UNDERSTANDING THE PRESCHOOL SPECIAL DAY CLASS FOR YOUR CHILD WITH AN AUTISM SPECTRUM DISORDER

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UNDERSTANDING THE PRESCHOOL SPECIAL DAY CLASS FOR YOUR CHILD WITH AN AUTISM SPECTRUM DISORDER

A Project

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Abstract

of

UNDERSTANDING THE PRESCHOOL SPECIAL DAY CLASS
FOR YOUR CHILD WITH AN AUTISM SPECTRUM DISORDER

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This project is the development of a book to support parents of children with an Autism Spectrum Disorder (ASD) who are attending or soon will attend a Preschool Special Day Class (SDC). Currently many parents do not know what to do or expect or anything about special education as they and their child begin their experience with a Preschool SDC and the special education system. This easy to read book will help parents to gain basic and beginning but important knowledge and understanding as to what everything means, what to expect and what to do to support both their child and staff. Information and sources of data for this project come from books, professional and peer reviewed journals and professional websites on Special Education, Early Childhood Education, Early Childhood Special Education and ASDs as well as the author’s personal experience working with parents of preschool age children with an ASD.

_______________________, Committee Chair
Rachael Gonzales, Ed.D.

_______________________
Date

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Chapter 1

INTRODUCTION

In California when a child, who has been identified and diagnosed with an Autism Spectrum Disorder (ASD), turns 3 years old the responsibility for providing educational services shifts from California Early Start under Part C of the Individuals with Disabilities Education Act (IDEA) to the Local Educational Authority (LEA) under Part B of the IDEA.

The IDEA (P.L. 101–476.), formerly the Education For All Handicapped Children Act (P.L. 94–142), is a United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities. It addresses the educational needs of children with disabilities from birth to age 21 in cases that involve 13 specified categories of disability. The IDEA and its predecessor statute, the Education for All Handicapped Children Act, arose from federal case law holding the deprivation of free public education to disabled children constitutes a deprivation of due process. It has grown in scope and form over the years. IDEA has been reauthorized and amended a number of times, most recently in December of 2004, which contained several significant amendments. Its terms are further defined by regulations of the United States Department of Education, which are found in Parts 300 and 301 of Title 34 of the Code of Federal Regulations.

In defining the purpose of special education, IDEA 2004 clarifies Congress’ intended outcome for each child with a disability: students must be provided a Free Appropriate Public Education (FAPE) that prepares them for further education,
employment and independent living. Under IDEA 2004, special education and related services should be designed to meet the unique learning needs of eligible children with disabilities, preschool through age 21 (Wikipedia, 2010).

Infants and toddlers with disabilities, birth through the entire 2nd year of age, and their families receive early intervention services under IDEA Part C. In California the Early Start Program is California’s response to federal legislation ensuring that early intervention services to infants and toddlers with disabilities and their families are provided in a coordinated, family-centered network. Infants and toddlers from birth to 36 months may be eligible for early intervention services, at no cost to family, if through documented evaluation and assessment they meet one of the following criteria: 1) have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; 2) have established risk conditions of known etiology, with a high probability of resulting in delayed development; or 3) are at high risk of having a substantial developmental disability due to a combination of risk factors. This is according to California Government Code: Section 95014(a).

Based on the child's assessed developmental needs and the families concerns and priorities as determined by each child's Individualized Family Service Plan (IFSP) team, early intervention services may include: assistive technology; audiology; family training, counseling, and home visits; health services; medical services for diagnostic/evaluation purposes only; nursing services; nutrition services; occupational therapy; physical therapy; psychological services; respite services; service coordination (case
management); social work services; special instruction; speech and language services; transportation and related costs; and/or vision services.

Children and youth, ages 36 months through 21 years of age, receive special education and related services under IDEA Part B. At the heart of Part B, it establishes a set of procedural safeguards to protect the interests of individuals with disabilities from 36 months through 21 years of age. Among the most significant of those protections is the requirement that school districts, with the assistance of parents, prepare an Individualized Education Plan (IEP) for each student with a disability. Furthermore, IDEA requires that parents be involved in planning an appropriate educational program for their child with a disability and specifies that a child with a disability is to be removed from the regular educational environment only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

For preschool age children diagnosed with an Autism Spectrum Disorder (ASD) diagnosis is usually very recent in regards to when the parents begin to work with a school district, also known as the LEA. During the initial IEP process and meeting there is a great amount of information given to parents. Information most commonly discussed during this time includes: assessments, reports and other information about the child; eligibility for school district services; recommended goals, services and placement as well as decisions are made those topics.

A Preschool Special Day Classroom (SDC) setting is usually the parent and student’s first experience with the school district or LEA, most of the special education
services, and in most cases, the student and parents first experience with school in general. It is inevitable that no matter where the educational placement determined is, parents will have questions about the new environment for both their child and themselves, whether they voice them or not.

**Background of the Problem**

Many parents do not know what to expect or what to do to support both their child and staff in relation to a special education classroom placement. In most cases, especially when diagnosis is recent, parents have limited knowledge about their child’s disability and what it entails. Then as the parents and their child begin their experience with a preschool special day class and the special education system as a whole they are faced with a new world of information, which both in themselves are foreign to most people until they begin experiencing them. Because of the above mentioned points, parents have limited knowledge about the variety of supports that may be used in the special day class for various aspects of their child’s day and development. It is believed that parents have questions as the environment is new to them, whether voiced or not. Currently there is a problem of there not being a book or packet of information for parents as they begin their journey with specifically a preschool SDC.

It is believed that parents want to be informed and want to support their child and likewise teachers want parents to know as much as they can about key aspects, services, what to expect, what they should do or need to send to school, all of which will help to support their child and specialists and in turn their family. But there lacks an outlet for this information in one place, a book, that can be utilized by parents at any time. Parents
play an important role in their child’s home life as well as school life. In addition to supporting their child’s learning at home and in the community, parents are also cast in the role of advocate for their child with an ASD. It is crucially important to make information available to parents to ensure their active role in support and advocacy for their child’s education in basic readable language.

Purpose of the Project

The purpose of this project was to develop a book for parents of children diagnosed with an ASD that are attending or will be attending a preschool SDC. It is intended to support parents by helping them to gain basic and beginning but important knowledge and understanding about what to expect, what to do, and what to know in relation to the SDC and special education system that they and their child are on the journey of experiencing, all in one book that can be accessed by them at any time.

In the easy to read and easy to navigate book the following will be included: information on the variety of services and supports that may be available to children eligible for special education services; information on the transitions both between settings and throughout the day for their child; information on family involvement in the preschool years; terminology and acronyms used within the special education field and related fields; general information about what a parent needs to know and needs to let staff know when their child is attending a preschool setting particularly the SDC; information about IEPs in regards to what they are, the types, parent roles and helpful information regarding how to prepare for them and how and when to call them; resources for parents related to autism spectrum disorders and preschool; as well as where to find
and purchase materials. It is a goal that the information given in this book will enable parents to be well informed about the aspects of their child’s time in the SDC and special education system and in turn will help them to have a positive experience with their child’s transition and time in the SDC.

Organization of the Project

This project is organized into a chapter format which begins with Chapter 1 which serves as the introduction of the project that includes background of the problem, purpose of the project, organization of the project, definition of terms, assumptions of the project and limitations of the project. Chapter 2 focuses on the review of literature related to the project which includes autism spectrum disorders, family involvement and participation in early intervention, parent involvement as the advocacy role, followed by stress on families, support for families, early intervention and least restrictive environment. Chapter 3 is the methodology of the development of the book for parents of children with an ASD who are or will be attending a preschool SDC. It explains how the project was created and explains the various methods of research utilized to develop this project. Chapter 4 is the conclusions and recommendations for the project. Following the chapters are three appendices labeled A, B, & C. Appendix A is the questions from the questionnaire given to participants of the project. Appendix B is the initial questions from the interviews conducted with participants. Appendix C is the actual book that was developed, as part of the project, to support parents of children diagnosed with an ASD who are or will be attending a preschool SDC. The page numbers of the book, Appendix
C, created through this project are continuous from the project page numbers and are reflected as such in the table of contents of the book.

Definition of Terms

The author utilizes the following terms for the purpose of this project and in keeping with the general way in which individuals and organizations in the field of special education use them.

*Autism Spectrum Disorder* [ASD]

Refers to the heterogeneous family of disorders including autism and pervasive developmental disorder-not otherwise specified (PDDNOS) (Accardo & Whitman, 2002, p. 40). There are five specific ASD’s or pervasive developmental disorders (PDD), the term used by DSM-IV-TR that is synonymous with ASD. They are autistic disorder, Asperger disorder, Rett disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDDNOS). ASD is a category of developmental disabilities characterized by a pattern of impaired communication and socialization skills in the presence of restricted, repetitive and stereotypical behaviors (Ozonoff, Rogers & Hendren, 2003).

*Pervasive developmental disorder- Not otherwise specified [PDDNOS]*

PDDNOS is one of the pervasive developmental disorders (PDDs). A syndrome in which there is severe impairment in the development of reciprocal social interaction, deficits in verbal and nonverbal communication, and restricted, repetitive and stereotypical interests and activities but in which the full criteria for autism are not met. PDDNOS is sometimes referred to as atypical autism, late onset autism or mild autism.
Individuals diagnosed with PDDNOS experience difficulties in at least two of the three autism-related symptom clusters (clear difficulty relating to others, as well as either communication problems or repetitive behaviors) but who do not meet criteria for any of the other PDDs. Individuals diagnosed with PDDNOS have autistic-like behaviors and difficulties, but have either too few symptoms or a different pattern of symptoms from the other conditions in the PDD category. Unfortunately PDDNOS is often misdiagnosed as demonstrated by the DSM-IV field trials (Volkmar et al., 1994). Approximately one-third of children in the study diagnosed with PDDNOS actually met full criteria for autism, and another third did not have any diagnosis on the autism spectrum. Those in the latter group fell into two categories: 1) those with general language or learning problems and mildly delayed social skills and 2) those with hyperactive, distractible, highly disorganized behavior. In both cases, clinicians apparently felt that other diagnoses (e.g., mental retardation, attention-deficit/hyperactivity disorder [ADHD]) underappreciated the severity and pervasiveness of the disturbance, so they used the PDDNOS diagnosis even though the child did not actually meet diagnostic criteria. Thus, it is strongly recommended that professionals take a second look at any child diagnosed with PDDNOS and apply the DSM-IV-TR criteria stringently to make sure it is an accurate diagnosis (Volkmar et al., 1994).

**Individualized Education Plan [IEP]**

A written statement for the education of a child with disabilities that is developed and implemented according to criteria originally presented in the Education for All Handicapped Children Act of 1975 (PL 94-142) and now delineated in the Individuals
with Disabilities Education Act (IDEA) of 1990 (PL 101-476) and the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 (PL 105-17). The education plan or program, based upon the child’s individual needs, is to be developed at an IEP meeting, whose members should include a representative of the local school system, the child’s teacher, one or both of the child’s parents, a professional who participated in or is knowledgeable about the evaluation, the child (when appropriate), and anyone else the parent would like to have involved. The content of the IEP should include 1) a statement of the child’s present level of performance; 2) a statement of long-term goals and short-term objectives; 3) a description of services including placement, related services, and the extent to which the child will participate in general programs; 4) a statement regarding the initiation and duration of services; and 5) appropriate objective criteria and evaluation procedures for determining whether goals and objectives are met. The IEP must be reviewed at least once a year. The child’s IEP cannot be changed without another IEP meeting to which parents must be invited and must sign for consent of changes to be implemented (U.S. Department of Education, 2009).

*Individuals with Disabilities Education Act [IDEA]*

A law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities. Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive

**Preschool**

The provision of education for children before the commencement of statutory education, usually between the ages of three and five, dependent on the jurisdiction. The areas of development which preschool education covers are in the following main themes and are represented in the majority of systems: personal, social and emotional development; communication including talking and listening; knowledge and understanding of the world; creative and aesthetic development; physical development; mathematical awareness and development; playing; self help skills; social skills (Wikipedia, 2010).

**Special Day Class [SDC]**

Refers in public education to a special education classroom for children who will receive a majority of their instruction in that classroom. A classroom that is appropriate for children with special needs who require extensive services and structure throughout their school day that cannot be met in a general education classroom.

**Special Education [SPED]**

Education designed to meet the individual needs of children with disabilities. Originally designated in the Education for All Handicapped Children Act of 1975 (PL 94-142), children with disabilities are those evaluated as having mental retardation, deafness, serious emotional disturbances, orthopedic impairments, hearing impairments, visual impairments, learning disabilities, speech impairments, deaf-blind multiple
disabilities, or other health impairments, and who, because of these impairments, need special education and related services (Accardo & Whitman, 2002, p. 380). Special education is the education of students with special needs in a way that addresses the students' individual differences and needs. Ideally, this process involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, accessible settings, and other interventions designed to help learners with special needs achieve a higher level of personal self-sufficiency and success in school and community than would be available if the student were only given access to a typical classroom education (Wikipedia, 2010).

Assumptions

There are a few assumptions of the author in regards to the book that was developed through this project. First, the book will support parents of children diagnosed with an ASD who are or will be attending a preschool SDC by answering a majority of questions they may have about the classroom placement, special education system and supports and services that may be available for their child. Second, parents will actively use this book as soon as they receive it to gain knowledge about the special day classroom and the special education system as well as how they can support their child. And third, parents will continue to reference this book throughout the years that their child is eligible for and participating in special education services.

Limitations

There are several limitations that exist within this project. One, only a small number of parents were given questionnaires and interviewed which could be seen as not
enough feedback from parents. Two, all of participants children were at one time students of the preschool SDC which the author teaches. Three, the author whom was also the teacher at one time to the participants children supplied parents with a large amount of information and gave a great deal of support to the parents so that they would gain knowledge during their time that their child was attending the preschool SDC and has continued to do so when asked. Four, the book that was developed as part of this project is titled *Understanding the Preschool Special Day Class for your child with an Autism Spectrum Disorder* and gives specific information regarding children with an autism spectrum disorder which in a sense classifies the book as being specifically for this population. However if the wording of the title and certain sections of the book were taken out, then the book could easily be used for all Preschool SDC’s and for the support of children with any disability.
Chapter 2

REVIEW OF LITERATURE

Introduction

The review of literature for this project is organized into individually labeled sections within this chapter which are as follows. It begins with a section reviewing literature on autism spectrum disorders (ASD) followed by family involvement and participation in early intervention and then flows into a section on parent involvement in the advocacy role. It is followed by a section reviewing literature on stress on families, which is followed by a section reviewing literature support for families. Lastly are sections reviewing literature on early intervention followed by least restrictive environment (LRE).

Autism Spectrum Disorder [ASD]

First described by Leo Kanner in 1943, ASD is a pervasive developmental disorder characterized by a pattern of deficits that include impaired (delayed and deviant) communication skills; failure to develop social relationships; and restricted, repetitive and stereotypical behaviors (Kanner, 1968). The American Psychiatric Association specified in the Diagnostic and Statistical Manual of Mental Disorders 4th edition otherwise known as DSM-IV-TR (2000) that ASD’s involve limitations on social relatedness, verbal and nonverbal communication, and range of interests and behaviors. There are five specific ASD’s, or pervasive developmental disorders, the term used by DSM-IV-TR that is synonymous with ASD. They are autistic disorder, Asperger
disorder, Rett disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (Ozonoff, Rogers & Hendren, 2003).

