

Section 3

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The Fort Bend Independent School District, an Equal Opportunity Educational Provider and Employer, does not discriminate on the basis of race, color, religion, gender, sex, national origin, disability and/or age, military status, genetic information, or any other basis prohibited by law in educational programs or activities that it operates or in employment decisions. Additionally, the District does not discriminate against an employee or applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminatory employment practice. Employment decisions will be made on the basis of each applicant's job qualifications, experience, and abilities. Policies DAA, DIA

III – Related & Instructional Services

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GENERAL INFORMATION

FBISD Board Policies: EHBA (Legal), EHBA (Legal), EHBA (Legal), EHBA (Legal); FB (Legal), FFI (Legal, Local), FO (Legal, Local); 34 CFR § 300.34; TEC § 29.002

"Related services are a support to the commitment that all students with disabilities have available to them a free appropriate public education with special education services designed to meet their specific needs. Some students may need related services to meet their individually designed special education goals. The need for related services is considered during the student's admission, review, and dismissal (ARD) in the review and discussion of the student's evaluation and ongoing assessment data. An ARD committee's decisions regarding the need for related services to support educational goals must be clearly identified in the student's individualized education program (IEP)." - Texas Education Agency

RELATED SERVICES DEFINED

34 CFR § 300.34(a); TEC § 29.002

The Individuals with Disabilities Education Act (IDEA) defines “***related services***” as transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education [300.34(a)].

The Texas Education Code defines “***special services***” as:

- (1) special education instruction, which may be provided by professional and supported by paraprofessional personnel in the regular classroom or in an instructional arrangement described by Section 48.102; and
- (2) **related services**, which are developmental, corrective, supportive, or evaluative services, not instructional in nature, that may be required for the student to benefit from special education instruction and for implementation of a student's individualized education program.

Types of Related Services

34 CFR § 300.34(a)

Related services include, but are not limited to:

- Speech-language pathology and audiology services;
- Interpreting services;
- Psychological services;
- Physical and occupational therapy;
- Recreation, including therapeutic recreation;
- Early identification and assessment of disabilities in children;
- Counseling services, including rehabilitation counseling;
- Orientation and mobility services;
- Medical services for diagnostic or evaluation purposes;
- School health services and school nurse services;
- Social work services in schools; and
- Parent counseling and training.

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Services not mentioned above may qualify as related services if they are necessary for a child with a disability to benefit from special education. 71 Fed. Reg. 46,569 (2006).

Exclusions

34 CFR § 300.34(b)

The IDEA specifically excludes from related services a medical device that is surgically implanted (e.g., cochlear implant), the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device.

However, this exclusion does not:

- Limit the right of a child with a surgically implanted device to receive related services that are determined by the ARD Committee to be necessary for the child to receive FAPE;
- Limit the responsibility of the District to appropriately monitor and maintain medical devices that are needed to maintain the health and safety of the child, including breathing, nutrition, or operation of other bodily functions, while the child is transported to and from school or is at school; or
- Prevent the routine checking of an external component of a surgically implanted device to make sure it's functioning properly, as required by 34 CFR § 300.113(b).

Need for Related Services

Each child's need for related services must be determined on an individual basis as part of the IEP process and must be based on an assessment of the child's individual needs. *See Letter to Ackerhalt*, 60 IDELR 21 (OSEP 2012). The ARD Committee must include a particular service as a related service in an IEP when that service is necessary for the student to benefit from special education.

Relationship to IDEA Eligibility

34 CFR § 300.8(a)(2)(i)

A student who needs only related services and not special education is not eligible under the IDEA as a child with a disability. *See Letter to Clarke*, 48 IDELR 77 (OSEP 2007). Office of Special Education Programs Director, Alexa Posny, observed that a student with speech-language impairments must need specialized instruction, not merely related services, in order to qualify as a "child with a disability" under the IDEA).

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IEP Requirements

34 CFR § 300.320(a)(4), (a)(7)

An IEP must contain a description of the special education and related services as well as supplementary aids and services. The statement of related services must be “based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child:

- To advance appropriately toward attaining the annual goals;
- To be involved in and make progress in the general curriculum in accordance with 34 CFR § 300.320(a)(1), and to participate in extracurricular and other nonacademic activities; and
- To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section.”

Amount of Services

The IEP must include a statement of the projected date for the beginning of the services and modifications described in 34 CFR § 300.320(a)(4) and the anticipated frequency, location, and duration of related services that will be provided.

All services that are agreed on by the ARD committee, both instructional (such as Speech) and/or related services (such as counseling or OT/PT) must be completed in the designated frequency and duration that the ARD specifies. This includes instances where the student is unable to participate in the service due to current behaviors or absences, which should be documented on session or in-class support logs. The LEA must ensure that the services are fulfilled, and documentation is completed to show they were provided. If the student is consistently unable to participate in the session, an ARD should be held to discuss current challenges to the service being completed and adjust services as needed.

