. You may learn some handy phrases in Italian. It’s all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, “Welcome to Holland”.

“Holland?” you say. “What do you mean Holland? I signed up for Italy! I’m supposed to be in Italy. All my life I’ve dreamed of going to Italy.”

“But there’s been a change in the flight plan. They’ve landed in Holland, and there you must stay.”

“The important thing is that they haven’t taken you to a horrible, filthy place, full of famine and disease. It’s just a different place. So you must buy new guidebooks. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

“It’s just a different place. It’s slower paced than Italy, less flashy than Italy. But after you’ve been there a little while, you look around and you begin to notice that Holland has windmills, Holland has tulips, Holland even has Rembrandts.

“But everyone you know is busy coming and going from Italy, and they’re all bragging about what a wonderful time they had there. And for the rest of your life, you will say, “Yes, that’s where I was supposed to go. That’s what I had planned.”

“The pain of that will never, ever go away, because of the loss of that dream is a very significant loss.

“But if you spend your life mourning the fact that you didn’t get to Italy, you may never be free to enjoy the very special, the very lovely things about Holland.”

Emily Pearl Kingsley

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## WHAT IS SEPTA?

The Katonah-Lewisboro Special Education PTA (SEPTA) is a district-wide Parent Teacher Association organized to provide information and support to students, parents, faculty and staff involved in the special education process.

SEPTA exists to help all families of children with disabilities in the district—whether your child receives only speech therapy or resource room help, requires a twelve-month residential placement—or anything in-between, SEPTA is there to serve YOU.

SEPTA serves the special education community by providing:

- a chance for parents to meet and network with other special needs parents
- evening programs with speakers on topics of interest to special needs families and faculty
- parent support groups and luncheons
- a resource library and bibliography of special education materials
- disability awareness programs
- after-school recreation programs
- a forum for communication with the special services personnel and administration
- newsletters and mailings to keep the special education community informed
- formal surveys giving parents a chance to provide written feedback to the district

Since the special education community encompasses all six school buildings and District Office, the best way to reach everyone is by mail. The SEPTA mailing list can only be provided by the District Office. Names remain confidential and only the SEPTA officer who is in charge of the mailing has access to the list. However, if for any reason, you do not wish to be on the SEPTA mailing list, please contact the District Office or the current SEPTA President as listed in the District calendar.

The SEPTA board welcomes your involvement. We look forward to meeting you.



## HOW DO I KNOW IF MY CHILD HAS A DISABILITY?

Ask yourself these questions:

Does my child...

- need attention all the time even when all of his/her physical and emotional needs have been addressed?
- exhibits delayed growth and development like his/her age peers?
- have difficulty with speech or communicating with familiar adults or children?
- avoid making and sustaining eye contact?
- understand spoken language?
- have trouble following directions?
- have difficulty naming colors, singing songs or reciting nursery rhymes?
- have difficulty coloring or cutting paper?
- appear clumsy or uncoordinated?
- have difficulty paying attention in school?
- appear lazy?
- seem unhappy at school?
- work for hours on homework and projects with little success?
- avoid conversations about school or friends?
- have difficulty making and keeping friends?

If you answered yes to any of these questions, you may have a child with a disability. It is important for you as the child's parent(s) to ask why and to discover if your child needs remediation or other programs and services available by law.

Disabilities are universal and can occur in all walks of life or cultures. They may be mild, moderate, or intense, but they *do impede classroom performance and affect the child's self esteem and future educational growth.*

### WHO ARE "SPECIAL EDUCATION CHILDREN?"

Approximately 12% of all children from ages 3-21 have various disabilities and are entitled to programs and services under the Individuals with Disabilities Education Act (IDEA). The majority of these children have learning disabilities. Other children have speech and language disabilities, communication disorders, autism spectrum disorders, non-verbal learning disabilities and attention deficit disorders. Some children have visual impairments, hearing impairments, mobility problems, cerebral palsy, mental retardation and traumatic brain injuries.

## WHAT IS IDEA?

The Individuals with Disabilities Education Act (IDEA) is a federal law passed in 1975 and re-authorized in 1997 that mandates that all children receive a free, appropriate public education regardless of the level or severity of their disability. It provides funds to assist states in the education of students with disabilities and requires that states make sure that these students receive an individualized education program based on their unique needs in the least restrictive environment possible and prepare them for employment and independent living. *(You may receive a complete copy through the State Education Department or through your Congressional Representative.)*

## WHY HAVE EARLY INTERVENTION?

There are three primary reasons for intervening early: (1) to enhance the child's development; (2) to provide support and assistance to the family; (3) and to maximize the child's benefit to society.

Fifty years of research has shown that early intervention is very effective. Early intervention has helped children to:

- need fewer special education and rehabilitative services later in life
- move the child to the next grade level rather than retaining the child in the same grade for another year
- become indistinguishable from their non-disabled classmates years after intervention.

Parents must be involved with their child's treatment in order for the early intervention to be effective.

## WHAT IS THE STARTING POINT OF THIS PROCESS?

Many children have some difficulty during their educational and developmental years, depending upon the curriculum being taught at school, the pace of what is being taught, the chronological and emotional development of the individual child, and the different expectations for all children ages 3 – 21. Learn what is expected for a child at each stage of development. Watch for those developmental milestones. Know that there is a wide variation at each stage of development. You may want to discuss your child's milestones with your pediatrician. Be sure to network with other parents.

The expectations of development and learning you may have as parents may lead you to question "why is my child different?" If you need to answer this question for a baby ages 0 – 2, then you can contact the Westchester County Department of Mental Health for additional information, or the Special Services Office. For young children

ages 3-4, the process of inquiry continues at your local school district (Katonah-Lewisboro).

Once the child is of school age and you believe that your child is having more difficulties in the school setting than usual, it is important to take the next step, which is to conference with the classroom teacher. This can occur at any time during the duration of schooling through age 21. Teachers usually will adjust the curriculum, provide extra help, or make other appropriate accommodations for your child. This helps the child maintain progress within the regular education setting.