ASD is described as a spectrum disorder because individuals with an ASD have characteristics that fall into a spectrum from very mild to quite severe (Willis, 2006). To meet criteria for autistic disorder, an individual must demonstrate at least 6 of the 12 symptoms, with at least 2 coming from the social domain and 1 each from the communication and restricted behaviors/interests categories. At least 1 symptom must have been present before 36 months of age (American Psychiatric Association, 2000).

The onset of ASD is early in life, always occurring before age 3 at two peak periods, with the very rare exception of some cases of disintegrative disorder (Rodgers & DiLalla, 1990; Short & Schopler, 1988). The majority of children display developmental abnormalities within the first 2 years of life. Although they are not always recognized at the time, a careful retrospective developmental history typically yields evidence of abnormalities in social responsiveness and early social-communicative behaviors, such as baby games and communicative gestures. A smaller group of children with autism display a period of normal or mostly normal development followed by a loss of communication and social skills and onset of autism (Kurita, 1985). The regression occurs most commonly between 12 and 24 months of age thus distinguishing it from childhood disintegrative disorder; in rare cases it occurs after age 2 but before the third birthday (American Psychiatric Association, 2000).

In the social domain, symptoms include impaired use of nonverbal behaviors (e.g. eye contact, facial expression, gestures) to regulate social interaction, failure to develop
age-appropriate peer relationships, little seeking to share enjoyment or interests of other people, and limited social-emotional reciprocity (American Psychiatric Association, 2000).

Communication deficits include delay in development of or absence of spoken language, difficulty initiating or sustaining conversation, idiosyncratic or repetitive language, and imitation and pretend play deficits (American Psychiatric Association, 2000). Children with an ASD can also struggle to understand the intents, internal states, and meaning behind others’ social, communicative, and affective behaviors; therefore, their ability to participate in social-communicative interactions is profoundly impaired (Frith, 1989).

In the behaviors and interests domain, there are often encompassing, unusual interests; inflexible adherence to nonfunctional routines; stereotyped body movements; and preoccupation with parts or sensory qualities of objects (American Psychiatric Association, 2000).

Most individuals with ASD improve with time and age. Symptoms of ASD, particularly the repetitive and stereotypic behaviors, appear to increase for a few years after onset, usually peaking in the preschool period, but then begin to level off or decline in the school-age years. Most individuals continue to meet diagnostic criteria for ASD as teenagers and adults however, and outcome studies suggest that long term morbidity is significant (Gonzalez, Murray, Shay, Campbell, & Small, 1993; Piven, Harper, Palmer, & Arndt, 1996). Across all studies conducted so far, the most powerful predictors of adult outcome are IQ scores and verbal ability at age 5 (Lotter, 1974; Rutter, 1984). For
many years, thought to reflect maternal ambivalence toward the child; it is now recognized as a neurological organic brain disorder with many different etiologies. It is now clear that autism is a biological disorder and is not caused by parenting deficiencies or other social factors. It is also apparent that parents, far from being to blame, are integral members of the treatment team and are critical instruments of change (Campito, 2007).

Although approximately half of children with ASD will also have some degree of mental retardation, this may be difficult to determine in early childhood when the autistic behaviors interfere with accurate cognitive assessment (Accardo & Whitman, 2002). Autism occurs in nearly 1% of selected populations. It is unclear whether the incidence may be rising; increased awareness may be identifying more cases; or sporadic increases in the identification rate may relate to other more local factors (Accardo & Whitman, 2006). With new research and information, more is understood about diagnosing and treating autism than ever before (Willis, 2006).

Family Involvement and Participation in Early Intervention

As stated by the Division of Early Childhood, a division of Council for Exceptional Children, under Recommended Practices (2009), the definition of family participation is as follows: families are equal members in, can join together with staff and can take part in all aspects of the early intervention system, including all aspects of their child’s care and all levels of decision making. The services should be flexible enough to respond to the changing needs of children and families. Staff members should explore
changes, deal with concerns as they arise, and continue to promote family involvement that respects individual needs and enhances the growth and developments of the child. Involvement of families in the education of young children with an ASD can occur at multiple levels. Some ways are that parents can learn effective teaching methods and successfully apply those skills to support their child. Others are that parents can gain knowledge of information about ASDs and the range of appropriate services which can contribute to successful child and family functioning. Still other ways include collaboration with staff.

California Department of Education’s Special Education Division (1999) states that family involvement activities begin at home with the interactions among family members and especially between a parent and a child. Parents are lifelong teachers, continuing to educate their children long after their childhood is over. They teach by examples and mistakes. It is hoped that they can inspire a desire for learning, encourage family values, model social skills, and guide their children toward adulthood. Families who are involved in their children’s upbringing provide a solid foundation of values and beliefs to sustain children throughout their lives. When educational and other service agencies provide programs that build on a family’s own efforts to help their children, they are contributing to success of the family.

The thought is for parents to work together in a partnership with the professionals providing services to their child. Dunst and Paget suggested an operational definition of parent-professional partnership. They defined this partnership as an association between families and professionals who “function collaboratively using agreed on roles in pursuit
of a joint interest or common goal” (Dunst & Paget, 1991, p. 29). Characteristics of partnerships include beliefs, attitudes, communicative style, and behavioral actions. Beliefs are defined as the attributions about how one should behave toward others and attitudes are the emotional feeling states about people, situations, or relationships. Communicative style refers to the methods and modes of exchanging or sharing information among partners, in other words, how information is given and received. Behavioral actions refer to the translation of attitudes and beliefs into action (Dunst, Trivette & Johanson, 1994). An effective working relationship with others requires collaboration, especially between families and professionals working together for the best interests of a child with disability (Lynch & Hanson, 2003; California Department of Education, 1999).

Appropriate practices now emphasize family involvement throughout the entire process (Greenspan & Meisels, 1996). Understanding children within the context of their most important environments, their families, is crucial to gleaning appropriate assessment information. Parents and other family members are the best and most knowledgeable informants regarding a child’s needs, strengths, and developmental history. A collaborative alliance between professionals and families, thus, is essential to this process of information exchange (Lynch & Hanson, 2003).

Parent Involvement in the Advocacy Role

Having a child with an ASD is a challenge for any family. It is crucially important to make information available to parents to ensure their active role in advocacy for their children’s education. Although families should not be expected to provide the
majority of educational programming for their child, the parents’ concerns and perspectives should actively shape educational planning (National Research Council, 2001, p. 4).

In addition to supporting their child’s learning at home and in the community, parents are also cast in the role of advocate for their child. Parents of children with disabilities need to serve as effective members of the IEP team, helping to ensure that appropriate educational programs are in place for their child (Seligman & Darling, 1997). In order to provide an appropriate education for their child, parents need to be familiar with special education law and regulations; be aware of the available services; understand what services are potentially needed for their child and lastly know how to negotiate on behalf of their child (National Research Council, 2001, p. 33).

Stress on Families

The identification of parents as serving as a key role in effective treatment of their child has great benefit for the child. However it is a role that is not without costs, and the implications for family life are considerable. Many parents of children with an ASD face multiple, demanding roles. These include serving as teacher and advocate as well as a loving parent and family member (National Research Council, 2001, p. 33). Research suggests that while many families cope well with these demands, the education of a child with an ASD can be a source of considerable stress for some families (Harris, 1994).

Adrianne Horowitz, CSW, and Director of Family Services for the Eden II Programs for Autistic Children states within an article on the Autism Society of America website that stress is something parents in general are all too familiar with. There is the
physical stress from carpools, preparing meals, bathing, homework, shopping, and so on. This is compounded by such psychological stressors as parent-child conflicts, not having enough time to complete responsibilities and concern regarding a child's well-being. When a family has a child on the autism spectrum, unique stressors are added. The following subsections are taken directly from Anne Horowitz’s article on the Autism Society of America website which states the following sources of stress of families.

*Deficits and behaviors of autism spectrum disorders*

Holroyd & McArthur (1976) claimed in their research that parents of children with an ASD experience greater stress than parents of children with intellectual disabilities and Down syndrome. They go on to state that an individual with an ASD may not express their basic wants or needs in a manner that we would expect from an individual with no disability. Therefore, parents are left playing a guessing game. Is the child crying because he/she is thirsty, hungry, or sick? When parents cannot determine their child's needs, both are left feeling frustrated. The child's frustration can lead to aggressive or self-injurious behaviors that threaten their safety and the safety of other family members (e.g., siblings). Stereotypic and compulsive behaviors concern parents since they appear peculiar and interfere with functioning and learning. If a child has deficits in social skills, such as the lack of appropriate play, stress may be increased for families. Individuals lacking appropriate leisure skills often require constant structure of their time, a task not feasible to accomplish in the home environment (Horowitz, 2010).

Finally, many families struggle with the additional challenges of getting their child to sleep through the night or eat a wider variety of foods. All of these issues and
behaviors are physically exhausting for families and emotionally draining. For families of children on the autism spectrum this can be a particular challenge. Scheduled dinner times may not be successful due to the child's inability to sit appropriately for extended periods of time. Bedtime routines can be interrupted by difficulties sleeping. Maladaptive behaviors may prevent families from attending events together. For example, Mom might have to stay home while Dad takes the sibling to his/her soccer game. Not being able to do things as a family can impact the marital relationship. In addition, spouses often cannot spend time alone due to their extreme parenting demands and the lack of qualified staff to watch a child with autism in their absence (Horowitz, 2010).

Reactions from society and feelings of isolation

Taking an individual with an ASD out into the community can be a source of stress for parents. People may stare, make comments or fail to understand any mishaps or behaviors that may occur. For example, individuals with an ASD have been seen taking a stranger's food right off his/her plate. As a result of these potential experiences, families often feel uncomfortable taking their child to the homes of friends or relatives. This makes holidays an especially difficult time for these families. Feeling like they cannot socialize or relate to others, parents of children on the autism spectrum may experience a sense of isolation from their friends, relatives and community (Horowitz, 2010).
Concerns over future care giving

One of the most significant sources of stress is the concern regarding future care giving. Parents know that they provide their child with exceptional care; they fear that no one will take care of their child like they do. There may also be no other family members willing or capable of accomplishing this task. Even though parents try to fight off thinking about the future, these thoughts and worries are still continually present (Horowitz, 2010).

Finances

Having a child with an ASD can drain a family's resources due to expenses such as evaluations, home programs, and various therapies. The care giving demands of raising a child with an ASD may lead one parent to give up his or her job, yet financial strains may be exacerbated by only having one income to support all of the family’s needs (Horowitz, 2010).

Feelings of Grief

Parents of children with an ASD are grieving the loss of the "typical" child that they expected to have. In addition, parents are grieving the loss of lifestyle that they expected for themselves and their family. The feelings of grief that parents experience can be an additional source of stress due to its ongoing nature. Current theories of grief suggest that parents of children with developmental disabilities experience episodes of grief throughout the life cycle as different events (e.g., birthdays, holidays, unending care giving) trigger grief reactions (Worthington, 1994). Experiencing "chronic sorrow" is a
psychological stressor that can be frustrating, confusing and depressing (Horowitz, 2010).

Support for Families

The perception of the meaning of having a child with an ASD and of family support can have an impact on how well parents cope. Family needs change over time (Bristol & Schopler, 1983; DeMyer & Goldberg, 1983). For example, parents of young children typically are focused on understanding their child’s diagnosis, dealing with the emotions that are stirred by encountering a serious problem in their child’s development, finding services, and working intensively on behalf of their child. For parents of an older child, there is the growing realization that their child’s needs will continue over a lifetime and that they must consider their child’s educational program in relation to a chronic disability and that they will need to continue to cope in the face of unrelenting demand. Family needs also vary according to the severity of the child’s ASD. Younger children and those who are less impaired have a better prognosis than those who are older or have very severe ASD. It is useful for school personnel to be sensitive to these different problems and to work closely with parents to provide family support and help them find the resources that fit the developmental needs of the child and the family as a whole (National Research Council, 2001, p.38).

Because parents serve as teacher and advocate as well as a loving parent and family member (National Research Council, 2001, p. 33) Gallagher (1992) points out the complex demands this places on parents, and the need to support family decision-making and control, while providing sufficient professional expertise to enable their choices.
Early Intervention

The term early intervention, for the means of this section of the project, refers to early childhood intervention. Early intervention came about as a natural progression from special education for children with disabilities. Research during the 1960s and 1970s showed that the earlier children received special education, the better their outcomes. Research also showed that families who were supported earlier were more empowered to advocate for their child later on (Guralnik, 1997). Many early intervention support services began as research units in universities for example, Syracuse University in the United States and Macquarie University in Australia, while others were developed out of organizations helping older children (Lifestart, 2010). In the 1990s, the many states in the United States put into place a program where the child's pediatrician can recommend a child for early intervention screening (Blasco, 2001).

Early intervention is a support system for children with developmental disabilities or delays and their families. If a child experiences a developmental delay, this can compound over time. The principle of early intervention is to provide appropriate therapies for children with disabilities, to minimize these delays and maximize their chances of reaching normal milestones in development. Early intervention begins from birth or first diagnosis, and continues until age three. It involves specialized education and therapy services for the child, as well as support for the whole family through information, advocacy, and emotional support. In some instances, the term early childhood intervention is used to refer only to services for children birth to age three (Spiker, Hebbeler, Wagner, Cameto, and McKenna, 2000), but in other instances it is
used to refer to a wider range of early childhood. For instance the Journal of Early Intervention, an academic journal in the field, covers birth to age eight.

One definition of early childhood intervention is that of Michael Guralnick (1997), who wrote that it may be best conceptualized as a system designed to support family patterns of interaction that best promote children's development. Sheila Wolfendale (1997) wrote that early childhood intervention has several goals: To provide support to families to support their children's development; to promote children's development in key domains such as communication or mobility; to promote children's coping confidence, and to prevent the emergence of future problems.

An early intervention team generally consists of teachers with special education training, speech and language pathologists, physical therapists, occupational therapists, and other support staff, such as music therapists, teacher aides/assistants, and counselors. A key feature of early intervention is the trans-disciplinary model, in which staff members discuss and work on goals even when they are outside their discipline. In a trans-disciplinary team the roles are not fixed. Decisions are made by professionals collaborating at a primary level. The boundaries between disciplines are deliberately blurred to employ a 'targeted eclectic flexibility (Pagliano, 1999). Goals are chosen by the families through the annual or biannual Individual Family Service Plan (IFSP) or Individual Education Plan (IEP), which evolves from a meeting where families and staff members talk together about current concerns, as well as celebrating achievements (Lynch & Hanson, 2003).
Least Restrictive Environment (LRE)

The Individuals with Disabilities Education Act (IDEA), formerly called P.L. 94-142 or the Education for all Handicapped Children Act of 1975, requires public schools to make available to all eligible children with disabilities a free appropriate public education in the least restrictive environment appropriate to their individual needs. Amendments to this law stress the importance of attending school in the most natural and integrated setting possible considering the student’s individual needs. The least restrictive environment is one that allows the child to participate in general education programs as much as possible while meeting his or her special needs. The justifications for this include questions regarding the efficacy of special class placement and the idea that children with disabilities would benefit from exposure to typical role models. Used appropriately, the term stresses the need to find an optimal placement for each child within a continuum of services (U.S. Department of Education, 2009).

