

COMMACK UNION FREE SCHOOL DISTRICT
Commack, NY 11725
Pupil Personnel Services

A Parent's Guide to Special Education in Commack School District

This informational document is meant to clarify some commonly used special education terms and highlight some of the special education programs within the Commack School District.

*Two other important documents, **Special Education in New York State for Children Ages 3 – 21; A Parent's Guide and Procedural Safeguards Notice** provide in depth information regarding rights for parents of children with disabilities, ages 3 – 21. These documents are provided by the **New York State Education Department** and are also available on the Commack District's *Parent Resource* tab.*

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List of Common Acronyms used in Special Education

ADA- American's with Disabilities Act

ADHD- Attention Deficit/ Hyperactivity Disorder

AIS- Academic Intervention Services

ASD- Autism Spectrum Disorder

BOE: Board of Education

BOCES- Board of Cooperative Educational Services

CPSE- Committee on Preschool Special Education

CSE- Committee on Special Education

ERSS: Educationally Related Support Services

FAPE- Free Appropriate Public Education

FERPA- Family Education Rights and Privacy Act

IDEA- Individuals with Disabilities Education Act

IEP- Individualized Education Plan. This outlines a student's special education program to meet the unique educational needs of a student with a disability.

IST- Instructional Support Team

LATS-Local Assistive Technology Specialist

LD- Learning Disabled

LRE- Least Restrictive Environment

NYSED- New York State Education Department

OT- Occupational Therapy

PDD- Pervasive Developmental Disorder

PE- Physical Education

PPS- Pupil Personnel Services

PT- Physical Therapy

RTI- Response to Intervention

SEA- State Education Agency

504: This refers to Section 504 of the Rehabilitation Act of 1973

SEPTA- Special Education Parent Teacher Association

S/I: Speech/ Language Impairment

TOD-Teacher of the Deaf

VESID- Vocational and Educational Services for Individuals with Disabilities

Description of Selected Specialists

Many specialists or professionals may assist you in meeting the needs of children with disabilities. Below is a list of some of those specialists that you may contact to help you address your child's special needs. School staff is available to provide you with referral lists for many of these specialists.

Professionals Outside the School Setting

Audiologist: An Audiologist is the professional who specializes in evaluating and treating people with hearing loss. They are able to determine the exact nature of an individual's hearing problem and provide advice on devices for hearing amplification.

Child Psychiatrist: The child and adolescent psychiatrist is a medical doctor who specializes in the diagnosis and the treatment of disorders of thinking, feeling and/or behavior affecting children, adolescents, and their families, and most often the child's school.

Developmental Pediatrician: Developmental-behavioral pediatricians evaluate, counsel, and provide treatment for children, adolescents, and their families with a wide range of developmental and behavioral difficulties. They address a wide range of difficulties, including, but not limited to, learning disabilities, attention and behavioral disorders, and developmental disabilities.

Neurologist: A neurologist is a medical doctor who assesses for potential damage to the brain and may provide medication to assist in enhancing brain function. They treat neuromuscular disorders such as muscular dystrophy and cerebral palsy in children. Neurologists diagnose and treat disorders affecting the brain such as mental retardation, seizure disorders, brain tumors and traumatic brain injuries. These doctors also diagnose and monitor behavioral disorders such as attention deficit hyperactivity disorder, sleep problems and autism, as well as developmental disorders such as developmental delay in motor milestones or speech.

Neuropsychologist: A neuropsychologist is a psychologist who assesses for possible impaired areas of the brain that might be affecting verbal and non-verbal functions in learning and social skills on the behavioral level. They will provide interventions to help maximize cognitive strengths and minimize weaknesses.

Occupational Therapist: An Occupational Therapist can help children with various needs improve their cognitive, physical, sensory and motor skills. An OT treats for restoration or improvement of impaired motor or sensory functions in order to improve ability to perform tasks for independent living.

Ophthalmologists: An Ophthalmologist is a physician who specializes in the diagnosis of the eye and structures related to it.