“Best Practices”

Fort Bend ISD has determined that the following are “best practice” models for all related services implemented in our district:

- Related services are a collaborative, integrative service with a focus on early intervention to minimize deficits and diminish the need for services in later years.
- Related service providers are members of the collaborative team, providing needed support to the student, teacher, and other team members.
- Evaluations are conducted in natural environments, during daily activities and focus on the barriers to learning and participation.
- IEP goals and objectives are expressed in terms of desired educational outcomes and all relevant IEP team members will implement (collaborative IEPs).
- Related Service intervention is provided in natural settings during daily routines as the student’s need requires. This allows the Related Service provider to model strategies/solutions for classroom personnel.
- Teachers are the foundation of the integrated model and will incorporate the suggestions of the Related Service providers throughout the school day.

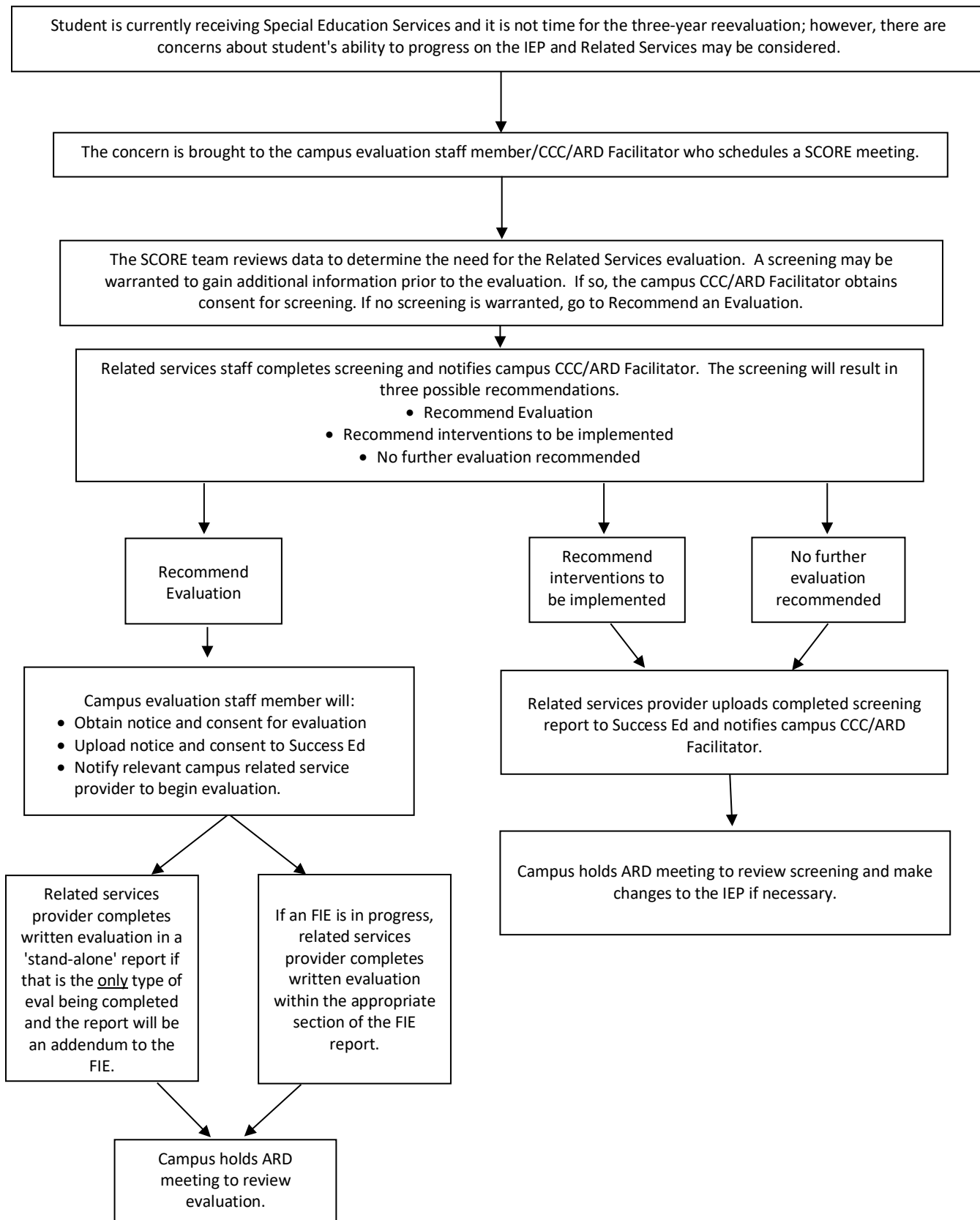
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When considering a Related Service, the service provider will conduct an evaluation, make recommendations about the need for the service and for service delivery. The evaluation may be in the context of the Full Individual and Initial Evaluation and will focus on accessing instruction. Related service providers may also conduct “stand-alone” evaluations outside of the Full Individual and Initial Evaluation. After considering the student’s individual circumstances, including but not limited to the need for intensive intervention, the age and developmental level of the student, and the student’s effort, attitude, and motivation, the ARD committee determines whether or not the student is eligible for the related service.