A parent can also contact the Principal or Child Study Team for additional assistance in this process. The Child Study Team is a building-based multidisciplinary team that meets regularly to address selected students' needs. This team often determines strategies, building level supports, testing, Academic Intervention Services or referral to CSE. If these avenues have been utilized and you still feel there is a need to address issues, then the parent can contact the Office of Special Services for assistance and possible referral to the CSE (Committee for Special Education).

## **HOW ARE VERY YOUNG CHILDREN (BIRTH TO AGE 2) GIVEN SERVICES?**

Early intervention is very important to young children. Through the program for infants and toddlers with disabilities, those who are eligible infants and toddlers, birth through two years, are provided services through Westchester County. Under IDEA, local and state districts must provide special education and related services to eligible preschool children (ages 3-4).

These services are provided in different ways than the services for school-aged children (ages 5-21). Contact the Office of Special Services for further information on how to obtain these services.

## **WHAT IS THE COUNTY'S ROLE?**

When you need assistance for your child (0-2 years) through recommendations by your obstetrician or your pediatrician, you will work directly with a Westchester County service provider to secure your child's services. When your child is in need of services (3-4 years), Katonah-Lewisboro administers the services for your child through the Westchester County Department of Mental Health, within the guidelines established by the New York State regulations. Referrals are usually generated from the parents and processed by the school district.

## **WHAT IS THE CPSE (COMMITTEE FOR PRE-SCHOOL SPECIAL EDUCATION)?**

Once your pediatrician, your nursery school professionals, or other experts have recommended that you refer your child to the CPSE (programs for ages 3 – 4), you must contact the Office of Special Services to begin the referral process. This usually will result in a formal meeting to discuss the results and recommendations to be implemented. The CPSE coordinates the placement programs for children ages 3 – 4. Westchester County funds these programs. This committee will determine if your child is eligible for preschool special education services. If your child is eligible, the IEP (Individualized Education Program) is written, and implemented. As parents, you have the legal right (Due Process) to agree or disagree with any recommendation, goals, or objectives recommended for your child.

## **WHO ATTENDS THE CPSE MEETING?**

The child's parent(s) and or legal guardian(s), a representative of the school district; a representative from Westchester County Department of Mental Health; the parent representative to the CPSE; the representative from the school or agency that provided the evaluation of your child; and persons invited by the parents for general support or to provide additional information for the meeting.

## **WHERE & WHEN IS THE CPSE MEETING HELD?**

The CPSE will usually meet in a designated elementary school. It will be held as soon as all of the evaluations are completed and all parties are contacted to attend. This will be accomplished in a timely manner according to the law.

## **WHAT HAPPENS AFTER PRESCHOOL?**

After preschool your child "ages out" and is then referred to the multidisciplinary team (for ages 5-21), the Committee on Special Education (CSE). Many parents who have not had their children in either Early Intervention or in preschool special education will encounter the process for the first time with the CSE.

## **WHAT IS THE TRANSITION PROCESS FROM PRE-SCHOOL TO THE CSE?**

In order to evaluate whether your child will need services at the school age level (5-21), the process will begin at your local school building. The parents should contact the Office of Special Services to begin the referral and evaluation process. If your child has already been receiving services through the CPSE, this transition to the CSE must still occur because it is a new set of requirements and a different committee to enable the process. You can invite a representative from the child's preschool setting to attend your initial CSE meeting to help in the transition of information from the preschool environment to the kindergarten setting.

## **WHAT DO I NEED TO KNOW ABOUT KINDERGARTEN SCREENING?**

By New York State law, children can enter Kindergarten the opening day of school in September provided that they will turn five years of age on or before December 1<sup>st</sup>. The family must also be a resident of the school district.

Kindergarten screening usually takes place during the first few weeks of school in September. This screening assesses student's language development, fine motor skills and learning readiness. This screening is conducted by members of the Child Study Team in your child's home school. Children who need additional evaluations and possible referral to the CSE will be asked to come back for additional testing by the CST.

## **WHAT IS THE CSE? (COMMITTEE ON SPECIAL EDUCATION)**

The CSE is the multidisciplinary team established for students' ages 5 – 21 required by law under the Individuals With Disabilities Act (IDEA). The CSE meets formally to discuss your child's evaluations. The CSE reviews results of the evaluations, recommendations to be implemented, various services, and programs appropriate for your child. This committee will also determine if your child is eligible for special education services and if appropriate, will formulate the IEP (Individual Education Program).

## **WHO ATTENDS THE CSE MEETING?**

The mandated (required by law) members of the CSE include (1) the parents of the student; (2) a representative of the school district who is qualified to provide, administer, or supervise special education (i.e. Director of Special Services); (3) the school psychologist; (4) a parent representative of a student with a disability may participate with parent consent (appointed by the Board of Education); (5) a regular education teacher(s) if the child participates in regular education classes; (6) a special education teacher(s) or special education provider; (7) the school physician (appointed by the Board of Education), if requested by the parent or the CSE; (8) a representative of the school district knowledgeable about the general curriculum and availability of resources and; (9) an individual who can interpret the instructional implications of the evaluation results.

In addition to the mandated members, the district may include other persons whom it feels may be helpful to the CSE, including guidance counselors, related service personnel, administrators, and other professionals. Parents may always invite other persons including a relative or friend to attend the meeting to assist and give support in this process.

## **WHAT IS A CSE SUBCOMMITTEE?**

A CSE's subcommittee performs the same functions as a CSE except for (1) the initial placement in a special class(s); (2) placement in out-of-district programs, and (3) placement in a special education school. A parent may request a review of any subcommittee recommendation by the full Committee on Special Education.

## **WHO ARE THE MEMBERS OF THE CSE SUBCOMMITTEE?**

The required members of the CSE SUBCOMMITTEE include (1) the parents of the student; (2) the student's regular education teacher; (3) the student's special education teacher or special education service provider; (4) a representative of the school district qualified to provide, administer, or supervise special education and; (5) a school psychologist, whenever a new psychological evaluation is reviewed.