Optometrists: An Optometrist is trained and licensed to examine eyes and to treat defects by prescribing lenses and developing programs of eye exercises.

Orthopedists: These specialists are surgeons who specialize in the diagnosis and treatment of disorders of the bones, ligaments, tendons and joints.

Pediatrician: A pediatrician provides medical services to infants, children and adolescents. They are doctors who care for children from birth to early adulthood. They specialize in diseases and ailments specific to young and growing bodies. They are trained in overall growth and development of these individuals and their motor, sensory and behavioral development.

Physical Therapist: A physical therapist focuses on gross motor movements including an individual's ability to move independently and efficiently. They help to maintain and restore maximum movement and functional ability. This includes providing services in circumstances where movement and function are threatened by injury, disease or environmental factors.

Psychiatrist: A psychiatrist is a medical doctor who specializes in the behavior and emotional aspects of infants, children and adolescents and may prescribe medication as necessary. A psychiatrist is able to conduct therapy and prescribe medications and other medical treatments.

Psychologist: A licensed psychologist provides psychological and intellectual assessment and addresses issues relating to an individual's mental and emotional health. They also provide individual and group therapy with adults, families, adolescents, and children, addressing common problems such as depression, anxiety and substance abuse.

Speech Language Pathologist: Professionals who treat speech and language disorders. These disorders affect one's ability to talk, understand, read or write. Such disorders have different causes and levels of severity. The Speech Pathologist has many areas of specialty and provides treatment for stuttering, articulation, voice disorders, oral motor disorders and language disorders.

Social Worker: Through counseling, crisis intervention and prevention programs, they support students and families in helping them to overcome the difficulties in their lives. They assist students in dealing with stress or emotional problems. Social workers work directly with children with disabilities and their families. In addition, they address problems such as misbehavior, truancy, and drug and alcohol problems and advise teachers and parents on how to cope with difficult students. Social Workers are often the link among the school, the students, their families, and the community's services.

Vision Therapist- Provides a type of therapy for the eyes and brain - a non-surgical treatment for many common visual problems such as lazy eye, crossed eyes, double vision, convergence insufficiency and some reading and learning disabilities.

Professionals Within the School Setting

The **Special Education Provider** or **Special Educator** is a qualified (meets specific criteria) individual who is providing related services or classroom based services to students classified as disabled and in need of special education. The special educator may serve in a variety of capacities such as the following:

Special Education Teachers

- **Consultant Teacher** – Provides direct and/or indirect services to students within the general education setting.
- **Resource Room Teacher** – Provides specially designed supplementary instruction in a small group setting. Instruction is designed for individual students as outlined in the IEP.
- **Integrated Co-Teacher** – Works with a general education teacher in an integrated co-teaching model comprised of general education and special education students. This teacher's role is that of a learning strategist who is responsible for the delivery of program services, accommodations and modifications based on the individual needs of the students.
- **Special Class Teacher** – Provides specially designed instruction in core content areas as well as skill areas in small instructional groups (ranging from 15 students to 6 students).

Related Service Providers

- **Counselors** provide school based counseling. These may be school psychologists or social workers. School Counselors provide counseling, crisis intervention, and address difficult behaviors in order to support a child in meeting their full academic and social-emotional potential.
- **Speech Pathologist/Therapist** provides school based speech and language therapy within the school setting. School based services are provided to students whose speech-language disorder negatively impacts his or her involvement and progress in the general education curriculum.
- **Occupational Therapists and Physical Therapists** provide school based therapies within the school setting. The school-based OT and PT evaluate and improve a student's ability to perform tasks in school and move safely throughout the school environment.

- Other qualified professionals provide services such as special instruction for students who are blind/visually impaired; special instruction for students who are deaf/hearing impaired; behavior intervention support and any other services recommended by the CSE based on the individual needs of the student.