In addition to the evaluation and determination of need, the service provider will provide recommendations for services. Service delivery options include monitoring; consultation; classroom-based; or pull out in an individual or group setting; community-based; or a combination of these options. **It is critical that the ARD committee clarify the service delivery model as direct services (provided directly to the student by the service provider regardless of the setting) or indirect services/consultation (services provided to teachers or other staff, regardless of setting, to assist the child in accessing the curriculum).** Recommendations will also include goals and objectives, frequency, duration, and location of sessions.

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Related Services Process Flowchart



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RELATED SERVICES

Audiological Services

34 CFR § 300.34(c)(1)

Under the IDEA, “*audiology*” includes:

- Identification of children with hearing loss;
- Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
- Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;
- Creation and administration of programs for prevention of hearing loss;
- Counseling and guidance of children, parents, and teachers regarding hearing loss; and
- Determination of children’s needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

Audiological services means that an Audiologist is providing services for a student. Many times, this service involves adjustments to hearing aids. If you have a student that you believe may need audiological services, please contact the District’s RDSPD Teacher of the Deaf who is working with the student to discuss recommending this in an ARD. If the DHH student is not receiving services from the RDSPD, please contact the RDSPD office at 281-634-1398 for assistance with determining if the student needs additional evaluation for consideration of services. Frequently Asked Questions

Individual Education Plan (IEP)

1. Which student should have an audiological maintenance IEP?

Any student who has amplification, a cochlear implant, or uses an assistive listening device as a part of the IEP and needs a plan for successful use of the device must have an IEP.

2. Who should draft the audiological maintenance IEP?

The Special Education classroom teacher or Teacher of the Deaf.

3. Who should implement the audiological maintenance IEP?

Each instructional and/or related service provider shares the responsibility of monitoring the student’s use of the amplification or listening device.

4. Who should update the audiological maintenance IEP?

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Any instructional service provider knowledgeable about the student's progress toward mastery of the IEP objectives. Usually the student's monitoring special education teacher.

Accommodations and Modifications

5. *What should be written in the accommodations sections of the schedule of service page regarding amplification, cochlear implants, or assistive listening devices (ALD)?*

- Hearing aids provided by the parent
- Cochlear Implant provided by the parent
- ALD provided by special education
- ALD provided by the RDSPD
- ALD provided by the parent

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Hearing Technology

6. *What type of listening device is considered to be assistive technology?*

Any Assistive Listening Device (ALD) (i.e., various brands of FM amplification, room amplifier, sound field amplification, totable, etc.). Note: Hearing aids and Cochlear Implants are not considered to be assistive technology.

7. *Who provides the equipment when the ARD/IEP committee recommends an Assistive Listening Device (ALD)?*

If the student is a member in the RDSPD (site or itinerant), the RDSPD will provide the equipment. If the student is not a member of the RDSPD, the equipment should be provided by the home district special education department.

8. *Should the campus allow a student to stop wearing a listening device such as hearing aid(s) or Cochlear Implant (s) and/or ALD if he/she wants to?*

No. Only the ARD Committee (including the parents) should make this decision. If the Audiologist recommended that a hearing aid or Cochlear Implant (CI) be used, the Committee should continue this recommendation in order for the student to have access to sound. If the Audiologist recommended that an ALD be used, the Committee should consider the benefits of the device for the student in the educational setting. The parent has the right to refuse a service. Any such refusal should be documented on a daily basis as well as in an ARD/IEP meeting in the ARD deliberations along with the committee recommendations.

9. *Who will provide training for campus staff regarding the DHH student's hearing loss and use of the student's listening device?*

- For a student who is served in one of the site locations, a teacher of the deaf or another knowledgeable representative from the RDSPD will provide training to campus staff.
- For a student who is serviced as an itinerant, consult, or monitor student, itinerant teacher of the deaf or another knowledgeable representative from the RDSPD or the respective district will provide training for campus staff.

10. *When will the training take place?*

As soon as possible after the beginning of the school year or after DHH services are recommended, and at a mutually agreeable time for the campus staff members and the RDSPD staff teacher or representative.