National Research Council (2001) states, as much as possible, children with disabilities must be educated with children without disabilities. The educational philosophy is to move children with special needs as close to the normal setting (general education classroom) as feasible. For a child with an ASD, this means that there is an expectation that the child should be interacting on a regular basis with children without ASDs, if at all possible, and within a regular classroom, with reverse mainstreaming or in other supervised settings. When recommending another placement, a school must explain in writing why a child is not being placed in a general education classroom.
The U.S. Dept. Education 2005a regulations implementing IDEA, states that to the maximum extent appropriate, children with disabilities including children in public or private institutions or care facilities, are educated with children who are nondisabled; and special classes, separate schooling or other removal of children with disabilities from regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (U.S. Department of Education Sec. 612(a)(5), 2009).

Simply put, the LRE is the environment most like that of typical children in which the child with a disability can succeed academically as measured by the specific goals in the student's IEP (Abraham, 2008). This refers to the two questions decided upon in Daniel R. R. v. State Board of Education, 874 F.2D 1036 (5TH CIR. 1989). This court, relying on Roncker, also developed a two-part test for determining if the LRE requirement is met. The test poses two questions: 1) Can an appropriate education in the general education classroom with the use of supplementary aids and services be achieved satisfactorily? 2) If a student is placed in a more restrictive setting, is the student integrated to the maximum extent appropriate? (Kids Together, 2010).

An environment in which the child participates fully with nondisabled peers is considered unrestricted. Special education classes, special schools, and institutional environments are considered more restrictive, as is any time that a child is kept from participating in the regular classroom. Placement is based on the child’s profile (academic, behavioral, and social/emotional considerations: and other information such as his impact on the LRE and how his disability affects his progress), as well as the
feasibility of modifications and accommodations that must be made to the LRE and curriculum in order to include the child. If accommodations and modifications are too extreme to allow the classroom to function normally, or if the curriculum must be altered so greatly that it is unrecognizable, then a more restrictive environment is appropriate (Abraham, 2008).

Summary

This review of literature, covering autism spectrum disorders, family involvement and participation in early intervention, parent involvement in the advocacy role, stress on families, support for families, early intervention and least restrictive environment, provides useful information regarding these areas. The research and information gathered through this review of literature demonstrates and supports the importance of parent-professional partnerships and the need for professionals and the LEA to support parents of children diagnosed with an ASD in understanding the SDC setting and the basics of the special education system in relation to their child.
Chapter 3

METHODOLOGY

Personal Journey

The author first began the journey to the special education field because her older brother, by 5 years, is an adult with multiple disabilities. She saw and learned growing up that her parents did not know about services or supports available for her brother and family as a whole as her brother was growing up and going through his educational programming and life. It is the understanding of the author, with the knowledge she now possesses and the research of programming and supports that were available at the time, that her brother, parents and whole family could have been supported at the time better than they were. But because her parents did not know that certain services or supports even existed they did not know any better and did not know how to advocate for her brother. This led to a desire of the author to want to help other families know about services and supports that are available to them and their children, so that they would not feel so alone and lost in regards to the special education field and services for their child. This desire to help is why the author went into the field of special education as a career.

Although the author is the younger sibling by 5 years to her brother with multiple disabilities and did not directly deal with his special education school system programs, she grew up playing a supporting role to her brother and his needs. The support system was a whole family effort and likewise there was an impact on the lives of all family members. Because she has experienced the familial impacts first hand she can relate to the families she supports and works with in some ways.
In addition, the author has a personal understanding of being in the role of the caregiver for her brother with disabilities. Over the last 9 year she has been the primary caregiver and held the role of the parent or parent figure to her brother at the same time as growing up, in her adult life, herself. It was always known within her immediate family that in her adult life she would most likely be the person to step in as support for her brother and make sure that he was taken care of, but due to her mother’s young passing from cancer and her father’s inability, that role began much earlier than expected. The author is currently the legal guardian to her brother and not only supports him in his life but also serves the role as a parent for him. This experience gives the author a unique perspective on being an advocate, being in the role of the parent, experiencing the stress that is involved in various areas and in general, supporting her brother with disabilities and planning for his future as his disabilities are lifelong. Although the author now possesses degrees and credentials in the special education field and is well versed and understands the systems of support, life still presents difficulties at times. The author knows how much she knows about all the areas to support her brother with a disability and then thinks about the more than often fact that parents of children with disabilities do not possess the specialized training and instruction she does and can understand and relate to parents and can gauge what they most likely do not know about all the services, supports and disabilities overall.

The Road to Supporting Parents

When thinking about what to do for a master’s project the author knew that she wanted to create something that would support parents of children with disabilities. This
authors focus and reason for going into the special education field and particularly early intervention has been to support not only the children but their parents and family. She saw and learned, as she grew up, that her own parents had little support or knowledge about services and supports for her brother or the special education system. As a teacher of a preschool special day class (SDC) for students with autism spectrum disorders (ASD) the author has worked closely with parents and families of children who have recently been diagnosed with an ASD. It is an overwhelming period for most due to a recent diagnosis and trying to learn what an ASD is, in addition to trying to understand how to support their child with a disability. On top of that parents are sending their child to school for the first time in most cases. In general a child starting school can be a difficult time for parents of children with or without disabilities.

A child’s ASD diagnosis affects every member of the family in different ways. Parents must now place their primary focus on helping their child with ASD, which may put strains on their marriage, other children, work, finances, and personal relationships and responsibilities. Parents now have to shift much of their resources of time and money towards providing treatment and interventions for their child, to the exclusion of other priorities. The needs of a child with an ASD complicate familial relationships. However, parents can help their family by informing their other children about ASDs and the complications it may introduce, understanding the challenges siblings face and helping them cope, and involving members of the extended family to create a network of help and understanding (Shore & Rastelli, 2006). But first the parents need to understand
what ASD is and about it as well as the special education system that they and their child are a part of.

The Project

This project is the development of a book to support parents of children with an autism spectrum disorder (ASD) who are attending or soon will attend a preschool special day class (SDC). Currently many parents do not know what to do or expect in regards to their child being a student in a preschool SDC. Also many parents do not know anything about the special education system as they and their child begin their experience with these. The intent is that this easy to read book will help parents to gain basic and beginning but important knowledge and understanding about the preschool special day classroom and the special education system in regards to what everything means, what to expect and what to do to support both their child and service providers.

This project is a culmination of various sources of information and sources of data which come from the author’s extensive library of books, professional and peer reviewed journals and professional websites on the topics of Special Education, Early Childhood Education, Early Childhood Special Education and Autism Spectrum Disorders. The author’s 5 years of experience teaching a Preschool SDC as a special education teacher gave the author personal and first-hand experience working with parents of children who attend a special day class and taking note of what was given to parents year after year by the author to share information with parents. Over the last few years the author has found herself creating information to share with student’s parents on the various services, supports related to special education and ASDs as well as information about the SDC and
a preschool setting in general. These things are everyday topics for the teacher but new
to parents and are very important. To gain more information, the author conducted
research for this project which required participants.

The Criteria of Participants

The criteria for participants to be included in this project were 1) to be parents of
a child diagnosed with an autism spectrum disorder and 2) their child must have attended
a preschool special day class. These participants played a key role in the research of this
project as they were the targeted population of support of the book.

The Process to Gain Information

In addition to the information that the author gained from parents about what they
seemed to need or seek over her years of experience in teaching her SDC, the author
conducted a qualitative research to provide the author with basic foundation of what is
actually known and what is needed. This qualitative research included questionnaires
and interviews, over the last 2 semesters, with parents of children diagnosed with an ASD
who had attended a preschool SDC. The questions of the questionnaire and interview are
found in the appendices. Appendix A is a list of the questions on the questionnaire that
was given to participants. Appendix B is the interview questions which are the same as
those of the questionnaire, however more of a back and forth conversation and exchange
of information occurred.

The author developed the questions for the questionnaires and interviews based
on the same questions, that the author found herself answering and sharing with parents
of her students over the last 5 years, related to various services and supports related to
special education and ASDs as well as information about the SDC and a preschool setting in general. Parents were contacted via face to face interaction, email, sending home information in backpacks of current students of the author and sending questionnaires to other SDC-Autism teachers within the school district via district mail and having them send home questionnaires in backpacks of their students. Follow up conversations were through phone calls, emails, other written correspondence and face to face.

Both of the instruments, questionnaires and interviews, provided the author with the basic foundation of what is known and unknown, what was helpful to parents and what they now see would have been helpful when their child was in the preschool SDC. All of this was needed to create a book to support parents of children with an ASD who will be or are already attending a preschool SDC. Interviews and questionnaires are qualitative research data collection techniques. By definition, qualitative research is the collection, analysis and interpretation of comprehensive narrative and visual data to gain insights into a particular phenomenon of interest (Gay, Mills & Airasian, 2009, p. 605).

Qualitative research was the best option for this project because this method investigates, and data relies on, gathering from real world situations. Also a smaller but focused sample was used rather than a large sample and results of the study are descriptive and done with words as opposed to numbers. Real world data was gathered from parents and helped to truly understand what was important to the targeted audience.

Questionnaires were the largest form of data collection attempted. A questionnaire is a written collection of self-reported questions to be answered by a selected group of research participants (Gay, Mills & Airasian p. 373). The author
anticipated that face-to-face interviews may not have been available to be conducted with a majority of parents due to scheduling issues by both parties, so the author sent questionnaires to all participants. The questionnaires allowed the author to collect a large enough amount of data, for the purpose of this project, in a relatively short amount of time. Many of the participants were able to participate because of the ease of responding to a questionnaire that they were able to complete on their own time.

The interviews for this project were unstructured in nature. The unstructured interview is little more than a casual conversation that allows the qualitative researcher to inquire into something that has presented itself as an opportunity to learn about something that has presented itself as an opportunity to learn about something at the research setting. The goal of informal interviews is not to get answers to predetermined questions but rather to find out where the participants are coming from and what they have experienced (Gay, Mills & Airasian, and p.371).

SDCs, especially those specifically for children with an ASD, are usually small in numbers in regards to how many students are in a class. Due to this fact there was a small sampling group for this project. The author sent out information and questionnaires to 17 participants meeting the criteria of the study. All of the participants’ children currently attend or attended in the past a preschool SDC. Of those 17 participants, the author received response from 13 participants and was able to conduct interviews with 9 of those participants.
Creating the book

The author developed the sections of the book by taking the information she learned from her research and the experience of working with parents of children with a ASD who attended a preschool SDC. She also took into account the information and areas that are new to parents upon entering the special education system and the preschool system. In addition what parents really need to know about both systems from the perspective of the teacher. The book begins with a message to the families from the author which serves as an introduction to the book. It next gives a brief definition of The Individuals with Disabilities Education Act (IDEA) & Special Education.

The book then actually begins and includes the following areas. Early Intervention; which includes information on what early intervention is and why it is important. Transitions between settings; which includes information about the transition from an early intervention program (0-3 years old) to preschool and transition from preschool to kindergarten. Family involvement in preschool years; which emphasizes the importance of family involvement and collaboration with agencies and service providers of their child with an ASD during the preschool years. Special Day Class; in which information is given about what a special day class is. General information for parents about their child being a member of the class which includes information on what they should let their child’s providers know and what the parent should know. Medical information; which includes information for parents about their child being a member of the classroom and what information they should let their child’s service providers know and what the parent should know about medical policies of the school program.
Transportation services for preschool children and what it entails. Related Services; which gives information regarding Adapted Physical Education, Occupational Therapy, Physical Therapy, and Speech Therapy along with definitions of what the services include. Extended School Year and what it is. Special Education Terms and acronyms are included to support parents in understanding what it all means. Individual needs of students and how these are achieved in the classroom and school system. Basic information on behavior is included to support parents in understanding why they may see behaviors. The behavior section also includes some strategies to help their child. Transitions within the day; discusses why difficulties happen and how to support their child. Visual Schedules; what they are and how they are used as a support for children with an ASD. IEPs; the types, parent’s roles, advice on preparing for.

The book wraps up with the resources and where to find or purchase materials. Resources; which gives parents contact information of agencies, websites, etc. that can support them in understanding and learning about ASD, special education information and family support. Where to find/purchase materials is the final section of the book which is included because parents have little to no idea of where the items, materials, etc, that are used in the classroom and with their child, are purchased.
Chapter 4

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

When the book was in its final stages the author shared copies of the work in progress to a few parents for feedback and asked them if they thought this could be helpful or would have been helpful to them and other parents like them as well as asked them what else would they like to see added in a book. There was no feedback on what else should have or they would have liked to have seen in the book. All feedback was positive and some parents asked for copies of the finished product so that they can use as a reference even though some of the children are no longer in preschool. This shows the author that the goal and assumption of the book being used throughout the future was accomplished. Other feedback received from parents was that they found the acronyms and terminology section especially helpful because the language used in special education and across the fields does seem like a new and foreign language to them. Overall the most consistent response from parents was that they liked that most all the areas they were curious about and needed to know and understand were in one book.

As a result of the research and methodology, it has been concluded that there is a need for the book developed in this project or something similar to be given to parents when their child with an Autism Spectrum Disorder begins attending a Preschool SDC. The wealth of information provided in the book will benefit and support families throughout their child’s preschool education and beyond in their future years involved in special education.
Recommendations

The book created in this project serves as a support to parents of children diagnosed with an ASD who are or will be attending a preschool SDC. It is recommended that all school districts have a book or otherwise named packet to give to parents as their child begins their special day classroom experience. It would be helpful to give the book to parents after the decision for placement in a preschool SDC is decided which is usually at the IEP meeting. Making sure to give the book to parents either at the IEP meeting or a few days after and definitely before the child’s first day of school. This would be helpful because parents can feel secure that the district is supporting them and help parents to know about and what to expect from a Preschool SDC from the start of their experience, so they hopefully have a positive experience.

It is recommended that this book be translated into different languages so that it can be accessible to parents whom English may not be their first language, so that those parents can also access the book and understand the SDC their child will be a member of.

It is recommended that parent in-services or workshops be provided by the school district or other agency on the topics included in the book for any further questions parents may have about them.

As a final recommendation, teachers of the preschool SDCs that a child is a part of should make time for the parents of these students because they are coming into a whole new world of information and truly do need support from professionals who understand what everything means.
APPENDIX A

Questions of the questionnaire given to parents

- When was your child diagnosed with an Autism Spectrum Disorder?
- Did you work with any agencies, such as Alta California Regional Center?
- What information that was given to you, and by who, was especially helpful?
- What information do you think would have been helpful to your family when your child began services with a school district?
- What information that you now know, do you wish you would have known before, during and/or after your child began attending a special day classroom?
- What do you wish you would have been made aware of? In any part of the process that you've experienced; from transition into the SDC, throughout the whole time, and transition to Kindergarten.
- Tell me about your experiences, good or bad, having your child in a preschool Special Day Classroom
- Tell me about your experiences with working with the IEP team, staff, etc
APPENDIX B

Unstructured interviews with parents using the same questions as those from the questionnaire were utilized. Topics grew from the conversations.