## **WHICH COMMITTEES ARE USED IN THE KATONAH-LEWISBORO DISTRICT?**

Our school district uses both the CSE and the CSE SUBCOMMITTEES in the special education process. In general, the CSE is used for the initial evaluation and the CSE SUBCOMMITTEES are used for the annual case reviews and special case reviews.

## **WHEN AND WHERE IS THE CSE MEETING (S) HELD?**

The Committee for Special Education meetings are held in all schools in the district. The CSE must meet annually to review your child's progress and to review the IEP for the following year including change of programs and services as needed. The "annual review" meetings usually are held at the building in the district where your child attends school.

## **WHAT IS "THE REFERRAL"?**

A referral for evaluation is initiated by a written request sent to the Director of Special Education. It indicates that there is a reason you may believe your child has a disability and that it adversely affects his/her educational performance. This referral signals that there is a suspected disability and that evaluations are in order.

## **WHO CAN MAKE A REFERRAL?**

There are a number of individuals who can make a referral to the CSE to begin the process of evaluation. These include: (1) the parent or guardian; (2) a professional staff member (usually done through Child Study Team at school); (3) Building Principal; (4) a licensed physician; (5) the student, on his/her own behalf, if 18 years of age or older or an emancipated minor.

## **WHAT SHOULD BE IN A REFERRAL?**

The referral must include the reason for believing that an educational disability exists, any test results, records or reports upon which the referral is based, a description of the attempts to remediate prior to the referral, and a description of the extent of parent contact and involvement prior to the referral.

## **WHAT IS THE EVALUATION PROCESS?**

The evaluation process should look at the “whole child” and include information about your child’s *total* environment. Tests are an important part of the evaluation, but the family’s input is also very important. The information from the family should include medical information, developmental milestones, home behavior, sibling relationships, and playtime with other children.

All tests and interviews must be conducted individually in your child’s native language. The tests must also be given in a way that does not discriminate on the basis of the disability or racial or cultural background.

## **WHAT IS USUALLY INCLUDED IN MY CHILD’S EVALUATION?**

The evaluation must include (1) a physical examination; (2) an individual psychological evaluation by the school psychologist or an outside evaluator; (3) a complete social history usually provided by the parents; (4) a written observation of the student in the classroom setting; and (5) appropriate educational evaluations and assessments relating to the areas of suspected disabilities.



In addition, other evaluative information may be gathered including report cards, progress reports, discipline reports, personality and adaptive behavior patterns, vocational assessments, and a neurological evaluation, if appropriate.

School professionals will also observe your child in several school environments (i.e. on the playground, at lunch, etc.) and may administer tests and other procedures to examine your child's (1) speech and language functioning; (2) personality and adaptive behavior patterns; (3) functional behavior; (4) academic achievement; (5) potential or aptitude (intelligence); (6) assessment of present functioning levels; (7) perceptual ability; and (8) vocational interest and aptitude.

## **WHO ANALYZES THE TESTING RESULTS?**

If a student has a disability and requires special education services, the student may be found eligible for classification and special education services to make this determination. The CSE reviews all the evaluation materials that have been gathered concerning your child. After reviewing the data, and after a complete discussion, the CSE determines if your child is eligible for special education services and will then develop an Individualized Educational Program (IEP) for your child. The parents are always a part of this discussion. The multidisciplinary team will be involved in the evaluation. (Refer to "WHAT IS THE CPSE/CSE?")

## **CAN MY CHILD RECEIVE SPECIAL EDUCATION SERVICES WITHOUT AN EVALUATION?**

Evaluations are needed before services are provided. The law states that school districts may not place children into special education programs based on the results of only one test. Many tests are needed to measure areas that might be problematic. Areas include several components of evaluation: educational, social/emotional, medical, psychological and if indicated, speech, language, and motor abilities. The law does not specify the tests to be used in the evaluation. There are many tests that measure the same thing. A professional may choose to use a certain test as long as the test is considered to be nondiscriminatory and measures what the specialist says it will measure.

## **CAN THE KATONAH-LEWISBORO SCHOOL DISTRICT EVALUATE MY CHILD WITHOUT MY CONSENT?**

Parents or legal guardians must sign a Consent Form to give the school district permission to evaluate your child. The school district must notify parents prior to *any* CSE evaluations, as well as informing the parents what assessments will be used in the evaluation. It is also important to know that any teacher can bring a student to the district's professional *Intervention Team* or *Child Study Team* without the parents consent. This information can then be shared with parents concerning the issues involved as well as the possible solutions.

## **CAN THE EVALUATION PROCESS STOP ONCE IT HAS BEGUN?**

The evaluation process can be stopped at any point provided that there is an agreement between the parents and the school district. An alternative plan is developed and implemented. After a certain amount of time has occurred, the student's progress is reviewed.

## **WHAT IS AN INDEPENDENT EVALUATION?**

This is an individual evaluation of a student thought to have a disability, conducted by a person who is not employed by the Katonah-Lewisboro School District. Parents have the right to request this evaluation if they do not agree with an evaluation conducted by the school district. This evaluation is conducted at public expense without unnecessary delay.

## **WHO IS THE PARENT REPRESENTATIVE TO THE CPSE/CSE?**

A "parent representative" is one of the mandated members of the Committee under New York State Education Law –Part 200 Regulations of the Commissioner of Education. The parent representative is appointed by the Board of Education each year to the Committee and is a volunteer, has a child with a disability, and resides within the local school district. The parent representative has been through the Special Education process, has been officially trained to assist, and can help answer questions you might have. ***REMEMBER THAT THE INFORMATION MUST REMAIN CONFIDENTIAL BY ALL WHO ATTEND YOUR MEETINGS.***

## **IS A PARENT REPRESENTATIVE NECESSARY AT ALL CSE MEETINGS?**

Parents may choose to decline the participation of the additional volunteer.