The Transition from the Preschool Special Education Services (CPSE) to School Based Special Education Services (CSE)

Committee on Special Education (CSE) and Committee on Preschool Special Education (CPSE) means a multidisciplinary team established in accordance with the provisions of Education Law. The committee may include the following: the parent or guardian, general education teacher, special education teacher, school psychologist, a representative of the school district (CSE chairperson) who is qualified to provide or administer or supervise special education and is knowledgeable about availability of resources of the school, a school physician (upon request), an additional parent of a student with a disability, residing in the school district or a neighboring school district (student's parent may refuse this participant), other persons having knowledge or special expertise regarding the student as the school district or the parents request, the student (if appropriate).

Not all children who receive special education services in preschool qualify for, or are referred to, the Committee on Special Education (CSE) for school based services. However, there are times that children may need to continue to receive special education services once they enter kindergarten. The following is what to typically expect during the transition from preschool – school aged special education services:

- 1) There will be a CPSE annual review near the end of the preschool year prior to kindergarten for each preschooler with a disability. This meeting will include a representative from Suffolk County, the CPSE chairperson and a representative from special education (e.g. the CSE chairperson.)
- 2) At the annual review, the child's progress over the course of the year and any updated testing results will be reviewed. There will be the opportunity for input from all team members, including parents, on the child's progress, strengths and needs.
- 3) At the end of the annual review meeting, the decision will be made to either declassify the student from preschool services or refer the child to the CSE to discuss eligibility for school based services. Often times, if the child is referred to the CSE this meeting will take place immediately following the annual review.
- 4) During the CSE portion of the meeting, to be found eligible as a school aged student with a disability in need of special education services, the student must first be assigned a special education classification. Prior to entering kindergarten, all students, regardless of needs, disabilities or diagnoses are designated a "preschooler with a disability." Upon entering school aged services, however, the student must be found eligible for 1 of the 13 special education classifications to receive services (See Page 11 for description of the 13 classifications). Some of these classifications require medical diagnoses to be given prior

to the meeting (e.g. Other Health Impaired, Orthopedic Impairment, Autism). Others classifications require evidence of below average functioning as compared to same aged peers, that impacts school functioning or learning (e.g. Speech/ Language Impairment, Specific Learning Disability). This is often determined by performance on standardized test batteries.

- 5) This classification helps the child's teacher to get a picture of a child, understand their unique needs and plan for their special education program. It does not, on its own, guide the special education services provided. Children receive what they need on an individual basis and based on current levels of functioning. They do not receive more or less services depending on the special education classification they receive. Each child's needs are carefully reviewed and the CSE recommends services based on the individual needs of that child.
- 6) After a classification is made, the team and parents will discuss the special education services. This includes the need for a special education program (e.g. an Integrated Co-Teaching classroom, small class program, or resource room) and/or the need for related services (e.g. Occupational Therapy, Physical Therapy, Speech Services, Counseling for students who have hearing or vision impairments, etc).
 - a. There are some services that are not available through school aged special education, such as SEIT services, which is only a preschool service. Children are provided with special education services according to their individual needs, and not based on what classification they receive.
- 7) After this process is completed, goals will be written related to the needs and services and levels of functioning will be recorded on the Individual Education Plan (IEP).

Initial Referral for Special Education Eligibility for School Aged Child (K-12)

When a child is not making adequate progress meeting grade level standards, despite intervention services, the child may be referred for a full special education evaluation. This is done when a child is suspected of having a disability (e.g. a learning disability, speech language impairments, other health impairment, etc) that is impacting their ability to succeed within the general education environment. The typical process is as follows:

- 1) A referral to the Committee on Special Education (CSE) for a special education evaluation is typically made by either the child's parent or a designee of the school district such as the Instructional Support Team.
- 2) This referral request must be put in writing to the special education chairperson or building administrator of the school the child attends. The child's parent then comes in to school for a meeting to sign consent to evaluate the student to determine if the student needs special education services and program.
- 3) Once this written request and consent is received, the child must be evaluated and a CSE meeting to determine eligibility must be held within 60 calendar days. This includes weekends and school holidays.
- 4) Over the course of the 60 calendar days, several different evaluations are completed (see components of a comprehensive evaluation on page 14), depending on the referral concerns. The child is evaluated during the school day, by the school based team, which will include a special education teacher and school psychologist, and may include a speech/ language pathologist, occupational therapist and physical therapist. To the greatest extent possible, the testing team attempts to minimize the impact on the educational environment by carefully scheduling testing times with the student's teacher(s).
- 5) Near the end of the 60 calendar days, the parent is invited in to school to review the testing results with the evaluation team. During this meeting, each professional will explain their results and the parent will provide additional feedback regarding test findings.
- 6) Lastly, a CSE meeting will be held which includes the child's parent, the diagnostic team, (including the child's general education teacher) and a district special education administrator. There will also be a parent member present, who is a parent of a child within the district who has a child with a disability receiving special education services. Parents may also invite other persons relevant to the case.

- 7) At the CSE, testing results will again be reviewed and a determination will be made regarding whether the child meets the state and federal definition of a “**student with a disability**” and if so, which special education programs and services are required for the individual child to be able to learn successfully (Special Education Programs and Related Services: See Page 13).

According to Part 200 of the NYS Regulations of the Commissioner of Special Education: ***Student with a disability** means a student with a disability, who has not attained the age of 21 prior to September 1st and who is entitled to attend public schools and who, because of mental, physical or emotional reasons, has been identified as having a disability and who requires special services and programs approved by the department.*

The following is a description of the 13 special education classifications that are given when a child is found eligible to be a student with a disability. The classification that best describes the child is chosen by the CSE team and parents, and each child only gets ones classification.

*(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.*

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

*(3) **Deaf-blindness** means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for students with deafness or students with blindness.*

*(4) **Emotional disturbance** means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student’s educational performance:*

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

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

- (iii) *inappropriate types of behavior or feelings under normal circumstances;*
- (iv) *a generally pervasive mood of unhappiness or depression; or*
- (v) *a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance.*

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

(6) **Learning disability** means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage.

(7) **Intellectual Disability (formerly Mental Retardation)** means significantly subaverage 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 such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

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

(10) **Other health-impairment** means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems, including but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia,

hemophilia, epilepsy, lead poisoning, leukemia, diabetes, attention deficit disorder or attention deficit hyperactivity disorder or Tourette syndrome, which adversely affects a student's educational performance.

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

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

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

All information regarding the child's levels of functioning, educational classification, strengths and weaknesses, and education needs will be recorded in an **Individualized Education Plan (IEP)** which is developed by the evaluation team and the child's parent.

COMPONENTS OF A COMPREHENSIVE EVALUATION

<u>Type of Evaluation:</u>	<u>To Obtain Information About:</u>	<u>Often Conducted By:</u>
Physical Examination	Sight, hearing, physical development, medical needs, physical and health factors which affect school progress	Child's physician and on file at school; school physician
Individual Psycho-Educational Evaluation	Cognitive Processing, learning strengths and weaknesses, instructional needs, social interactions and relationships	School Psychologist
Social History	Social development, current social interactions; factors within home, school and community which may contribute to student's difficulties	School social worker; school psychologist
Observation in the Classroom	Performance in the current educational setting; relationship to teachers and other students, learning styles, attention span	School psychologist; other members of the school based team as appropriate
Appropriate Education Evaluations	Educational achievement, learning strengths and weaknesses; vocational and academic needs	Teacher; reading specialist; guidance counselor; educational evaluator; school psychologist
Assessments in all areas relating to the suspected disability	A specific disability related to health, vision, hearing; social-emotional development, cognitive processing, communication skills, motor abilities and academic performance	Speech therapist; school psychologist or other specialist with knowledge in area of suspected disability

Description of Special Education Programs and Services

The following are special education programs that a student with a disability may be found eligible for or in need of to successfully learn. They are presented in order of least to most restrictive:

Related Services only: In addition to their general education program students participate in one or more of the developmental, corrective or other supportive services as is required to assist a student with a disability. Services may include; Speech/Language Therapy, Occupational Therapy, Physical Therapy and Counseling.