- When was your child diagnosed with an Autism Spectrum Disorder?
- Did you work with any agencies, such as Alta California Regional Center?
- What information that was given to you, and by who, was especially helpful?
- What information do you think would have been helpful to your family when your child began services with a school district?
- What information that you now know, do you wish you would have known before, during and/or after your child began attending a special day classroom?
- What do you wish you would have been made aware of? In any part of the process that you've experienced; from transition into the SDC, throughout the whole time, and transition to Kindergarten.
- Tell me about your experiences, good or bad, having your child in a preschool Special Day Classroom
- Tell me about your experiences with working with the IEP team, staff, etc
APPENDIX C

Understanding the Preschool Special Day Class
For your child with an Autism Spectrum Disorder
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Dear Parents,

Being the parent of a child with a disability is an important, challenging and sometimes overwhelming job. It requires strength, love and knowledge. On top of the disability itself, the Special Education process, services, supports, strategies and interventions can be confusing, frustrating, and at times daunting and complicated. For years, parents have said that they need a clear, concise guide to the programs and services available for students with disabilities, as well as more help figuring out how the Special Education process functions. This book is designed to meet that need.

This book is designed to provide basic information to guide parents through the early years. The intent of this book is to make special education program services more understandable and to assist parents as they work with District staff in developing and implementing their child’s Individual Educational Plan (IEP). The book also gives information about the services, supports, strategies, etc. parents may come across.

Just as preparing this book 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 school districts, parents are key participants in this critical team effort.

Parents have the right to actively participate in the development of their child’s individual education plan (IEP). This process can sometimes be complicated and emotional. Therefore, it highly recommended that you become very familiar with your child’s learning challenges and that you are informed of your rights and responsibilities.

As you read this book, you may need more information. An excellent source of information on the laws governing special education is available in *Special Education: Rights and Responsibilities* written by Community Alliance for Special Education (CASE) and Protection and Advocacy, Inc. (PAI). A copy of this document is kept at the District Special Education Department. You can also read or download the document on line at
You can also acquire your own copy by contacting:

CASE       or   PAI
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The information contained in this book is, by all means, not all encompassing and parents are encouraged to become more familiar with District offerings by participating in the Special Education District Advisory Committee, PTA, and other District parent groups. I hope this handbook will serve as a valuable tool in understanding the Special Day Class your child is or will be participating in, the Special Education process and services and supports.

Best regards,

Karla Jara
Individuals with Disabilities Education (IDEA)  
&  
Special Education (SPED)

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.)*

Special Education (SPED) is education designated to meet the individual needs of children with disabilities. Originally designated in the Education for All Handicapped Children Act of 1975 (PL-94-142), children with disabilities are those evaluated as having mental retardation, deafness, serious emotional disturbances, orthopedic impairments, hearing impairments, visual impairments, learning disabilities, speech impairments, deaf-blind multiple disabilities, or other health impairments, need special education and related services.
Early Intervention

Early intervention is very important to young children. Through IDEA Part C infants and toddlers with disabilities, eligible birth through two year olds, are provided services through the local county office of education. Under IDEA, Part B local and state districts must provide special education and related services to eligible preschool aged children (ages 3-5). These services are provided in different ways than the services for school-aged children (ages 5-21). Early childhood intervention is a support system for children with developmental disabilities or delays and their families. If a child experiences a developmental delay, this can compound over time.

Early intervention involves specialized education and therapy services for the child with disabilities, as well as support for the whole family through information, advocacy, and emotional support. 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) to minimize these delays and maximize their chances of reaching normal milestones in development and 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.

An early childhood intervention team generally consists of teachers with special education training, speech and language pathologists, physical therapists, occupational therapists, and other support staff, such as music therapists, teacher aides/assistants, and counselors. A key feature of early childhood intervention is the trans-disciplinary model, in which staff members discuss and work on goals even when they are outside their discipline: "In a trans-disciplinary team the roles are not fixed. Decisions are made by professionals collaborating at a primary level. The boundaries between disciplines are deliberately blurred to employ a 'targeted eclectic flexibility'" (Pagliano, 1999).
Goals are chosen by the families through the annual or biannual Individual Family Service Plan (IFSP) or Individual Education Plan (IEP), which evolves from a meeting where families and staff members talk together about current concerns, as well as celebrating achievements.
Transitions between settings

Like all other students in the school system, children with special needs go through major transitions as they enter preschool, kindergarten, middle school, high school, and graduation into adulthood. For young people in special-education programs, however, these transitions aren't a simple step up to the next rung on the educational ladder. They involve a great deal of thought, planning, evaluating, researching, meeting, discussing, and sometimes arguing. Parents need to work with their school district’s planning teams to make sure that these students have the services and supports required to make those transitions safe and successful.

Transition is an important part of the special education process. Transition IEP meetings are scheduled prior to all placement changes. The meetings are designed to share knowledge of the student with the new school staff and/or service providers. Members of the IEP team consider strengths, learning preferences, social/emotional development, cognitive abilities, academic functioning levels, health, talents, and interests of the student. Necessary supports, activities, and services are identified and an appropriate educational program is developed.

Knowing what the issues are as you face each of these transitions with your child, and doing your own homework to be an informed and involved member of the team, will help you be a strong and effective advocate for your student.
The Transition from an Early Intervention Program (0-3 years old) to a Preschool Special Day Class

Three is a big birthday for children with special needs. With that milestone comes a transfer of therapy responsibilities from Early Intervention providers to your local school district. While your Early Intervention provider may be able to give you information on what to do, and help smooth the transition, you will need to be proactive and contact your school district well in advance of that age marker.

At least three months before your child hits the big 0-3, contact your school district's special education department and ask about services for three-year-olds. Explain that your child has been in Early Intervention. You will have to go through an evaluation by the school district's child study team to determine your child's eligibility for special-education preschool, and that can take several months. Since Early Intervention services will end whether your child's Pre-K placement is ready or not, you'll want to try to prevent a lengthy break.

The evaluations should be fun for your child. The results may be traumatic for you. It's never easy to hear that your child is delayed and needs services, or to get a big fat report on just how much help is needed. But preschool should be a great opportunity for your child to both get therapy and socialize.

What that special-education preschool experience looks like for three-year-olds will vary by district, and it's worth asking to take a look at the sort of classroom your child will be in. The setting will most likely be self-contained, and the school day a short one. Busing should be available; you may want to make sure that the plan for your child includes a car seat being provided, especially if your little one has low muscle tone.

There are special-education preschool classes for three-year-olds and four-year-olds, and after that a decision will have to be made on what type of kindergarten class will be appropriate. Take this opportunity to give your child some extra help and support in these very young formative years, and see where you're at when it's over.
The Transition from Preschool to Kindergarten

When your child nears the age your school district sets as the starting point for kindergarten -- most likely, the year that your child will turn five years old on or before December 2 of the following school year -- it's time again to think in terms of transition. For most children with special needs, this will mean a transition from a preschool program to a kindergarten program. It may also involve a transition from a partial day to a full day, from one school to another, or from one type of educational plan to another. This transition can be as big as deciding that your child no longer requires special-education services and is ready to move on to a mainstream class without classification. Or it can be as small as deciding that your child isn't quite ready for the big time yet, and will benefit from another year in the familiar setting of preschool.

A transition meeting will be held in the spring time prior to the child advancing to the Kindergarten setting, whatever it may be. You'll be helped in making this decision by an IEP team that should include your child's current preschool special education teacher and current therapists, a general education Kindergarten teacher (not necessarily the child’s), a Kindergarten special education teacher (hopefully the actual receiving teacher) and an administrator to facilitate the meeting. This meeting should be substantially shorter than the annual and Initial IEP meetings.

Before you offer your opinion on that, make sure it's an informed one. Ask to see some of the options available to your child. Visit a mainstream kindergarten classroom and really think about how well your child would fit into that environment. Do the same for a self-contained kindergarten classroom, or one with inclusion teachers available. Ask how placements would differ for different possible classifications, and view those options. If an out-of-district placement is suggested, or is something you would like to pursue, visit those classrooms as well.

If it's possible to talk to your child about what he or she likes and dislikes about preschool, find out if there are any preferences as to where or who he or she would like
to be with. Have an honest conversation with your child's teacher, too, about the strengths and weaknesses of your child in various situations, and find out what the teacher recommends and why. The teacher is second only to you in time spent with your child, and probably has a good sense of what other classrooms are like and how they have worked out for other students.

The preschool program will work with the district staff to provide transition services for students transitioning to kindergarten. Visits to the class, conferences with district teachers and meeting with parents are all vital to a successful preschool to school-age program transition.

This is a big, important transition, to be sure, but it's not a disaster if you don't get it exactly right the first time. It's not unheard of for students in regular education to delay kindergarten a year, or take it over if a little extra maturity is needed. Once you've made the decision as to where your child should go at age five, stay on top of the situation. Be open to the possibility of changing things that aren't working or adjusting a placement that was either too ambitious or not ambitious enough.

As your child starts formally on the long road of schooling, you start on the long road of school advocacy. Those are both scary things, but filled with opportunity as well. Prepare to make the most of it.
Family Involvement in the Preschool Years

As noted in the Division of Early Childhood, a division of Council for Exceptional Children, under Recommended Practices, “The definition of family participation is as follows: families are equal members in, can join together with staff and can take part in all aspects of the early intervention system, including all aspects of their child’s care and all levels of decision making.” The services should be flexible enough to respond to the changing needs of children and families. Staff members should explore changes, deal with concerns as they arise, and continue to promote family involvement that respects individual needs and enhances the growth and developments of the child.

Family involvement in preschool supports the family-centered approach of early childhood special education. A family knows its child best and is able to share information about the child. Family involvement enhances a child’s success in school because it supports the child’s learning. Although family involvement takes many forms, it is based on a partnership between home and school.

Communication between preschool and home is an important link and building block for learning with your child. During the school year, parent conferences such as IEP’s will be scheduled to discuss your child’s progress. Additionally, periodic updates/progress reports will be given by the teacher to gauge ongoing learning and development.

Staff may also keep you informed by class newsletters, notes, telephone calls and/or student notebooks. Copies of inspection reports of the Preschool Program can be obtained through the director. Parent participation is critical in the IEP development as you are your child's first teacher. Significant incidences of behavior or needed medical attention will be documented and sent home as well as a copy kept in school records.

Parents are important decision-makers in the special education of young children. School districts must inform parents about the options available and the
procedures used in special education. The family and school personnel become the team that makes decisions about the child's needs and services. Representatives of your school district should discuss with you the nature of your child's disability and its implications for education; methods of coordinating your child's services; and the school district's special education program and how it works.

Time and time again, research shows that parent involvement is critical to a child’s educational success. Here are a few ideas to consider how you might be involved:

- Make contact with your child’s teacher early in the school year in order to share information about your child. Make sure you highlight strengths and interests!
- Find ways to be involved with your child’s education throughout the year. (Volunteer, join a committee / Parent-Teacher Organization, attend special events, schedule time at home for working on school projects and homework)
- Regularly visit your child’s classroom and other school locations to learn more about the school and to watch how your child does in that setting.
- Talk to your child about how he/she feels about school, classes, friends, and teachers.
- Keep in regular contact with the teacher and other team members through a daily “back-and-forth notebook”, notes, phone calls, or informal conferences. Talk about the student’s needs, successes, learning styles, and any new information (medication, loss, change, etc...).
- Make written or mental notes of your child’s behavior at home. Take a look at your child’s daily schedule, such as jobs or responsibilities he/she has at home, interests, likes and dislikes, and how your child gets along with others.
- Make a list of questions that you want to ask the school staff about your child’s needs.
• Make a list of some ideas you would like to share at the Individual Education Program (IEP) meeting for your child. Think about what your child needs to learn, and what you would like him/her to learn.

• Consider how your child’s strengths and interests can be built upon.

• Make a list of goals that you might like to see written into your child’s IEP.

• Keep track of your child’s medical history by writing information in a notebook. Include: child’s date of birth, name and address of child’s doctor, dates of entry into school, dates of evaluations, findings, treatments, etc...

• Remember to give positive feedback throughout the year to the teacher(s), administrators, team members, and others involved when they do things that work well for your child.

• Seek out information that will help you become an effective partner in your child’s educational program and to appropriately advocate for your child’s educational needs.

**What You Can Do For School**

In order for your family to receive maximum benefits from your experience in the SDC Preschool Program, a list of suggestions for you as parents to do has been compiled.

• Read newsletters and memos

• Empty your child's school bag on a daily basis for important notices that need immediate attention

• Attend parent conferences

• Return all permission slips on time with appropriate cash as needed

• There are many ways to participate in your child's classroom:

• Send in snack and lunch for your child

• Schedule visits to the classroom

• Help prepare classroom materials from home

• Inform teacher of any talents or special connections, interest or hobbies.
Special Day Classroom

For children diagnosed with an Autism Spectrum Disorder, which includes Autism, Pervasive Developmental Disorder (PDD), Pervasive Developmental Disorders Not Otherwise Specified (PDD-NOS), Rett Syndrome and Childhood Disintegrative disorder (CDD) from the age of three, these children are eligible for an educational program appropriate to their individual needs. From the age of three, children with an Autism Spectrum Disorder may be eligible for an educational program appropriate to their individual needs. Educational programs for students with an Autism Spectrum Disorder focus on improving communication, social, academic, behavioral, and daily living skills. Behavior and communication problems that interfere with learning sometimes require the assistance of a knowledgeable professional in the autism field who develops and implement a plan which can be carried out at home and school.

Special day classes serve students who, because of their disabilities, cannot participate in general education classes for a majority of the school day. These classes are provided, for the most part, on general education sites. As appropriate, students enrolled in special day classes interact with their general education peers through academic, non-academic and extracurricular activities.

The classroom environment should be structured so that the program is consistent and predictable. Students with autism or PDD learn better and are less confused when information is presented visually as well as verbally. Interaction with nondisabled peers is also important, for these students provide models of appropriate language, social and behaviors skills. To overcome frequent problems in generalizing skills learned at school, it is very important to develop programs with parents, so that the learning activities, experiences, and approaches can be carried over into the home and community.

Each district operates programs to serve children with disabilities. However, it is not feasible for every district to provide programs to serve all children of various ages,
especially for students with low incidence disabilities. In California, as in many other states, local districts work together with neighboring districts to develop programs for all children with disabilities within the SELPA.
General Information

Pick up Policies: The teachers must receive written authorization from the parent for any changes in your normal pick-up routine. Additionally, if there is anyone who is not authorized to pick your child, please provide that information to the teacher also.

Sick Days: Please make sure to call the school if your child will be absent from school due to illness or other reason.

Attendance: Attendance is important in preschool programming to ensure safety and provide consistency of learning and development of skills. Parents must call and notify the teacher of an absence. When the call is made, simply state the name of your child, reason for absence and when you may expect he/she will return to school.

Notices: Very important! Please check the bulletin board and front door inside the classroom for important notices and sign-ups as well as remembering to check your student’s box in the classroom daily and in your child’s backpack.

Emergencies: Your child's classroom will have a contact number to reach you in times of emergencies. It is vital that we have alternate telephone contacts on file in case we cannot reach you. Please notify your teacher and our office if any phone numbers change. Emergency medical forms must be completed and returned before any programming can begin.

Visitors: Parents and family members are encouraged to visit the classroom. This is especially important for the parent to see certain strategies in place and how they are implemented. Please contact the teacher to make an appointment for a visit as notice is
appreciated to make sure that a parent visit is not a distraction for their child or other children.