## **WHAT IS THE INDIVIDUAL EDUCATION PROGRAM? (IEP)**

The Individualized Education Program (IEP) is an extremely important legal document, which is the basis for instruction for your child. The IEP summarizes your child's current skills and abilities, establishes educational goals and objectives for the school year, describes programs and services designed to meet these goals, and lists ways to check for progress. The IEP is developed with input from the parents. The IEP must state which services will be rendered for your child and the frequency, staff-student ratio, duration, and location of these services.

## **PROGRAMS & SERVICES**

### **What are related services?**

**Related Services** – These include occupational therapy, counseling, physical therapy, speech & language therapy and visually impaired services.

### **What are district special education programs?**

**Consultant Teacher** - A special education program that provides direct and/or indirect services to students and their teachers in their classrooms. This service is delivered at least 2 hours weekly.

**Resource Room** - A special education program that provides supplementary direct services to students either in their regular ed., classroom or special location for at least three hours per week and up to 50% of the school day.

**Special Education Class** – A special education program that provides primary instruction to students in a separate classroom.

### **What is the role of Occupational Therapist?**

**Occupational Therapist** -evaluates and develops skills which focus on development of readiness abilities, fine motor control, and functional skills. A physician's prescription is needed for services.

### **What is the role of the Physical Therapist?**

**Physical Therapist** -evaluates and provides treatment for students identified by the CSE or CPSE. The Physical Therapist focuses on gross motor control, basic mobility and balance. A physician's prescription is needed for services.

### **What is the role of the School Psychologist?**

**School Psychologist** - evaluates a student referred to the CSE/CPSE. The psychologist observes students and administers rating scales. The psychologist administers tests which measure intelligence, achievement, personality, behavior and perceptual motor skills. Psychologists interpret psychological and other diagnostic data for the CST, CSE and may offer educational interventions, management, curriculum and teaching strategies to students and staff. Psychologists provide counseling to designated students.

### **What is the role of the school Social Worker?**

**School Social Worker** – evaluates a student's social and behavioral adjustment. The Social Worker conducts a social history for students referred to CSE. Social workers serve as a liaison between school and home, assists with visitations to programs, provides resources to staff, students and parents, and consults regarding behavioral strategies to improve student performance. Social workers provide counseling to designated students.

**What is the role of the Teacher of Adaptive Physical Education?**

**Teacher of Adaptive Physical Education** – provides direct and consultation service to students with disabilities who cannot participate in general education PE classes without support.

**What is the role of Speech & Language Therapist?**

**Teacher of Speech & Language** – evaluates students who may qualify for special education support in the areas of articulation, language development, voice and fluency. These service providers offer direct service to students, and consultation with educational staff and parents.

**What is the role of the Teacher of Visually Impaired?**

**Teacher of Visually Impaired** – evaluates and develops accommodation plans for students with significant visual difficulties. In some instances, may provide direct services.

## **WHAT DETERMINES THE *PROGRAMS AND THE CONTINUUM OF SERVICES*?**

The school district must offer a variety of programs and services to meet the differing needs of students with disabilities. This is referred to as the *continuum of services*.

This Continuum ranges from such programs as Related Services (Speech/Language, Counseling, Physical Therapy, Occupational Therapy) to Consultant Teacher (special education teacher in regular education classes) to Resource Room (specialized supplementary instruction) to Special Education classes (subjects taught specifically by special education teachers) to BOCES special education classes, home and hospital instruction, in-state private schools, and residential settings.

The CPSE/CSE selects and recommends the components or combination of components of the Continuum that meets a student's needs in what is called the Least Restrictive Environment (LRE). Students may be placed in special classes, separate schools or removed from the regular education environment. This occurs when the nature and severity of the disability is such that even with the use of supplementary aids and services, education cannot be satisfactorily achieved.

## **WHAT IS THE LEAST RESTRICTIVE ENVIRONMENT (LRE)?**

The Least Restrictive Environment (LRE) means that the Committee must consider a program for disabled students in the home school they currently attend within their district and in regular education classes and programs before they are placed in other "more" restrictive settings.

## **WHEN WILL MY CHILD'S IEP SERVICES BEGIN?**

Generally, special education services recommended by the CSE will begin, with parent consent, as soon as scheduling can be arranged after the CSE meeting. For newly referred students, the district has sixty school days from receipt of consent to evaluate and arrange for special education programming and services.

## **WHAT HAPPENS TO MY CHILD'S RECORDS?**

Every child's evaluations, test scores, and personal information for CSE are kept in a confidential file in the Office of Special Services. It is kept separate from your child's regular school file, which is located in the school he/she attends. No one may see the confidential file except for the CSE and proper school personnel. These files cannot be released to other agencies without written permission from parents or legal guardian.

## **WHAT IS THE ANNUAL REVIEW?**

The annual review is held formally each year, usually in the spring, to revise the IEP and to check on your child's progress for the school year. Usually, the entire CSE subcommittee attends. A parent may call a program or progress review meeting at any time by contacting the Office of Special Services.

## **WHAT ARE PROGRESS REPORTS?**

Parents will be informed of their child's progress toward mastery of IEP goals and objectives. Progress reports are sent out on the same schedule as report cards in each of the school buildings.

## **HOW CAN I CHANGE SERVICES FOR MY CHILD?**

For any service you may want changed, it is most important to first talk to the professionals who are working with your child to discuss the progress and the issues involved. If you feel that your child is not making progress with the current program, you may request a CSE meeting to discuss the revision of the IEP. Talk to the CSE about the changes you feel are needed. The CSE will either agree or disagree with the request. You may appeal through Due Process.

## **WHAT ARE EXTENDED SCHOOL YEAR SERVICES?**

Some students with disabilities may require special education services during the months of July and August to prevent substantial regression. Substantial regression 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. As a part of the annual review process, the CSE will review information to determine if a student is eligible for extended school year services.

## **WHAT ARE TRANSITIONAL SERVICES?**

Transitional Services assist students, age 14 and older, in making connections with post secondary opportunities and, when appropriate, service providers.