Consultant Teacher Services: Consultant teacher services are defined as direct and/or indirect services provided to a school-aged student with a disability who attends general education classes, including career and technical education classes, and/or to such student's general education teachers.

Resource Room: Students participate in a special education program for students with disabilities who are in need of specialized supplementary instruction in an individual or small group setting for a portion (no more than 50%) of the school day. Typically includes consultation and collaboration between classroom teacher and resource room teacher.

Special Class: A class consisting of students with disabilities that provides specially designed instruction in the core content areas and skill areas. This class provides small group and/or individual instruction separate from the general education setting. Students are grouped according to academic and social/emotional functioning levels and management needs. Classes may be ungraded but the students do not have more than a thirty-six (36) month age range. Classes are identified (named) according to the student/staff ratio, such as 12:1 (twelve students with one teacher) or 8:1:2 (eight students with one teacher and two teaching assistants). In Commack, class sizes currently range from 15:1 to 6:1:2.

Special Class Integrated Co-Teaching: A class containing the typical number of students. Of those students a portion (no more than 12 students) have an IEP. The class is taught by a general education teacher with co-teaching by a special educator.

Home and Hospital Instruction: Students with disabilities who are recommended for home and/or hospital instruction by the committee on special education shall be provided instruction and appropriate related services as determined by the committee on special education in consideration of the student's unique needs. Home and hospital instruction shall only be recommended if the child's needs cannot be met in a lesser restrictive environment.

BOCES: Boards of Cooperative Educational Services; administer many special education programs. These programs include alternative school placement. The committee on special

education has determined that the student has a disability or combination of disabilities, and has further determined that the nature or severity of the student's disability is such that appropriate school district facilities for instruction are not available or appropriate to meet the student's need.

Private (Non-BOCES) Schools: The committee on special education has certified that the student has a disability or combination of disabilities, and has further documented that the nature or severity of the student's disability is such that appropriate public facilities for instruction are not available. Therefore a private school placement is appropriate.

Residential Placement: The committee on special education has certified that the student has a disability or combination of disabilities, and has further documented that the nature or severity of the student's disability is such that appropriate public facilities for instruction are not available. Therefore a residential placement is appropriate. A Residential Placement differs from a Private School because the student resides and attends school here.

Mainstreaming and Buddy Classes for Students in Special Classes

Mainstreaming is encouraged when a student is observed to be meeting certain criteria. Such criteria may include age appropriate behaviors, independent work skills, and a good knowledge base of a specific subject area. The student should be able to maintain attention and on task behaviors. When it is determined a student can function independently during a specific academic area, he or she participates with a general education class for that academic area. For example, if mathematics is an area of strength for the student, he or she will go to a general education class to participate in their math time or scheduled into general education math class.

Special Education students at the primary and the intermediate level are blended with general education classes in special area subjects such as library, art, music, physical education and lunch.

On the primary and intermediate level, each special class (12:1, 8:1:2, 6:1:2) is paired with a general education class, known as “Buddy Classes.” These classes meet weekly for large group activities for a wide variety of activities that include both academic and social activities. The General Education and Special Education Teachers plan joint field trips, arts-in-education programs and curriculum related projects throughout the year. Activities may include, but are not limited to Author Studies, Writer’s Workshop, and Poetry Studies. Buddy Classes will also participate in social skills activities, community service projects, character education workshops, as well as themed celebrations. It is with these classes that students blend with their peers for Library class, Music class, and Physical Education classes on the primary level, and they blend for all specials at the intermediate level. On the secondary level, students are mainstreamed in non-core classes (“wheel” and/or electives).

The Buddy Class provides the opportunity for students in the special classes to have consistent interaction with their general education peers. It also provides a familiar environment for children, when appropriate, to mainstream into as the teacher and students in both classes already know each other.