**Sign in/Sign out Procedure:** Parents or other parent authorized adults (must be 18 years of age or older) who provide daily transportation need to make arrangements with the classroom teacher for site procedures. When students are picked up or dropped off for other reasons, such as a doctor or dental appointments, please make sure to notify the teacher. **STUDENTS WILL NOT BE RELEASED TO ANYONE OTHER THAN THE PARENT OR GUARDIAN WITHOUT SPECIFIC WRITTEN CONSENT.**

**Dress Code:** The preschool program encourages comfort and independence. Preschool classrooms engage in projects involving many different types of materials. Therefore, it is encouraged that parents outfit their children in comfortable clothing that is easily washed and changed. It is important for parents to provide a seasonally-appropriate change of clothing for your child. Every child needs at least one complete change of clothes; include socks and shoes if possible. Label all items with your child’s name. These will be placed in child's designated area. Change the clothes seasonally. Additional underwear (or diapers or pull-ups) and wipes should be sent along to school for accidents. The school does not provide diapers and, if applicable, the parent is required to maintain an adequate supply at school. Please discuss with your child’s teacher how much of the items should be sent to school. In some cases a whole package of diapers and wipes are encouraged and staff will let you know when the supply is getting low.

**Confidentiality:** Programs should follow procedures consistent with the Family Education Right and Privacy Acts (FERPA) of 1975. Records and files are available only to staff directly involved with your child, direct district personnel and others as permitted by the law. All other access requires written parental permission.
If you wish to review your child's records, please contact the Director of Special Education to arrange a time. You may review and receive copies of any reports maintained.

**Resolution of Conflicts**: If you have concerns about your child’s program, the following procedure for resolution is a good idea. First, approach your child’s teacher and/or specialist to resolve the concern to your satisfaction. If you are unable to resolve the concern, please contact the program specialist or director of special education.

**Birthday/Holiday Celebrations**
During the school year, there may be opportunities for you to send special items in celebration of your child's special day or holiday.
Medical Information

Allergies/Health History: Please notify your child’s teacher and the school nurse of any food or other allergies and any health risks (asthma, seizures, etc.). It is important that you let the teacher and school nurse know of any changes in your child’s health.

Medications: For your child’s safety, please do not send any over-the-counter medications (i.e. aspirin, cough drops) to school. If at all possible, it is encouraged to arrange medication to be administered at home.

Prescription Drugs: Prescription drugs will not be administered by school staff without a written request and supplementary paperwork signed by the parent or guardian and the physician. This must be on file in the school office. The container of prescription medication kept in the school must be the current, original pharmacy labeled container. The labeled container must be brought to the school by a parent or other responsible adult, and delivered to the safe keeping of the health office. The parent must submit a Medication Authorization Form to the school nurse. This form requires physician and parent signatures.

Sick Child Policy: Regular school attendance is important, but a sick child needs to be at home getting well. It is asked that all parents follow the “GOLDEN HEALTH RULE”. Place yourself in the role of other parents...would you want your child exposed? Remember, a child not feeling well is not able to benefit from the type of experience gained at preschool. If a child gets sick at school, parents will be called immediately. Your child must be fever free for 24 hours without fever reducing medication before they can return to school.
It is advised that children be kept at home if the following symptoms are present:

1. Skin rash or sores  
2. Stomach ache or nausea  
3. Vomiting  
4. Flushed face  
5. Inflamed eyes  
6. Sore throat  
7. Diarrhea  
8. Chills  
9. Earache  
10. Coughing  
11. Fever  
12. Have been taking an antibiotic for less than 24 hours  
13. Heavy, nasal discharge

Children will be sent home or not allowed to attend preschool class upon evidence of:

1. Fever of 100 degrees or above, auxiliary method  
2. Diarrhea  
3. Impetigo or any skin rash that has not been identified in writing or by phone call to the class by a physician  
4. Vomiting for any reason  
5. Colored or foul smelling discharge (nose, eyes, wounds, etc.)  
6. Severe coughing (causing child to become red or blue in the face or make a whooping sound)  
7. Difficult or rapid breathing  
8. Yellowish eyes or skin 
9. Conjunctivitis or "Pink eye" (yellowish discharge from and/or red itchy eyes)  
10. Evidence of lice (live or nits) or other parasitic infestation  
11. Strep throat  
12. Excessive fatigue (child sleeps during activities and had normal sleep the previous night)  
13. Chicken Pox  
14. Influenza  
15. Other conditions considered a risk to self or others

If a child is at school when one or more of these symptoms are displayed, the child will be sent to the office to await parent arrival. Children may return to class when the child is visibly free from communicable disease and that returning to the program presents no risk to the child or to others. In addition, the child must be fever free without fever reducing medicine for 24 hours. When a child returns from an absence, he or she may be required to bring a doctor's note, especially when the illness or incident may pose a risk of infection to other students or further risk to the child. A doctor's release is required whenever surgery or significant injury occurs so that the program can be aware of any special needs affecting the child's participation.
Transportation Services for Preschool Children

According to the Office of Special Education Programs through the United States Department of Education, transportation is a related service as defined by 34 CFR §300.34(c)(16) of the IDEA regulations and can include travel to and from school and between schools; travel in and around school buildings; and specialized equipment such as special or adapted buses, lifts, and ramps. Special Education categorical funds are provided by the State of California to support this program.

Parents do not have to pay for transportation. However parents do need to request the transportation services through the special education department and it needs to be documented on the IEP paperwork.

The teacher or an instructional assistant will meet and pick up students, who ride the bus to school, at the designated area and will walk students to the classroom. At the end of the student’s day the teacher or an instructional assistant will walk the student bus riders to the designated area, wait for the bus with the student and assist with getting onto the bus. The bus driver will check to make sure that buckles are properly fastened and that students and their belongings are secure.

A child’s individualized education program (IEP) Team is responsible for determining both if transportation is required to assist a child with a disability to benefit from special education and related services, and how the transportation services should be implemented. The IDEA and the implementing regulations also include travel training in the definition of special education. Travel training is instruction that enables children with significant cognitive disabilities, and any other children with disabilities who require this instruction, to develop an awareness of the environment in which they live, and to learn the skills necessary to move effectively and safely from place to place within that environment. 34 CFR §§300.39(a)(2)(ii) and 300.39(b)(4). Both transportation and travel training are important services IEP Teams should continue to consider when they plan for a child’s postsecondary transition needs.
The IEP should describe the transportation services to be provided, including transportation to enable a child with disabilities to participate in nonacademic and extracurricular activities in the manner necessary to afford the child an equal opportunity for participation in those services and activities to the maximum extent appropriate to the needs of that child.

The IDEA does not require LEAs to transport children with disabilities in separate vehicles, isolated from their peers. In fact, many children with disabilities can receive the same transportation provided to non-disabled children, consistent with the least restrictive environment requirements in 34 CFR §§300.114 through 300.120.

These services can be a fundamental component of the provision of a free appropriate public education (FAPE) that will assist children in preparing for employment and independent living in their communities. Therefore, IEP Teams should consider the need for both transportation and travel training when planning for a child’s postsecondary transition needs.

The Federal Transit Administration funds and Easter Seals administers Project ACTION (Accessible Community Transportation in Our Nation), a national technical assistance center on accessible transportation, which provides training for schools, parents, and other service providers on the implementation of travel training (http://www.projectaction.org; 800-659-6428).
Related Services

Designated Instruction Services (DIS) are available when such services are deemed necessary by the IEP team to benefit a student educationally. Students must be eligible under the established SELPA criteria. These services must be written in to the IEP document and agreed to by all team members. These services are provided by specialists and are specific services, to students, that support the underlying skills required for learning.

A student may be referred for a specific related service evaluation upon request from the teacher, the parent, member of the IEP team or related service staff member. A variety of DIS services are available, which include, but are not limited to the following:

- Adapted Physical Education
- Speech and language therapy
- Occupational therapy
- Physical therapy
- Nursing
- Hearing and audiological support
- Mobility instruction
- Special instruction
- Designated psychological services
- Career/occupation training

There are three basic models of related services delivery: direct, monitoring and consultative. The type of delivery model is determined by the IEP team and the intervention needs of the student. It is good practice that related services should be incorporated within the goals for each student in appropriate natural settings. As part of this comprehensive program, therapists may also consult with the teachers/support staff working with your child. In addition, physical therapists may also consult with your family physician during the assessment process.
Adapted Physical Education

The Adaptive Physical Education (APE) specialist provides direct and consultation service to students with disabilities who cannot participate in general education physical education classes without support because they have needs that cannot be adequately met by other physical education programs.

APE eligibility is determined by assessment and evaluation of motor skill performance and other areas of need. It may include individually designed developmental activities, games, sports and rhythms, for strength development and fitness, suited to the capabilities, limitations, and interests of individual students who may not safely, successfully or meaningfully engage in a general or modified physical education program. The APE specialist also provides support, consultation, and equipment to staff and special education students enrolled in general education classes.

Assistive Technology

IDEA, requires that Assistive Technology services be considered for all special education or 504 students. Referrals for Assistive Technology assessments are made by IEP teams, parents, teachers, and Related Services personnel. Assistive Technology (AT) can be equipment and/or services that allow the student access to the curriculum. AT equipment can be anything from a pencil grip, specially lined paper, and low-tech communication boards to portable word processors and specialized software for students with special needs.

Occupational Therapy

The Occupational Therapist evaluates and develops skills which focus on development of readiness abilities, fine motor control, and functional skills. Students who are identified through assessment as eligible for occupational therapy, receive services as designated by their Individual Education Plan, and may be delivered as both
direct and/or indirect, (consultation) services in the classroom, or other educational setting, or home. OT includes services to improve a student’s educational performance, self-help abilities, sensory processing, sensory integration, motor planning, visual perception, and gross and fine motor abilities.

**Physical Therapy**

The Physical Therapist focuses on gross motor control, basic mobility and balance. A physician’s prescription is needed for services. Students who show through assessment, a discrepancy between gross motor ability and other educational skills, may receive physical therapy services from a registered physical therapist, or a physical therapist assistant. Physical therapy includes, but is not limited to, motor coordination, posture and balance, self-help and functional mobility, accessibility and use of assistive devices.

**School Psychologist**

The role of the school psychologist is to observe students and administer 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 district and may offer educational interventions, management, curriculum and teaching strategies to students and staff. Psychologists provide counseling to designated students.

Credential school psychologists and interns staff the school district psychology department. In addition, many of the psychologists have clinical licenses. Psychological services may include but are not limited to; special education assessment and reassessment, participation on Student Study Teams, conducting manifestation determinations, assistance in the development of behavior support plans, conducting functional analyses, participation in I.E.P. meetings, providing counseling, crisis
intervention services for all schools, providing in-service trainings for school staffs and parents, and working collaboratively with teachers on early intervention strategies. Psychologists are assigned to schools according to a formula, determined by the total number of students enrolled, as well as the number of students in special education.

**Speech Therapy**

Students who are identified through the referral process, as having a speech/language impairment that adversely affects academic performance, are served by Speech/Language Pathologists (SLPs) through a variety of options. This may include direct services on an individual or group basis within the classroom or on a pull-out basis, or consultation with staff and parents to address student needs.

The District employs speech and language therapists to serve the needs of all referred children who meet state eligibility criteria. Each therapist also provides consultation and diagnostic assistance. The SLP also evaluates students who may qualify for special education support in the areas of articulation, language development, voice and fluency. The speech and language therapists’ responsibilities include:

- Diagnose, evaluate, and plan a program of remediation based on the child’s maturity and severity of the problem
- Establish a speech and language program
- Help parents and teachers understand and assist their children
- Consult with other IEP team members and staff to assure that specific speech/language needs can be integrated with the total needs of the child
- Consult with regular education personnel regarding adaptation of program and curriculum
Extended School Year Services

Some students with disabilities may require special education services during the summer months 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 that the regular school schedule is on summer vacation 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 team will review information to determine if a student is eligible for extended school year services.

Note that your child’s teacher may not be teaching the extended school year program. Teacher contracts are different between school districts and they may not include extended school year program days as part of their contract, meaning the teacher has the choice to teach or not teach. If your child’s teacher has decided not to teach extended school year then a different teacher may be your child’s teacher during the program. Rest assured that your child’s regular school year teacher will make sure that the extended school year teacher knows what he or she needs to know about your child and what he or she is working on.
Special Education Terminology and Acronyms

Special Education has a language of its own with seemingly endless acronyms and terminology. A whole chapter has been dedicated to this specialized language. It is not all inclusive but the hope is that it will provide you with the basic special education vocabulary and will aid you in being a knowledgeable member of the IEP team. The following has been organized in alphabetical order for ease of locating terms.

Terminology

**Accommodations:** Accommodations are supports, which alter the structure or format of the learning/performance situation but the expectation of learning mastery relative to all students does not change.

**Achievement:** A measure of a child’s progress in academic areas.

**Achievement Testing:** Measures what a child has already learned in areas such as reading, math, spelling, or written and oral language.

**Adapted Physical Education (APE):** A physical education program designed to meet the special needs of individual students with disabilities who need modifications to the school’s regular physical education program, or a specially designed program.

**Advocate:** A person who speaks on his/her own behalf or on behalf of others to protect their rights and ensure access to services.

**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.

**Americans with Disabilities Act (ADA):** A Federal law that prohibits discrimination against people with disabilities in the areas of employment, public transportation, services provided by state and local government, services and accommodations offered by private businesses, and telecommunication access for people with communication impairments.
**Annual Goal:** A measurable outcome that a student can reasonably achieve in one year and written in the (IEP) Individualized Education Program. Progress toward meeting each annual goal must be documented and shared with parents at least quarterly.

**Annual Review:** The annual meeting of the IEP Team to review a child's progress and revise the goals and services listed in the IEP.

**Aphasia:** Impairment or loss of ability to articulate words or to comprehend speech.

**Appeal:** A written request to change an IEP decision or the act of making a request to change an IEP decision.

**Appropriate:** Able to adequately address/meet identified needs.

**Aptitude/Achievement Discrepancy:** Assessing to what extent a child’s achievement (based on a test) fulfills cognitive aptitude or potential.

**Assessment:** Tests given to a child by qualified professionals to determine the child's current academic levels in such areas as math, reading, and spelling.

**Assistive Technology (AT):** Any device, product, or piece of equipment that improves functional capabilities of an individual with learning disabilities such as walking, hearing, seeing, speaking or learning.

**Assistive Technology Services (AT Services):** Assist an individual or a family in selecting, acquiring, maintaining or using assistive technology.

**Attention Deficit Disorder (ADD) and Attention Deficit/Hyperactivity Disorder (ADHD):** are diagnoses applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common behaviors fall into three categories: inattention, hyperactivity, impulsivity. People who are inattentive have a hard time keeping their mind on any one thing and may get bored with a task after only a few minutes. People who are hyperactive always seem to be in motion. They can't sit still, are typically unorganized, and may feel constantly restless. People who are overly impulsive seem unable to curb their immediate reactions or think before they act. If these students don't qualify for special education services, a 504 plan may be appropriate.

**Audiological Services:** Includes identifying children with hearing loss and providing services that will help children with hearing losses maximize their strengths and abilities.
**Auditory processing:** Receiving, interpreting, ordering and remembering what is heard.

**Behavioral Support Plan (sometimes referred to as a Behavior Management Plan or a Behavior Intervention Plan):** A BSP includes practical and specific strategies and positive supports designed to increase or reduce certain behaviors.