## **WHAT HAPPENS WHEN MY CHILD IS DECLASSIFIED?**

If a child has progressed enough to be considered for declassification, the child can move from special education programs to full time regular education and mainstreaming. It is important to monitor the child for up to one full year to adjust the support if needed. This monitoring phase is referred to as **transitional** support services. When a student can participate in regular education without special education support, the student can be declassified by the CSE. The district must evaluate a student with a disability prior to determining that the student is no longer a student with a disability, and can recommend any appropriate declassification support services to be provided to the student.

## **WHAT HAPPENS IF MY CHILD IS DETERMINED TO BE INELIGIBLE FOR CLASSIFICATION BY THE CSE?**

If the Committee decides that your child is not eligible for special education, it means that your child's educational difficulties are not the result of a disability that adversely affects the educational performance ("does the difficulty impede the classroom performance"). Declassified students may require continued testing modifications. At the time of the last CSE meeting, these modifications will be included. The student and family will be sent a Statement of Levels and Needs. (See information on Safety Net). Your child may be eligible to receive a Section 504 Accommodation Plan. If the Section 504 Eligibility Team determines your child is eligible, a formal Accommodation Plan will be written and implemented if your child is deemed eligible. This plan is usually reviewed on an annual basis.

## **THE SAFETY NET FOR STUDENTS WITH DISABILITIES**

The New York State Board of Regents has set higher standards for all students and developed new State Assessments to measure student progress in meeting the standards. When the new assessment program is fully implemented, all students, with only a few exceptions, will be required to take and pass five Regents examinations to earn a Regents diploma. These examinations are being phased in slowly. The state has also made a strong commitment to ensure that students with disabilities meet high standards and prepare for and pass new State assessments. The expectation is that most students with disabilities will be able to earn a high school diploma, based on the learning standards, if they have access to a strong curriculum, and receive adequate support and instructional modifications.

There is however, an extensive safety net for students with disabilities during the phase-in period for the new Regents exam requirements. The safety net is available to students with disabilities throughout the phase-in period. The last graduating class to which it would apply is the class of 2004, students entering ninth grade in September 2000.

During the phase-in period, the Regents Competency Test will be used as the safety net for students with disabilities. Students in the classes required to pass new Regents' exams must take the examination. If they do not achieve a passing score, students with disabilities may fulfill the requirement for a local diploma by passing the Regents Competency Test in that subject. For a student who is declassified, the Committee on Special Education can recommend that the student continue to be eligible for the safety net as a declassification support service.

Some students with more severe disabilities may not pursue the requirements for a Regents or local diploma. These students will be awarded an Individualized Education Program (IEP) diploma based on mastery of the goals and objectives established in the IEP. Standards for students with severe disabilities have been established and new performance indicators have been developed. The State will develop an alternate assessment for students who cannot participate in the State assessment program.

### **WHAT IF I DISAGREE WITH THE COMMITTEE ABOUT WHAT IS APPROPRIATE FOR MY CHILD?**

Every parent must give *written* consent before you place your child in a special education program *for the first time*. If you do not agree with what has been proposed in your child's IEP, then you should not sign it.

It is important for you to discuss your concerns with the school and come to a compromise. Then after a "trial period", discuss the results and decide what to do next.



## WHAT IS DUE PROCESS?

Every parent has certain rights by law to protect your child's education. These include:

*Your right to be fully informed*

*Your right to be knowledgeable about the actions to be taken*

*Your right to participate*

*Your right to consent*

*Your right to file a complaint*

*Your right to independent evaluation*

*Your right to challenge*

*Your right to appeal*

## WHAT DO I NEED TO KNOW ABOUT THE 504 PROCESS AFTER GRADUATION?

A student's eligibility for special education services terminates upon graduation from high school or upon reaching age 21.

Each college has different programs and services for students with disabilities. Therefore, it is important to request the information from the special services division along with the application information as your child applies to each college. (Check with your guidance counselor.)

**Any facility which accepts Federal funds must provide services to facilitate learning in that environment.**

## WHAT IS SECTION 504 AND WHY IS IT IMPORTANT?

The Rehabilitation Act of 1973, Section 504 relates to the Education Law, Article 89 and the Federal Individuals with Disabilities Education Act (IDEA). This Section states that a child or adult can be provided some accommodations through the educational system without the *specific classifications* provided under IDEA. This Section applies to students, job applicants, employees and all individuals, otherwise eligible to participate in school-sponsored programs or activities. There is a Katonah-Lewisboro procedure which must be followed to qualify for programming. By law, every school must have a 504 PLAN and a 504 Coordinator. For the Katonah-Lewisboro School District, the procedures include referral to the appointed Section 504 Eligibility team in each building which will determine appropriate accommodations for the student. After graduation from high school, the college or employer for your child must review the 504 Accommodation Plan to accommodate or make revisions.

The major differences between IDEA and 504 is Entitlement under Federal Law (IDEA and Civil Rights/equality under Federal Law 504). ***“ALL INDIVIDUALS WHO ARE DISABLED UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) ARE ALSO CONSIDERED TO BE HANDICAPPED UNDER SECTION 504.”*** Contact the Office of Special Services or the State Education Department for more information.

## **WHY IS IT IMPORTANT TO HAVE MY CHILD BECOME A SELF-ADVOCATE?**

It is important to teach your child how to compensate for his or her disabilities. Utilizing strengths to overcome weaknesses, is the ultimate goal of special education services. Your child know how to explain his or her needs and learning differences to all instructors. This ability to understand how to self-advocate is needed so that your child can attain and achieve his or her full potential. It is a proud moment when the parent can step back and the child advocates for his own needs.

## **WHAT IF MY CHILD NEEDS SPECIAL TRANSPORTATION?**

Under current New York Law, transportation must be provided to private and parochial schools by school districts. The transportation is designated to be within a 15-mile distance from the local school district . There are circumstances whereby the school district must provide transportation within a 50-mile distance to a special education program, if designated by the Committee of Special Education.