**Case Manager/Service Coordinator/Team Leader:** An individual who coordinates and facilitates IEP process/services for a child and family.

**Child Find:** A system of identifying children age 0 to 21 that may have a disability or be in need of special education services.

**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.

**Due Process:** The legal procedures set up to resolve disagreements between parents and school districts over some part of a child's special education program (See Fair Hearing).

**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.

**Evaluation**: A review of assessments and other information, collected from a variety of sources, used to determine a child’s eligibility for, and dismissal from, special education services. Evaluation also helps determine what kinds of supports and services a child will receive.

**Extended School Year Services (ESY)**: Services provided to qualifying students with special needs during lengthy school vacations when evidence shows that a student would otherwise require an inordinate amount of time to regain previously learned skills.

**Fair Hearing**: A formal hearing that is called by parents or school district personnel and presided over by an administrative law judge from the California State Office of Administrative Hearings. Issues, which may be considered under the fair hearing procedure are limited to identification, assessment, the IEP, and placement of individuals with exceptional needs.

**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.

**Free and Appropriate Public Education (FAPE)**: A guiding principle of federal special education law which mandates that students with disabilities are to be provided an appropriate public education at no cost to the parents.

**Freedom from Distractibility**: The degree, to which a student can concentrate on academics, affected by attention, anxiety, and/or emotion.

**Functional Behavioral Assessment (FBA)**: A process for gathering information that can be used to determine why a person is exhibiting unacceptable behavior and what is needed to change the behavior.

**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 disabilities in age appropriate general education classrooms in their home school district to the maximum extent possible, while meeting the needs of both groups. Goals and objectives for these students are determined by the IEP team 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.

**Independent Educational Evaluation** - Assessment procedures conducted by a qualified individual who is not employed by the public agency responsible for the education of the student.

**Individualized Education Program (IEP)**: A written document developed by a team including the parent, mandated by law, that defines a child's current levels of educational performance; specifies annual goals and short-term objectives; type of educational instruction and related services; amount of participation in general educational programs; date(s) special education service begins and is projected to end; and the annual evaluation procedures and review date for updating the IEP at least annually. When appropriate, the IEP contains additional items.

**IEP Team**: A multidisciplinary team composed of regular and special education teachers, other professionals, and the parents of the child. The team is responsible for identifying and evaluating children with disabilities who are in need of special education services; developing services, reviewing progress, and revising an IEP; and determining that the child is no longer a child with a disability.

**Individualized Family Service Plan (IFSP)**: A legal document that is developed in collaboration with the family and professionals to describe the services provided to an eligible infant or toddler (0 – 3 yrs) and his or her family.

**Individuals with Disabilities Education Act (IDEA)**: This is the name of the federal law that guarantees qualified children with disabilities the right to a free appropriate public education.
Infants & Toddlers Program: A statewide program that requires services for children from birth to three years of age, including an individualized family service plan (IFSP) and case management services. Each county administers this program differently.

Intelligence Quotient (IQ): A theoretical estimate of cognitive aptitude, often broken down into verbal IQ, performance (non-verbal) IQ and full scale IQ.

Learning Disability (LD): A disorder in one or more of the basic psychological processes involved in understanding or using spoken and/or written language as well as a severe discrepancy between intellectual ability and achievement. This may manifest itself by an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations.

Learning style: The channels through which a child best understands and retains learning.

Least Restrictive Environment (LRE): All children with disabilities have a right to be educated in the least restrictive environment, with supports and services, in which their IEPs can be implemented. This means that a child can be in a class with his non-disabled peers unless the IEP team determines that a different educational setting better meets the individual needs of the student. LRE is the educational setting in which any child can succeed which is most closely aligned with the regular classroom and curricula.

Local Education Agency (LEA): Your local school district.

Low Incidence Disability: A severe disabling condition with an expected incidence rate of less than one percent of the total statewide enrollment in kindergarten through grade 12 (e.g. hearing impairments, vision impairments, and severe orthopedic impairments).

Mainstreaming: A term referring to the time during which a special education student participates in general education activities, either academic or non-academic (e.g., math, reading, art, PE).

Manifestation Determination: A formal decision about whether a student’s inappropriate and/or dangerous behavior is understood by the child and whether the child can control that behavior. A manifestation determination may be required if there is a significant change to a student’s IEP placement (suspension of more than 10 days in a school year).
**Mean:** The average of a group or set of scores: The mean IQ nationally is 100 and in

**Median:** The middle score, or 50th percentile.

**Mediation:** This is the process of having a trained person try to help parents and the school system reach an agreement.

**Modality:** The sensory channel used to acquire information.

**Mode:** The most frequent score.

**Modifications:** Modifications are a change to the curriculum standard from that required of general education students. As a result, modifications are noted on report cards. Most colleges and universities view modified high school curriculum/grades as unacceptable for entrance requirements.

**Multidisciplinary:** Describes a team approach involving specialists in more than one area, to get a complete picture of a child's needs.

**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.

**Nonpublic Placement:** Parents may choose to pay for their child with disabilities to attend a private school yet still access some special education services from the local public school system through the IEP process. If appropriate public services as determined by the IEP can't be provided, the school system must attempt to secure services and pay for those services through a private program.

**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).

**Occupational Therapy (O.T.):** A service which addresses fine motor difficulties that may impact the ability to carry out the act of writing as well as addressing the sensory motor challenges experienced by some students. Instruction in skills such as coordination and control of fine motor movements to access educational activities of daily living provided by an occupational therapist.
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.

Placement: The specific system of delivery (DIS, RSP, SDC) that meets the child’s individual needs as identified in the IEP.

Positive Behavioral Supports: Interventions intended to reduce an inappropriate behavior and teach a student appropriate behaviors/skills.

Present Level of Performance: as applied to the goals and objectives in an IEP.

Readiness: Physical, mental, and emotional preparedness to cope with a learning task.

Re-evaluation: Once a child becomes eligible to receive special education services, a mandatory re-evaluation occurs after three years in order to determine if the child remains eligible for special education services. A re-evaluation can occur earlier than three years if the child’s needs change or if the child has made significant progress.

Referral: The formal request to assess and determine a child's eligibility of special education needs; a referral may be made by a parent, teacher, medical personnel, or anyone with specific knowledge of the child.

Related Services: Services that must be provided for a child who qualifies for special education in order to benefit from his/her educational program. These are identified through an assessment and written on an IEP as necessary for a child to benefit from his/her educational program (e.g., speech/language remediation, Braille transcription, transportation, speech/occupational/physical therapy/audiologist/social or emotional skill services, etc).
**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.

**Residential Child Care Facility Services** – Educational services provided to a child in a state licensed residential/school facility where a child is living due to the intensive needs of the child.

**Resource Specialist Program (RSP):** Students receiving special education instruction for less than 50% of the school day are enrolled in the RSP; these students are usually "pulled out" of the general education classroom for special assistance during specific periods of the day or week and are taught by credentialed resource specialists.

**Screening:** the process of reviewing a child's educational situation to see if interventions should be attempted before initiating a referral for special education

**Section 504:** A federal anti-discrimination law that requires public schools to provide educational accommodations and curricular modifications to students with disabilities

**Special Education:** Specifically designed instruction, related services, and supplementary aids and services provided for a child determined to have an educational disability in order to meet the student's unique educational needs

**Special Education Local Plan Area (SELPA):** The service areas covered by the Local Plan developed under subdivision (a), (b), or (c) of Ed Code Section 56170.

**Speech / Language Therapist:** A therapist who attempts to correct or decrease a student’s problems with communication, language and/or voice disorders.

**Speech Therapy:** A planned program provided by a Speech and Language Therapist/Pathologist to correct or decrease a student’s problems with communication, language and/or voice disorders.

**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.

**Standardized Testing and Report Program (STAR)**: School districts are required by the State to assess students annually through the STAR program. IEP teams must identify which STAR test is appropriate and should identify any necessary accommodations for the student. IEP teams may not exempt students from STAR testing.

**Supplementary Aids & Services**: Extra aids & services determined by the IEP team to be essential to a child who qualifies for special education services. This could include: Para-educator assistance, adapted curriculum, behavior modification program, assistive technology, etc.

**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.

**Transition Plan / Transition Services (for infants and toddlers receiving early intervention services)**: A written plan developed and included as part of the IFSP (Individualized Family Service Plan) usually by 24 months of age. It includes the steps to be taken for a smooth transition for all toddlers at 36 months out of the early intervention system and it helps to ensure continuity of services for those children who qualify for special education beyond three years of age.

**Transition Plan / Transition Services (for students with disabilities 16 years and older)**: Beginning at age 14 years, a Transition Team made up of parents(s), the student, special educator and individuals from community agencies, identifies appropriate services and programs to address areas of need such as communication, mobility, career awareness and preparedness, community access and recreation, to facilitate a smooth transition for students with disabilities when they leave the public school system at graduation.

**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.
### Special Education Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAC</td>
<td>Augmentative Alternative Communication</td>
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<tr>
<td>AB</td>
<td>Assembly Bill</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<tr>
<td>ADD/ADHD</td>
<td>Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>AIS</td>
<td>Academic Intervention Services</td>
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<tr>
<td>APE</td>
<td>Adapted Physical Education</td>
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<tr>
<td>AT</td>
<td>Assistive Technology</td>
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<tr>
<td>BIP</td>
<td>Behavior Intervention Plan</td>
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<tr>
<td>BOE</td>
<td>Board of Education</td>
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<tr>
<td>CAHSEE</td>
<td>California High School Exit Exam</td>
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<tr>
<td>CAPA</td>
<td>California Alternate Performance Assessment</td>
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<tr>
<td>CCS</td>
<td>California Children’s Services</td>
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<tr>
<td>CDE</td>
<td>California Department of Education</td>
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<tr>
<td>ChADD</td>
<td>Children with Attention Deficit Disorders</td>
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<tr>
<td>CMA</td>
<td>California Modified Assessment</td>
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<tr>
<td>COTA</td>
<td>Certified Occupational Therapy Assistant</td>
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<tr>
<td>CP</td>
<td>Cerebral Palsy</td>
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<tr>
<td>CPSE</td>
<td>Committee for Preschool Special Education</td>
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<tr>
<td>CSE</td>
<td>Committee on Special Education</td>
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<tr>
<td>CST</td>
<td>California Standards Tests</td>
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<tr>
<td>CSW</td>
<td>Certified Social Worker</td>
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<tr>
<td>DD</td>
<td>Developmentally Delayed</td>
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<td>DDSO</td>
<td>Developmental Disabilities Service Office</td>
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<tr>
<td>DIS</td>
<td>Designated Instructional Services</td>
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<tr>
<td>DHH</td>
<td>Deaf and Hard of Hearing</td>
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<tr>
<td>DMH</td>
<td>Department of Mental Health</td>
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<tr>
<td>DSS</td>
<td>Department of Social Services</td>
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<tr>
<td>EC</td>
<td>Education Code</td>
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<tr>
<td>ECDC</td>
<td>Early Childhood Direction Centers</td>
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<tr>
<td>ED</td>
<td>Emotionally Disturbed</td>
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<tr>
<td>ELD</td>
<td>English Language Development</td>
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<tr>
<td>EL/ELL</td>
<td>English Learner/English Language Learner</td>
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<tr>
<td>ESL</td>
<td>English as a Second Language</td>
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<tr>
<td>ESY</td>
<td>Extended School Year</td>
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<tr>
<td>FAA</td>
<td>Functional Analysis Assessment</td>
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<tr>
<td>FBA</td>
<td>Functional Behavior Assessment</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>FAPE</td>
<td>Free and Appropriate Public Education</td>
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<tr>
<td>FEP</td>
<td>Fluent English Proficient</td>
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<tr>
<td>FERPA</td>
<td>Family Education Rights and Privacy Act 1974 (Buckley Amendment – Confidentiality)</td>
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<tr>
<td>FOIL</td>
<td>Freedom of Information Law</td>
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<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
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<tr>
<td>504 (Plan)</td>
<td>Section 504 of the Rehabilitation Act of 1973</td>
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<tr>
<td>GATE</td>
<td>Gifted and Talented Education</td>
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<tr>
<td>IA</td>
<td>Instructional Assistant/Aide</td>
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<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act (1997) (P.L. 94-142)</td>
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<tr>
<td>IDEIA</td>
<td>Individuals with Disabilities Education Improvement Act (2004)</td>
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<tr>
<td>IEP</td>
<td>Individualized Education Program</td>
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<tr>
<td>IFSP</td>
<td>Individual and Family Service Plan</td>
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<tr>
<td>IQ</td>
<td>Intelligence Quotient</td>
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<tr>
<td>IS</td>
<td>Intensive Services</td>
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<tr>
<td>ITP</td>
<td>Individualized Transition Plan</td>
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<tr>
<td>LD</td>
<td>Learning Disabled</td>
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<tr>
<td>LEA</td>
<td>Local Educational Agency</td>
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<tr>
<td>LEP</td>
<td>Limited English Proficiency</td>
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<tr>
<td>LH</td>
<td>Learning Handicapped</td>
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<tr>
<td>LRE</td>
<td>Least Restrictive Environment</td>
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<tr>
<td>MH</td>
<td>Multiple Handicaps</td>
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<tr>
<td>MR</td>
<td>Mental Retardation</td>
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<tr>
<td>NIH</td>
<td>National Institute of Health</td>
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<tr>
<td>NPA</td>
<td>Non Public Agency</td>
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<tr>
<td>NPS</td>
<td>Non Public School</td>
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<tr>
<td>OAH</td>
<td>Office of Administrative Hearing</td>
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<tr>
<td>OCR</td>
<td>Office for Civil Rights</td>
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<tr>
<td>OHI</td>
<td>Other Health Impaired</td>
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<tr>
<td>OI</td>
<td>Orthopedically Impaired</td>
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<tr>
<td>O &amp; M</td>
<td>Orientation and Mobility Instruction</td>
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<tr>
<td>OT</td>
<td>Occupational Therapy/Therapist</td>
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<tr>
<td>PBSP</td>
<td>Positive Behavior Support Plan</td>
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<tr>
<td>PL</td>
<td>Public Law</td>
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<tr>
<td>PT</td>
<td>Physical Therapy/Therapist</td>
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<tr>
<td>PTA</td>
<td>Parent Teacher Association</td>
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<tr>
<td>RFEP</td>
<td>Redesignated Fluent English Proficient</td>
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<tr>
<td>ROP/C</td>
<td>Regional Occupational Program/Center</td>
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<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>RS/DIS</td>
<td>Related Services/Designated Instructional Services</td>
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<tr>
<td>RSP</td>
<td>Resource Specialist Program</td>
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<tr>
<td>SARB/T</td>
<td>School Attendance Review Board/Team</td>
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<tr>
<td>RtI</td>
<td>Response to Intervention</td>
</tr>
<tr>
<td>SB</td>
<td>Senate Bill</td>
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<tr>
<td>SDC</td>
<td>Special Day Class</td>
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<tr>
<td>SED</td>
<td>State Education Department</td>
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<tr>
<td>SEDAC</td>
<td>Special Education District Advisory Committee</td>
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<tr>
<td>SEIT</td>
<td>Special Education Itinerant Teacher (CPSE Service)</td>
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<tr>
<td>SELPA</td>
<td>Special Education Local Plan Area</td>
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<tr>
<td>SETRC</td>
<td>Special Education Training and Resource Centers (for parents, teachers, &amp; community)</td>
</tr>
<tr>
<td>SI</td>
<td>Sensory Integration</td>
</tr>
<tr>
<td>SLD</td>
<td>Specific Learning Disability</td>
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<tr>
<td>SLI</td>
<td>Speech and Language Impaired</td>
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<tr>
<td>SLP</td>
<td>Speech Language Pathologist</td>
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<tr>
<td>SLPA</td>
<td>Speech Language Pathologist Assistant</td>
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<tr>
<td>SST</td>
<td>Student Study/Success Team</td>
</tr>
<tr>
<td>ST</td>
<td>Speech Therapy</td>
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<tr>
<td>TBI</td>
<td>Traumatic Brain Injury</td>
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<tr>
<td>TDD</td>
<td>Telephone Device for the Deaf</td>
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<tr>
<td>TOR</td>
<td>Teacher of Record</td>
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<tr>
<td>VESID</td>
<td>Office of Vocational and Educational Services for Individuals with Disabilities</td>
</tr>
<tr>
<td>VH/VI</td>
<td>Visually Handicapped/Visually Impaired</td>
</tr>
<tr>
<td>WAIS</td>
<td>Weschler Adult Intelligence Scale</td>
</tr>
<tr>
<td>WIPPSI</td>
<td>Weschler Intelligence Preschool and Primary Scale</td>
</tr>
<tr>
<td>WISC</td>
<td>Weschler Intelligence Scale for Children</td>
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</table>
Individual Needs

Educating children with autism is a challenge for both parents and teachers. These children are individuals first and foremost with unique strengths and weaknesses. Some may be of average to above-average intelligence, while others may be below average. Academic goals need to be tailored to that individual's intellectual ability and functioning level.