## WHAT ARE THE CLASSIFICATIONS FOR ELIGIBILITY OF SERVICES UNDER IDEA?

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

The term includes schizophrenia. The term does not apply to 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 mental retardation, 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) **Mental retardation** 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 mental retardation-blindness, mental retardation-orthopedic impairment, etc.) the combination of which cause educational needs that 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's 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

the 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, judgement, 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.

# GLOSSARY

|                                  |  |
|----------------------------------|--|
| Acalculia                        | The inability to understand or use mathematical symbols of functions. A child with this disorder may be able to read or write but is unable to do arithmetic.  |
| Academic Intervention Services   | These are not services provided through the Committee on Special Education. These services address skills needed to improve student performance on state assessments.  |
| Achievement                      | A measure of a child's progress in academic areas.   |
| Agnosia                          | The inability to recognize objects and/or events through the senses.   |
| Agraphia                         | The inability to write due to lack of the motor and kinesthetic skills necessary for writing.  |
| Aphasia                          | Impairment or loss of ability to articulate words or to comprehend speech.   |
| Aptitude/Achievement Discrepancy | Assessing to what extent a child's achievement (based on a test) fulfills cognitive aptitude or potential.   |
| Assistive Technology             | Any item, piece of equipment, or product system, that is used to increase, maintain or improve the functional capabilities of a student with a disability.   |
| Attention Deficit Disorder       | A term used to describe academic and behavior symptoms, which can result in a lack of focus and concentration which affect learning. This condition can be either with or without hyperactivity.                               |
| Auditory processing              | Receiving, interpreting, ordering and remembering what is heard.   |
| Body Image                       | Awareness of one's own body and its relationship to the environment.   |
| Brain Damage                     | Injury to the brain that results in disturbance in behavior.   |
| Building Level Services          | Support services that are not provided through the Committee on Special Education.   |
| Child Study Team                 | Building based multidisciplinary team that meets regularly to address selected students needs. This team often determines strategies, building level supports, testing, AIS or referral to the Committee on Special Education. |
| Cognitive Aptitude               | Skills that a child brings to academic learning in the way of verbal and non-verbal skills.  |
| Cognitive Style                  | A person's approach to learning and problem solving.   |

|                              |   |
|------------------------------|---|
| Criterion Referenced Tests   | Tests designed to measure knowledge of content or skills. (These are teacher made tests and are not normed.)  |
| Continuum of Services        | Services and programs that are available to students with disabilities.   |
| Cross Dominance              | A condition in which the preferred eye, hand or foot are not on the same side of the body.  |
| Decoding                     | The process of getting meaning from written or spoken symbols.  |
| Distractibility              | The shifting of attention from the task at hand to other stimuli that normally occur in the environment.  |
| Dysgraphia                   | A disorder that affects the ability to produce legible handwriting.   |
| Dyslexia                     | The inability to read or write: usually characterized by a reversal of letters and words in reading and/or writing.   |
| Encoding                     | The process of changing oral language into symbols.   |
| Expressive Language          | Communication through writing, speaking and/or gestures.  |
| Factors (on the WISC)        | Groups of subtests that measure a skill area. These include verbal comprehension, perceptual organization, freedom from distractibility, and processing speed.  |
| Feedback                     | The information received from the body's activities that tell an individual how he/she is performing.   |
| Fine Motor                   | The use of small muscles for such tasks as writing, tying bows, or zipping a zipper.  |
| Freedom from Distractibility | The degree, to which a student can concentrate on academics, affected by attention, anxiety, and/or emotion.  |
| Grade Equivalent             | A theoretical estimate of a student's level of achievement.   |
| Gross Motor                  | The use of large muscles for activities requiring strength and balance.   |
| Hyperactivity                | Disorganized and disruptive behavior characterized by constant and excessive movement.  |
| Hypoactivity                 | Greatly decreased motor activity.   |
| Impulsivity                  | Reacting to a situation without considering the consequences.   |
| Inclusion                    | Refers to an approach that provides special education instruction and services to students with severe disabilities in age appropriate general education classrooms in their home school district. Goals and objectives for these students are determined by the CSE and are likely to vary significantly from grade level, regular classroom curriculum goals. Sufficient support for students and their teachers must be provided to for these students to be successful. |
| Intelligence Quotient        | A theoretical estimate of cognitive aptitude, often broken down into verbal IQ, performance (non-verbal) IQ and full scale IQ.  |

|                                |   |
|--------------------------------|---|
| Learning style                 | The channels through which a child best understands and retains learning.   |
| Mainstreaming                  | The practice of placing children with disabilities into regular education classrooms.   |
| Mean                           | The average of a group or set of scores: The mean IQ nationally is 100 and in Katonah-Lewisboro it is estimated to be about 116.  |
| Median                         | The middle score, or 50 <sup>th</sup> percentile.   |
| Modality                       | The sensory channel used to acquire information.  |
| Mode                           | The most frequent score.  |
| Multisensory Teaching          | Teaching strategy that involves using visual, auditory, kinesthetic and tactile senses.   |
| Neurological Exam              | An examination performed by a medical doctor to assess if sensory and motor responses are impaired.   |
| Normed test                    | Tests which compare an individual to a pretested group, such as those of the same age (age norms), those of the same grade (grade norms), those of the same type (suburban norms) and an overall sample (national norms). |
| Percentiles                    | Where a score places in relation to a normed group: 50 percentile is in the middle, 75 percentile means that a child scored better than 75 children out of 100 children who took the test.                                |
| Perceptual Disorder            | Difficulty processing and interpreting information obtained through the senses.   |
| Perseveration                  | The repeating of words, motions or tasks.   |
| Phonological Awareness         | Describes a child's awareness of the constituent sounds of words in learning to read and spell.   |
| Phonics                        | A method of teaching reading and spelling that stresses sound symbol relationships.   |
| Potential                      | See cognitive aptitude.   |
| Professional Intervention Team | A pre-referral team that provides strategies to classroom teachers.   |
| Readiness                      | Physical, mental, and emotional preparedness to cope with a learning task.  |
| Reliability of a Test          | An estimate of how likely you are to get the same results if you gave the test again. It is reported as the standard error of measurement on a test.  |
| Scaled Scores                  | These are raw scores converted to a comparable format. On the WISC-III, subtests scaled scores range from 1-19, with a national mean of 10 and a standard deviation of 3.   |
| Spatial Relations              | An ability to see the parts in the whole and the whole from its parts.  |
| Special Education Services     | These are services provided by special education teachers as mandated by the CSE.   |
| Stanines                       | Scores on normed tests divided into nine equal subgroups. (Five is in the middle.)  |