Most curricula can be adapted to meet a range of abilities and needs. Accommodations for children with disabilities may involve 1) modifying the presentation of the materials, the materials themselves, or the environments; 2) using different instructional approaches; 3) calling for additional practice; 4) allowing more time; or 5) dividing tasks into smaller segments.

Modifications may also involve activities and materials designed for a developmental level earlier than that stated in the curriculum. An analysis of the activity enables the specialist to determine the steps and skills necessary to the child’s success. Frequently, the role of the special educator includes training early childhood teachers, care providers, and parents to modify the existing curriculum or the environment in the classroom to allow for positive participation in daily activities. Ongoing assessment and interaction with the child and family provide staff with information needed to determine whether 1) progress is satisfactory; 2) modifications need to be made; or 3) the child is ready to move on to more challenging activities.

Specific examples of modifications frequently used for preschool-aged children are as follows:

- An enhanced communication system involving the use of sign language or a system of pictures or symbols
- Simplified or shortened directions
- Additional adult assistance
- Adaptation of utensils for feeding
- Use of modified tools, such as easy grip scissors
- Adaptive toys that may be activated by a variety of switches
- Physical assistance for a child to motor through a task (e.g. “hand over hand” for the child with a visual impairment)
- Adaptation of seating furniture, such as a floor sitter for group time or a modified chair at table activities
- Placement of the child in a location accessible to the activity in taking place
- Environmental modifications; for example, easy access; uncluttered traffic patterns; cues to differentiate activity areas; predictability; ramps; enhanced sound quality; and contrasts in color, size and texture
- Increased number of models and cues
- Development of a picture symbol system for sequencing events
- Provision of additional cues before making the transition between activities

In addition to specialized instruction, a student with an IEP is entitled to program supports identified as necessary by the IEP team. These program supports can include the following.

**Accommodations:** Accommodations are a common component of Individualized Education Programs throughout the district. A general principle of accommodations is that they do not change the curriculum standard from that required of general education students. This means a student may receive supports, which alter the structure or format of the learning/performance situation but the expectation of learning mastery relative to all students does not change. Below is a list of prototypical accommodations: Extended time on tests/assignments; Preferential Seating; Books on Tape; Note taking Support; Use of graph paper.
**Modifications:** Modifications are a less common component of Individualized Education Programs throughout the district. A general principle of modifications is that they are a change to the curriculum standard from that required of general education students. As a result, modifications are noted on report cards. While a modification noted on a report card during elementary and middle school has no implication for postsecondary admissions, this changes when students enter high school. Most colleges and universities view modified curriculum/grades as unacceptable for entrance requirements. Below is a list of prototypical modifications. Alterations to test standard (e.g. use of open book or open notes). Dictation on an assignment or test that is measuring written expression skills. Exemption from class assignments determined essential by the classroom teacher.

**Assistive Technology:** For some students, technology will be of central importance to accessing their curriculum. For example, many students with hearing impairments receive the support of listening devices as part of the IEP. Other examples include the use of a word processor at a student’s desk or the use of a classroom computer to assist with the writing process.

**Behavioral Interventions:** In the event that a student’s behavior impedes the learning of self or others, the IEP team is required to develop a behavioral intervention plan. Such a plan will include identification of target behaviors and the strategies the team intends to implement in order to diminish the problem behavior(s).

**Specialized Teaching Methods:** Teaching methods such as TEACCH, (Treatment and Education of Autistic and Communicatively Handicapped Children), and PECS, (Picture Exchange Communication system), are provided according to each student’s IEP.
Behavior

Understanding what causes behaviors to emerge during the early childhood and preschool years, what maintains them, and what evokes their moment-to-moment expression holds promise of treatments to prevent them from becoming permanent and abnormal (Berkson and Tupa, 2000).

Understanding the ABC’s

An ABC Chart is a direct observation tool that can be used to collect information about the events that are occurring within a student's environment. "A" refers to the antecedent, or the event or activity that immediately precedes a problem behavior. The "B" refers to observed behavior, and "C" refers to the consequence, or the event that immediately follows a response.

An ABC Chart is used to organize information over several observation sessions by recording the types of behaviors observed and the events that precede and follow the behavior. Observing and recording ABC data assists the team in forming a hypothesis statement and gathering evidence that the function maintaining a problem behavior has been identified.

An ABC Chart can also be used to identify antecedent events that are associated with the nonoccurrence of problem behavior. Some intervention strategies involve modifying a student's environment by introducing antecedents and consequences that are associated with desirable behavior in other situations. For instance, a student may raise his hand and participate in class discussions when his teacher frequently reminds students to raise their hands and provides high levels of positive attention throughout the class (antecedent events). This teacher provides positive feedback for hand raising and participation (consequence).
However, in another setting, the teacher does not respond to the student when he raises his hand and provides low levels of positive attention to the student throughout the class period (antecedent events). In this class, the student does not raise his hand, yells his teacher's name out loud when he needs assistance, and wanders out of his seat, all of which attract the teacher's attention. He or she then reprimands the student for misbehaving (consequence). Understanding the antecedent events that are associated with both the occurrence and nonoccurrence of problem behavior can help you modify the characteristics of a difficult situation. The antecedent events that trigger positive behaviors can be introduced into another setting associated with disruptive behavior.

Supports

Positive Behavioral Support (PBS) is a way of approaching student behavior and discipline concerns. This approach involves teaching and promoting positive behavior in the students. Intensive individual behavior support plans (BSP) are developed by trained staff as needed. This plan includes an analysis of the problem behavior and a comprehensive supports, services and interventions to address those problems.

A Functional Analysis Assessment (FAA) may be conducted and a Behavioral Intervention Plan (BIP) developed whenever a special education student demonstrates a serious behavior that significantly interfered with the student’s learning and/or the learning of others. The FAA requires parental notice and consent. The BIP is based on the results of the detailed functional behavioral assessment (FBA). The purpose of this assessment is to develop a hypothesis about the function of the problem and consider appropriate replacement behaviors that can serve the same function as the problem behavior.
A **Functional Behavioral Assessment (FBA)** may be conducted and a Behavioral Intervention Plan (BIP) developed whenever a student demonstrates a behavior that significantly interferes with the student’s learning and/or the learning of other students. The FBA is conducted by a team. The BIP is based on the results of the FBA. Interventions are designed to reinforce socially appropriate behaviors, teach new skills and modify instruction if necessary, so that the student experiences success in the classroom and school setting.

The purpose of a functional behavioral assessment is to develop a hypothesis about the function of the problem behavior, i.e., to determine how the student is using the behavior to try to meet his or her needs. Once the team develops the hypothesis, they consider appropriate replacement behaviors that can serve the same function as the problem behavior. The team should review the plan within a specified time period to ensure that the plan is implemented as designed, to assist in progress monitoring, and to revise the plan as needed.


*Understanding the deficits of an Autism Spectrum Disorder and the behaviors seen in some individuals:*

**Tantrums**

**Specific Behaviors:** Screams without apparent cause; self injurious; destroys toys; aggression towards others.
**Underlying Deficits:** Unable to communicate needs or wants; emotional inconsistency; poor understanding of situation.

**Discipline**

**Specific Behaviors:** No response to scolding, isolation, guilt or shame, the feelings of others.

**Underlying Deficits:** Receptive language limitations; sensory issues; poor memory retrieval; does not understand the relationship between behavior and consequences.

**Poor play skills**

**Specific Behaviors:** Cannot amuse self; cannot play with others; breaks toys; inappropriate use of toys.

**Underlying Deficits:** Does not understand the concept of rules; cannot organize time; distracted by details; cannot structure self; prefers repetitive activities.

**Lack of initiative**

**Specific Behaviors:** Seems lazy; seems unmotivated; waits for prompts; overly dependent.

**Underlying Deficits:** Unable to organize behavior; poor concept of time; does not understand future rewards; does not understand expectations, does not develop joint attention skills.

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**Positive Behavior Strategies for Children with ASD**

A person looking at the behavior must understand the disorder to most effectively plan for positive behavior management. Many “autistic behaviors” are a manifestation of the underlying disability with a neurological basis.

- Prevention: identify and prevent exposure to the “threatening” stimulus.
- Reaction: work to calm student rather than “punish”
- Teaching of skills:
  - Self Advocacy: How to escape & avoid appropriately
Self Regulation & Coping: How to calm and regain control of fight/flight responses
Evaluation Skills: How to evaluate the outcome of their responses in order to plan future strategies

Common things that “ignite” behavior:
- Tasks are not functional or interesting to the student
- Child is not motivated to do the work
- Unexpected or too much sensory input
- Expectations are unclear or are different than expected
- Expectations are above the child’s ability level
- Attempts at communication go unnoticed
- Instructions are long or have many steps
- Instructions are above the child’s language level
- Child is distracted by other sensory issues and misses the instruction

Prevention Strategies:
- Structure and prepare the environment ahead of time
- Use visual supports whenever possible
- Reward good behavior and functional communication
- Use clear and simple directions
- Have a predictable schedule and routine
- Incorporate appropriate sensory activities throughout the day
- Teach the child acceptable ways to communicate their likes, dislikes and needs
- Make sure you use appropriate accommodations for students sensory needs
- Provide opportunities for choices whenever possible
Common Sense Reactive Strategies:

**Aggression:**
- Calmly give corrective feedback
- Make sure others are safe
- Use of appropriate emergency strategy when necessary

**Self Injurious:**
- Provide calm, firm corrective feedback
- Make sure the child is safe which may include using appropriate emergency strategy

**Non-Compliance:**
- Remind child of the outcome (reward)
- Ignore noncompliant verbalization
- Allow time for child to regroup
- Prompt child through task
- Do not allow child access to next activity until he/she follows through with request (or part of it)
- Reinforce any and all compliance

**Tantrum:**
- Ignore all self-indulgent behavior
- Allow child time to regroup
- Reinforce immediately as soon as indulgent behavior is discontinued or appropriate behavior is displayed

**Self Stimulation:**
- Ignore or interrupt behavior verbally or by physically prompting
- Redirect to meaningful or engaging activity
Transitions within the day

Transitions are an integral part of a preschool curriculum. Although changing activities during the day is often upsetting for preschool-aged children, thoughtfully planned transitions as a part of the daily routine enhance the likelihood of an increased number of constructive activities and may minimize disruptive behaviors. Children with autism do not easily tolerate transitions- moving from one activity to another. Much of the anxiety that surrounds these moments might have to do with the fear of the unknown. Because your child might not know what is coming next and cannot conceptualize time, his/her anxiety increases exponentially to “what is going to happen? When is it going to happen? When will it stop?” These might be just a few of the questions that are racing around inside his/her mind. Add the possible inability to voice these thoughts probably only adds to the fear that is mounting inside, and that fear often leads to inappropriate behaviors.

You can use a variety of strategies to make transitions easier.

- Give children notice before an activity is going to end and it is clean up time. “You have time for one more puzzle,” “after that piece you are all done”
- Treat cleanup time as an experience that is valuable in and of itself and allow enough time so that children will not feel rushed.
- Creating visual schedules that help your child understand time and what to expect next
- Provide clear directions and ensure that expectations are age-appropriate. When routines are consistent, children will know what to do on their own.
- Incorporating relaxation techniques (such as deep breathing, counting)
- Applying deep pressure (a full body squeeze can sometimes be extremely helpful in reorganizing your child’s experience)
- Exposing your child to new situations gradually (desensitizing)
• Providing a “safe spot” (a place where your child can escape to if a transition is too stressful)
• Providing prompting through the transition to support your child continue with moving on to the next thing
Visual Schedules

Children on the autism spectrum do not have an innate sense of time. They have difficulty distinguishing between past, present and future at these early years. Because your child may not comprehend when something is going to happen, your child may experience great anxiety when faced with not know what is happen next. Careful planning can provide our child with the necessary tools to navigate his/her day, while maintaining an emotional equilibrium.

Life is complicated these days, for everyone. Many of us adults use lists to keep track of what we need to do. Lists help us manage our time and make sense of our busy lives. In the same way, lists (either visual or written) will help your child keep track of his/her day.

So often the sense of anxiety that a child with autism experiences stems from the unknown. By giving him/her tangible to hold onto is an effective way to alleviate that anxiety. That is one of the ultimate goals of creating a visual schedule along with helping your child to develop a sense of time and place.

To create your child’s first daily schedules at home here are some tips. Go over your child’s schedule from the beginning of the day. Make a list for yourself of all that your child does during the day sectioned off by main task. For example: Wake up; eat breakfast; brush teeth; get dressed; go to school; go home; read a book.

To start take pictures of your child doing tasks such as getting dressed, brushing teeth, eating, etc or you can take pictures of the items used for these daily tasks such as a tooth brush, food, clothes. Take those images, if available laminate images for durability, and put a piece of Velcro on the backside. Create an area of or in the house where the child can access and see his/her schedule. This could be on a wall, in a book, etc. This area should have the corresponding side of Velcro so that the images can attach and not be lost or blown away. Organize the activities in order in which the activities occur. Have your child “check schedule” to see what is next.
When your child is able to read and is learning to, feel free to add in the words paired with the images of what the activity is. This is actually a great way for the child to begin learning some words by sight and correspondence. Mix and match elements (words & pictures) depending on your child’s level of understanding. Try to keep the activities to an amount where your child is not overwhelmed by all the images of activities. A good idea is no more than 10 at a time.

Change in routine. Your child’s days are filled with changing situations, each with the possibility of causing him/her to stress. One way to alleviate the stress of not what is going to happen next is to create schedules. But as you are well aware, things happen, and schedules have to be adapted. It is important for your child to learn to incorporate change into his/her life. One way to help him/her adjust to change is to prepare him/her for it. Create visual cues as an alert. For instance, you can use an icon or picture of your choice to represent on the daily schedule “we’re doing something different today” or “oops” when something does not go as planned.
Evaluations  
(Assessments)

An evaluation is a comprehensive assessment by a team of specialists to determine how a child is functioning in all areas of his/her suspected disability. Evaluation may include intellectual, adaptive behavior, academic, physical, motor, health, speech/language, behavior, assistive technology, and/or emotional development. The evaluation team may include the school psychologist; language, speech and hearing specialist; specialized academic instructor; school nurse; general education teacher; and others depending on the student's needs. The areas to be evaluated will be specified on the evaluation plan.

Whom should I contact if I have questions about the evaluation?
The name and telephone number of a contact person shall be listed on the evaluation plan.

How will the evaluation be conducted?
Evaluation information may be gathered in different ways: tests; observations; discussions with the student, classroom teachers, and/or parent(s); review of previous records; and educational or medical records from other agencies (with parental permission), etc. A child must be assessed in all areas of suspected disability. No single test may be used to determine special education eligibility.

How long does the evaluation take?
Within 15 days after the district receives a written referral, not counting days between the student’s regular school sessions or terms or days of school vacation in excess of five school days, an evaluation plan will be developed and submitted to you for your signature. Evaluations are completed within 60 days, not counting days between the
student’s regular school sessions or terms or days of school vacation in excess of five
school days, after written parental consent to the Evaluation Plan is received by the
district. When the evaluation is completed, a written report will be developed and
discussed with you at the IEP meeting. You will be provided a copy of the evaluation
report. You are encouraged to ask for clarification or ask questions about any area of
the evaluation. Not all children who are referred and evaluated are found eligible for
special education.

What will the report(s) include?
The evaluation report(s) shall include, but not be limited to, all of the following: whether
the student may need special education and related services; the basis for making the
determination; the relevant behavior noted during the observation of the student in an
appropriate setting; the relationship of that behavior to the student’s academic and
social functioning; the educationally relevant health and development, and medical
findings, if any; for students with learning disabilities, whether there is such a
discrepancy between achievement and ability that it cannot be corrected without
special education and related services; a determination concerning the effects of
environmental, cultural, or economic disadvantage, where appropriate; and the need
for specialized services, materials, and equipment for students with low incidence
disabilities.

The evaluation materials will be selected and administered so as not to be culturally or
racially discriminatory and must be valid for determining your child’s educational needs.
The decision regarding whether or not your child is eligible for special education is made
by the Individualized Education Program (IEP) team, based on the evaluation results.
IEP & 504 Plan

What is an IEP?
An IEP is an Individualized Educational Program is designed to give parents, general education teacher(s), special education staff, and the school administrator the opportunity to come together to discuss your child. IEP meetings are held at least annually but may be held more frequently at the request of the parent or school personnel. IEP meetings are specially designed to meet your child's Special Education needs. It will include present levels of education performance, annual goals, objectives, and indicate what services and/or special programs are needed to achieve the goals.

What is a 504 Plan?
Section 504 of the Americans with Disabilities Act provides that no program, including education programs, which receive federal money, may exclude a person with disabilities from participation in it solely by reason of his or her disability. While IDEA protects children in the area of education, Section 504 protects the disabled for life and encompasses the right to vote, education, accessibility, employment, etc. Some students who do not meet eligibility criteria for special education services may have a right to a 504 plan.
Types of IEP Meetings

The Initial Eligibility Meeting- This is the initial meeting that takes place once a referral has been made and the testing has been completed. In this meeting the results are discussed and determinations made about what services are recommended. The school personnel and the parents develop the IEP by outlining specific goals and strategies for achievement.

The Annual/Review Meeting- This meeting takes place during the school year (within 12 months of the Eligibility Meeting) to determine how your child is progressing and what changes need to be made to their IEP. Additional review meetings can always be scheduled when concerns arise.

The Triennial Eligibility Meeting- Every three years your child’s eligibility for special education services must be re-evaluated. Before that meeting, new testing will be done and new information gathered. From that information, the team will determine if your child continues to be eligible for special education services and what adjustments need to be made to their IEP.
Parent’s Role at the IEP Meeting

It is not uncommon to feel overwhelmed as a parent at these meetings. It seems that the time goes quickly and a significant amount of information is being given to you. It is important to remember that your participation and ongoing involvement are a crucial part of your child’s success. No one knows your child like you!!! You are an integral member of the IEP team. You should share your observations, concerns, and/or goals for your child. It is not unusual for students to behave differently at school than at home and sharing these differences helps the IEP team plan special education services more appropriately.

Here are some tips that can help reduce your anxiety and produce the best results

- Communicate with school staff on a regular basis. This gives you a “head’s up” at the meeting.
- Prepare questions and list helpful thoughts you may have before the meeting.
- Ask to be informed about the results of assessments/testing before the meeting.
- Bring a person that can be a support for you. This can be a friend, relative, community-based service provider, or other caregiver. They can help you remember to ask important questions and can help you review what was said in the meeting. Feel free to take notes.
- Ask questions!!! Get clarification about any terms used in the meeting and ask to schedule a continuance of the meeting if time runs out.
- Develop an understanding of the roles assumed by the various IEP team members. People in attendance at an IEP meeting should sign that they were present.
- Work with the school personnel as part of the team. Stay focused on the goals for your child and what will promote their success.
Questions about IEP’s

How will I be notified about the IEP meeting?
You will receive a written notice of the IEP meeting. You should receive the meeting notice within a reasonable amount of time (at least 2 weeks) so that you can arrange to attend. It will tell you the purpose of the meeting, date, time, place, and who will be in attendance. If you cannot attend the meeting at the time scheduled, contact the person listed on the meeting notice as soon as possible to reschedule.

What is the purpose of this IEP meeting?
The purpose of the initial IEP meeting is to review the evaluation findings, determine if your child is eligible for special education, and, if eligible, develop the IEP. At each subsequent IEP meeting, your child’s individual needs will be addressed and any necessary changes made to the IEP. Changes to the IEP must be made through the IEP process.

Who will be at the IEP meeting?
You, as your child’s parent, are an important member of the IEP team. Other team members may include a school representative; a general education teacher if your child is, or may be, participating in general education; your child’s special education teacher or service provider; your child, if appropriate; with your permission a transition agency representative, if appropriate; and any other individuals who have knowledge or special expertise regarding your child invited by you or school staff. If this is an IEP meeting to review the results of an evaluation, a member of the evaluation team or someone who is knowledgeable about the evaluation procedures will also participate.

May I bring someone with me to the IEP meeting?
Yes, you may bring anyone you wish with you to the IEP meeting, such as your child’s Regional Center worker or social services worker. Be sure to notify the school district so
they can inform them of the date, time, and location of the IEP meeting. If you cannot attend the IEP meeting, you may have someone attend to represent you. However, you must ultimately give your written permission for your child to receive special education services.

**May I excuse someone from attending the IEP meeting?**
A member of the IEP team may be excused from attending an IEP meeting, in whole or in part, with your consent if the excused party submits, to you and the IEP team, written input into the development of the IEP.

**If I need time to think about what is presented, may I request a second IEP meeting at a later date?**
Yes. The IEP meeting may be continued or tabled so you may consider the results and/or recommendations.

**What should I do if I don’t agree with everything in the IEP?**
You may give consent to those parts of the IEP with which you agree and they will be implemented, thus preventing a delay in services. You will be asked to write a dissenting statement that will then be attached to the IEP. The parts with which you don’t agree may become the basis for additional IEP meetings. If an agreement cannot be reached, the disagreement may become the basis for a Solutions Panel, Mediation, or Fair Hearing.

**If I have a problem with my child’s IEP or services, what should I do?**
First, discuss the problem with your child’s teacher and any other school personnel who are familiar with your child’s special needs and who may be able to help resolve the problem for you. You may contact your child’s Program Specialist/ Administrator and/or request that the IEP team meet to review and/or develop a new IEP.
What if I no longer want my child to receive special education?
Beginning December 31, 2008, you may terminate special education services for your child. You must terminate ALL services, including related services. However, if you terminate special education services for your child, certain protections will no longer apply to him/her, such as modifications to the curriculum or protections related to disciplinary consequences due to your child breaking school rules that could lead to expulsion. If your child no longer receives special education services, school rules that apply to students without disabilities will apply to your child.

What if the IEP team finds that my child is not eligible for special education?
If you agree with the IEP team’s decision, sign the IEP indicating your agreement. If you do not agree with the IEP team’s decision, you may request:
• Additional evaluation followed by an IEP meeting,
• A follow-up IEP meeting that includes district office special education staff, and/or
• A state level due process hearing that may include mediation. Your child will remain in his/her last agreed upon placement until the disagreement is resolved unless you and school staff mutually agree on an interim alternative.

How often must the school review my child’s IEP?
Every student receiving special education services must have his/her progress and IEP reviewed at least once each year. Teachers, however, will be monitoring each student’s progress regularly throughout the school year. You will receive progress reports on your child’s IEP goals at least as often as general education students receive report cards. Every three years, a reevaluation to determine your child’s continuing eligibility for special education services will be held. The district will also schedule an IEP meeting upon parent request.
Can the IEP be transferred to another school district?
If you move to another district, take a copy of your child’s current IEP and most recent evaluation to your new school district. Within California, the new district will implement your child’s IEP with a comparable program to the extent possible for 30 days as an interim placement. Prior to the end of the 30 day interim placement, an IEP meeting will be convened to review your child’s IEP, determine his/her continued need for special education services, revise the IEP if necessary, and specify the provision of services in your new district. Similar provisions exist in other states.
Preparation for IEP meetings

Preparing to Participate in the Initial IEP meeting

The following are tips for parents to use in the initial IEP meeting.

- If, at any point, you do not understand something, ask that it be restated. Do not hesitate to ask for clarification of any detail.
- If you do not understand the meaning of an educational term, ask for an example or demonstration of what is meant.
- Share relevant information about your child by contributing what you know about your child's skills, interests, weaknesses and strengths.
- Prior to the meeting, make a list of questions and note any issues you feel are important to discuss. Ask for further discussion whenever necessary.
- Take note of what regular school activities are included in the program for your child. Don't forget non-academic areas such as lunch and recess and other areas such as art, music, and physical education.
- Be sure all services that are necessary to implement your child's educational program will be written into the IEP.
- Ask yourself if what is planned corresponds to your knowledge of your child's ability.
- Save all documents from the IEP process in a binder. This will help you to keep track of your student's program and the history of services.
- You may want to review your child's school records for any information that may assist the IEP team. Be sure to set an appointment to review the school records at least five days in advance of the time you want to see them. You may provide any additional information you want considered at the IEP meeting.
- During the IEP meeting, you will be asked your concerns relevant to your child’s educational progress. Before the IEP meeting, you should consider what skills
you would like your child to obtain during his/her educational experience. Additionally, consider areas where your child may need support in order to be successful in participating in the least restrictive environment. Make notes of your thoughts and/or questions before the IEP meeting. Bring your notes with you to the IEP meeting.

**IEP meetings after eligibility is determined**

Once a child is found eligible for special education and the IEP has been approved by the parent, there are predicted as well as sometimes unpredictable times when an IEP team needs to meet. You, as the parent, have the right to call an IEP meeting to review the program and progress of your child at any time.

**Preparing for your child’s Annual Review IEP**

At the annual review meeting, the Service Providers 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 up for discussion. As the parent of the child, you are a member of the IEP Team. Other members of the IEP Team will include the special education teacher or related service provider, a regular education teacher, and a chairperson/administrator. 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.

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, the team 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 IEP team should meet when any of the following things happen:

- Student demonstrates lack of expected progress in his/her program.
- When any new assessments have been completed by the classroom teacher, nurse, psychologist, speech therapist, occupational therapist, adaptive physical education teacher, etc.
- When a parent wants to revise, review, or develop new goals and objectives for the IEP.
- When any change of program placement is requested.
- At least one time per year to review the IEP (annual review).

When a parent feels an IEP meeting is needed, these steps should be followed:

1. Write a short letter requesting that an IEP meeting be scheduled. You should include the reason(s) for your request in that letter.
2. Send your letter to the principal of the school your child attends.
3. The office will set up the IEP meeting by calling or writing to you for convenient times, days, dates, and people you feel should attend the IEP meeting.
4. You will be notified in writing of the day, time, and location of the IEP meeting. The written notification should be signed and returned.
Resources

**Autism – PDD Resources Network** [www.autism-pdd.net](http://www.autism-pdd.net)

**Autism Research Institute** [www.autism.com/ari](http://www.autism.com/ari)

**Autism Society of America** (800) 328-8476 [www.autism-society.org](http://www.autism-society.org)

**Autism Speaks** [www.autismspeaks.org](http://www.autismspeaks.org)

**Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)** [www.chadd.org](http://www.chadd.org)

**Council for Exceptional Children** 1-888-232-7733 [www.cec.sped.org](http://www.cec.sped.org)

**Cure Autism Now** 1-888-828-8476 [www.cureautismnow.org](http://www.cureautismnow.org)

**Division for Early Childhood of the Council for Exceptional Children** [www.ded-sped.org](http://www.ded-sped.org)

**Families for Early Autism Treatment** [www.feat.org](http://www.feat.org)

**Federation for Children with Special Needs** [www.fcsn.org](http://www.fcsn.org)

**Helping your Preschool Child with activities for children from infancy through age 5.**

**National Dissemination Center for Children with Disabilities** (formerly National Information Center for Children and Youth with Disabilities) [www.nichcy.org](http://www.nichcy.org)

**Online Asperger Syndrome Information and Support (OASIS)**
[www.udel.edu/bkirby/asperger/](http://www.udel.edu/bkirby/asperger/)

**Parents Helping Parents Resource Center** [www.php.com](http://www.php.com)
Where to find/purchase materials

Abilitations
A division of School Specialty
www.abilitations.com
Telephone: 1-800-850-8602
PO Box 922668 Norcross, GA 30010-2668

Affordable Therapy Solutions
http://www.affordabletherapysolutions.com/
Telephone: 1-888-792-8847 or 1-602-363-9754
Fax: 1-623-937-3612
15572 W. Evans Drive
Surprise, AZ 85379

Do 2 Learn
http://www.do2learn.com
Telephone: 1-919-755-1809
Fax: 1-919-420-1978
3204 Churchill Road
Raleigh, NC 27607

Different road to learning
http://www.difflearn.com/
Telephone: 1-800-853-1057
Fax: 800-317-9146
37 East 18th Street
10th Floor
New York, NY 10003

Future Horizons
www.fhautism.com
info@fhautism.com
Telephone: 1-800-489-0727
Fax: 1-817-277-2270
721 Arlington, TX 76013

Make-in-No-Time Tasks, LTD.
http://autismtasks.com/autism_tasks_sets.htm
Special Needs Project
www.specialneeds.com
Telephone: 1-800-333-6867
Fax: 1-805-962-5087

Stages Learning Materials
www.stageslearning.com
Telephone: 1-888-501-8880
Fax: 1-888-735-7791
P.O. Box 27
Chico, CA 95927
REFERENCES


Office of Special Education Programs (OSEP). US Department of Education. http://www2.ed.gov/about/offices/list/osers/osep/index.html?src=mr


Disorders at University of California Davis Extension. Autism and Behavior
Training Associates. Sacramento, CA.