|                       |  |
|-----------------------|--|
| Standard Deviation    | The distribution of scores around average. One standard deviation in each direction included 68% of all the scores. A difference of more than one standard deviation between two tests is usually significant. |
| Standard Scores       | A conversion of raw scores on IQ or achievement test. Many tests set a standard score of 100 and a standard deviation of 15.   |
| Standardized Tests    | A test that compares a child's performance with the performance of a larger group of students.   |
| Therapy               | The treatment of a condition, disease or disorder. Various therapies in school include physical therapy, visual therapy, occupational therapy and speech and language therapy.                                 |
| Validity of a Test    | How well the test measures what it is supposed to measure.   |
| Visual discrimination | The ability to perceive similarities and differences in shapes, colors, numbers, letters, and words.   |
| Visual Memory         | The ability to remember what is seen.  |
| Visual Motor          | The ability to integrate visual information with appropriate body movement.  |
| Working memory        | Short term memory skills which allow information to be manipulated to some purpose, as in arithmetic, work problems or repeating numbers in reverse order.   |

## **RESOURCES**

**(Not available in online version)**

## WHAT ARE THE MOST FREQUENTLY USED TERMS?

|               |   |   |
|---------------|---|---|
| <b>ADA</b>    | - | Americans with Disabilities Act   |
| <b>ADD</b>    | - | Attention Deficit Disorder  |
| <b>ADHD</b>   | - | Attention Deficit Hyperactivity Disorder  |
| <b>AIS</b>    | - | Academic Intervention Services  |
| <b>APE</b>    | - | Adaptive Physical Education   |
| <b>BENDER</b> | - | Bender Gestalt Figure/Ground Evaluation   |
| <b>BOCES</b>  | - | Board of Cooperative Educational Services   |
| <b>BOE</b>    | - | Board of Education  |
| <b>ChADD</b>  | - | Children with Attention Deficit Disorders   |
| <b>CSE</b>    | - | Committee on Special Education  |
| <b>CP</b>     | - | Cerebral Palsy  |
| <b>CPSE</b>   | - | Committee for Preschool Special Education   |
| <b>CSW</b>    | - | Certified Social Worker   |
| <b>DDSO</b>   | - | Developmental Disabilities Service Office   |
| <b>DSS</b>    | - | Department of Social Services   |
| <b>ECDC</b>   | - | Early Childhood Direction Centers   |
| <b>ED</b>     | - | Emotionally Disabled  |
| <b>FAPE</b>   | - | Free Appropriate Public Education   |
| <b>FERPA</b>  | - | Family Education Rights and Privacy Act<br>1974 (Buckley Amendment – Confidentiality)   |
| <b>FOIL</b>   | - | Freedom of Information Law  |
| <b>504</b>    | - | Rehabilitation Act of 1973 (Public Law 93-112,<br>Section 504)                          |
| <b>FTE</b>    | - | Full Time Equivalent  |
| <b>IDEA</b>   | - | Individuals with Disabilities Education Act<br>(P.L. 94-142)                            |
| <b>IEP</b>    | - | Individualized Education Program  |
| <b>IQ</b>     | - | Intelligence Quotient   |
| <b>LD</b>     | - | Learning Disabled   |
| <b>LRE</b>    | - | Least Restrictive Environment   |
| <b>MR</b>     | - | Mentally Retarded   |
| <b>NIH</b>    | - | National Institute of Health  |
| <b>OHI</b>    | - | Other Health Impaired   |
| <b>OI</b>     | - | Orthopedically Impaired   |
| <b>OT</b>     | - | Occupational Therapist  |
| <b>PT</b>     | - | Physical Therapy/Therapist  |
| <b>SED</b>    | - | State Education Department  |
| <b>SEIT</b>   | - | Special Education Itinerant Teacher (CPSE Service)                                      |
| <b>SETRC</b>  | - | Special Education Training and Resource Centers<br>(for parents, teachers, & community) |
| <b>SI</b>     | - | Speech Impaired or Sensory Integration  |

|               |   |  |
|---------------|---|--|
| <b>TBI</b>    | - | Traumatic Brain Injury   |
| <b>TDD</b>    | - | Telephone Device for the Deaf  |
| <b>VESID</b>  | - | Office of Vocational and Educational Services<br>for Individuals with Disabilities |
| <b>VI</b>     | - | Visually Impaired  |
| <b>WAIS</b>   | - | Weschler Adult Intelligence Scale  |
| <b>WIPPSI</b> | - | Weschler Intelligence Preschool and Primary Scale                                  |
| <b>WISC</b>   | - | Weschler Intelligence Scale for Children   |

# Katonah-Lewisboro SEPTA Parent/Teacher

## Resource Information Lending Library

**Located in the John Jay Middle School Library**

**Books & Videos are available for circulation. These resources offer additional information regarding students with disabilities and strategies to address these needs.**

## **PREPARING FOR YOUR CHILD'S ANNUAL REVIEW**

At the annual review meeting, the CSE will be making special education program and service recommendations, developing goals and objectives for those services, and updating the information on your child's present levels of performance and current needs. This information will be included in the IEP that will be recommended to the Board of Education.

A subcommittee of the Committee on Special Education will conduct most annual review meetings. As the parent of the child, you are a member of the subcommittee. Other members of the subcommittee will include the special education teacher or related service provider, a regular education teacher, and a chairperson. A psychologist will attend if a new psychological evaluation is being reviewed. Other individuals may participate in the meeting and the student is welcome to attend whenever appropriate. If you, as the parent, disagree with the recommendations made by the subcommittee, you may request a meeting of the full Committee on Special Education.

Most annual review meetings will be held in the district building in which your child attends school. This ensures that the necessary staff will be available for the meeting and also helps to minimize the amount of time teachers and service providers are out of the classroom.

You will be invited to attend a pre-conference with your child's special education teacher and service providers prior to the formal annual review meeting. This meeting is an opportunity for you to meet informally with your child's team to discuss possible recommendations and to ask questions.

You can do several things to prepare for the pre-conference and for the annual review meeting. First, review your child's IEP for the current school year and the progress reports you have received on mastery of goals and objectives. Make a list of questions and concerns, and also make a note of any comments about levels of performance and current needs you would like considered.

At the meeting, be prepared to listen, share information, and ask questions. We know that we occasionally use language that makes perfect sense to us but is sometimes not clear to parents. Be sure to ask for clarification of any term or information that is not clear to you.

Changes in special education laws strengthen the connection between special education programs and services and the general education curriculum, and focus on helping students with disabilities to succeed in general education classes. These changes emphasize the importance of high standards and high expectations for student with disabilities. Most students with disabilities will need to meet new standards for

graduation and will be taking the new State assessments. Students with disabilities will need to have access to regular education programs and receive the instructional modifications they need to be successful in the general education curriculum. As part of the IEP development process, we will be considering the extent to which students with disabilities participate in general education settings with their non-disabled classmates, and the instructional modifications they will need in the regular education setting.

The goal for the annual review meeting is to produce an educationally useful IEP for your child that is an accurate summary of the needs of the child and the program and services that will be recommended to address those needs. The process is most productive when all participants are actively involved in the decision-making process. The CSE looks forward to meeting with you to discuss these important issues.

## **MY CHILD'S PROFILE: (STRENGTHS) & (AREAS FOR IMPROVEMENT)**

How does my child learn?

What are my child's study skills?

How does my child spend free time?

What are my child's physical abilities?

How does my child communicate?

How does my child get along with others?

How does my child feel about him/her self?

Is my child different at school than at home?

How does my child relate to his/her teacher?

Concerns I have (access to mainstreaming, related services, test modifications, socialization, etc.):

What are the "Services" I feel my child needs? (Speech, Psychological, Occupational Therapy, special transportation, specialized technology, transition planning, etc.):

What programs do I want for my child?

What class size and functional level do I feel would be most appropriate for my child?

List of supporting documents I plan to bring to meeting (from doctors, psychologists, teachers, therapists, etc.):

Does the Committee have a Social History, Psychological Evaluation, Educational Evaluation, Physical Therapy Evaluation, Occupational Evaluation, Individual Education Plan, Teacher Evaluation, Classroom Observation, Speech & Language Evaluation, or other for the meeting? (Circle those you have)

What evaluation is missing? (Not all are used for every case)



**Fill Out This Section During Your Meeting:**

**Is this a Formal CPSE/CSE or an Annual Review?** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_

**Participants at Meeting:** \_\_\_\_\_

**Parent Representative:** \_\_\_\_\_

**My Child's classification, (if any):** \_\_\_\_\_

**If not classified, the recommendations to be used include:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IEP Recommended Program and Services:**

\_\_\_\_\_  
\_\_\_\_\_

**Regular Education:** \_\_\_\_\_ **Special Education:** \_\_\_\_\_ **Both:** \_\_\_\_\_

**Recommended Placement:**

\_\_\_\_\_  
\_\_\_\_\_

**Date of Approval by Board of Education:** \_\_\_\_\_

**When do program & services become effective:** \_\_\_\_\_

**Specialized Equipment:** \_\_\_\_\_

**Testing Modifications:** \_\_\_\_\_

**Management needs:** \_\_\_\_\_

**What are the parent support groups available locally? (Parent Networking is important)** \_\_\_\_\_  
\_\_\_\_\_

**What other agencies are you to contact:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Classes I'd like to observe and times of appointments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was Due Process explained?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any questions I have as a result of this meeting:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remember, this meeting is only a beginning of the process. Now the real work begins. Watch for your child's progress, communicate, inform and work as a team member with your support and regular teachers. Success for your child is our ultimate goal.

# NOTES



*Any thoughts, suggestions, or questions concerning the  
information in this handbook should be directed to the:*

*Office of Special Services  
PO Box 387  
Katonah, NY 10536*

*(914) 763-7024*

# THE SPECIAL EDUCATION PROCESS

## An Overview

\*\*\*\*\*

### *REGULAR EDUCATION:*

- \*\* CHILD ATTENDS REGULAR CLASSES  
& HAS SUCCESSES AND FAILURES

### *REFERRAL:*

- \*\* IDENTIFIES CHILDREN WHO MAY NEED  
SPECIAL SERVICES OR PROGRAMS

### *EVALUATION:*

- \*\* COLLECTION OF INFORMATION THROUGH  
INTERVIEW AND TEST

### *RECOMMENDATIONS & IMPLEMENTATION:*

- \* COMMITTEE FOR SPECIAL EDUCATION (CSE) OR  
\* COMMITTEE FOR PRESCHOOL SPECIAL EDUCATION (CPSE):

- \*\* ANALYZES AND ASSESSES DATA
- \*\* DETERMINES ELIGIBILITY
- \*\* RECOMMENDS PROGRAM AND/OR  
SERVICES
- \*\* ARRANGES FOR PROGRAM  
IMPLEMENTATION

### *ANNUAL REVIEW:*

- \*\* COMMITTEE REVIEWS THE INDIVIDUALIZED  
EDUCATION PROGRAM (IEP) FOR THE STUDENT
- \*\* REVIEW OF STUDENT PROGRESS THROUGH  
TESTS & UPDATES

### *TRIENNIAL EVALUATION:*

- \*\* RE-EVALUATING THE STUDENT NEEDS,  
PROGRAM AND SERVICES AT 3 YEAR INTERVALS TO  
DETERMINE CONTINUING ELIGIBILITY

# NOTES