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COUNSELING SERVICES

34 CFR §300.34(c)(2)

The IDEA defines “*counseling services*” as services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

Counseling Evaluations

An LSSP may be responsible for conducting the evaluations and drafting proposed IEP Goals & Objectives for Counseling as a Related Service. A Counseling Evaluation can be completed individually or as part of a Full and Individual Evaluation.

Developing and Implementing IEPs

As always IEP goals should be developed on a case-by-case basis taking into consideration the student’s unique needs.

1. **Option 1:** Based on the Counseling Evaluation results, the LSSP/LPC can develop and implement IEP goals (pulling the student out of the classroom and working on IEPs individually or in group or working with the student in the classroom). *This option is a direct service from the LSSP.*
2. **Option 2:** Based on the Counseling Evaluation results, the LSSP/LPC and the general education counselor can collaboratively develop IEPs and the general education counselor can implement the IEPs (pulling the student out of the classroom and working on IEPs individually or in group or working with the student in the classroom). *This option is an indirect/consultation service. If this option is determined, the general education counselor must be involved in the development of the proposed IEP prior to the ARD.*
3. **Option 3:** Based on the Counseling Evaluation results, the LSSP/LPC and the teacher can collaboratively develop IEPs and the teacher can implement the IEPs in the classroom. *This option is an indirect/consultation service.*

Data Collection

The person implementing the IEPs collects the data. This may be the LSSP, General Education Counselor, Special Education Teacher, etc.

Entering Data into SuccessEd

Regardless of who implements the IEP, the LSSP/LPC is responsible for entering the collected data into SuccessEd for IEP Goals & Objectives updates. Direct/indirect services must be delineated on the schedule of services page in the ARD. The amount of time must be listed in the Related Services section if the services are direct or indirect.

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Frequently Asked Questions

1. *Does a LSSP/LPC always have to have some involvement with students who have counseling as a related service?*

Yes. The LSSP/LPC is required to provide counseling as a related service but may provide direct or indirect services. If the LSSP/LPC provides indirect services, the LSSP/LPC must continue to update the counseling IEP progress on SuccessEd.

2. *If the general education counselor or teacher is the primary implementer of the student's IEP, who decides whether to continue/discontinue services and/or develop/keeps IEPs for the anniversary ARD?*

A staffing should be held and include the primary implementer and the LSSP/LPC to discuss the child's progress and draft updated IEP goals, as necessary. Once the progress is agreed upon, the LSSP/LPC will update the child's progress in SuccessEd. Once the IEPs are agreed upon by the ARD committee, the LSSP/LPC will update the changes in Success Ed.

3. *What is the difference between counseling as a related service and counseling?*

Counseling as a related service is based on the student's counseling evaluation and requires IEP goals and objectives that are linked to the child's disability. For counseling, see question 4.

4. *Can a student receiving special education services receive counseling but not as a related service?*

Yes. Special education students may also receive counseling from the general education counselor as any other student would receive.

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EARLY IDENTIFICATION AND ASSESSMENT OF DISABILITIES IN CHILDREN

34 CFR §300.34(c)(3)

The IDEA defines *early identification and assessment of disabilities in children* as the implementation of a formal plan of identifying a disability as early as possible in a child's life.

Do not confuse the related service of early identification and assessment of disabilities in children with the District's child find duties. As a related service, early identification and assessment of disabilities applies to an *individual* child and is a component of that child's IEP.

School Health Services

34 CFR § 300.34(c) (13)

The IDEA defines "School Health Services and School Nursing Services" as health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person.

Referral for Evaluation

An evaluation is necessary before School Health Services as a related service can be recommended. School Health Services evaluations are to be completed by a Fort Bend ISD Campus evaluation specialist in conjunction with the school nurse.

Referral of a student not in Special Education

If a student is not in special education or is not in the referral process, the school nurse should be involved in the case and handle the situation according to general education procedures. Related services are those services defined in federal regulations (34 CFR § 300.34) that are required to assist a child with a disability to benefit from special education.

Referral of a student in the evaluation process or a student already served in special education

1. If a student is in the evaluation process and the concerns expressed by the SST do not indicate any medical concerns, a school health services evaluation is not likely appropriate.
2. If a student is in the evaluation process and there are medical needs, the evaluator should involve the school nurse in the evaluation process. The results of the school health services evaluation will be incorporated into the Full Individual Evaluation.
3. If a school health services evaluation is recommended and it is not time to consider a three-year –re-evaluation, the school nurse can contact the campus evaluation specialist to consider a standalone evaluation for school health services.
4. If the evaluation determines a need for school health services, the form must be completed in SuccessEd. The campus evaluation specialist can assist the nurses in completing the form.

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Annual ARD Meetings

If School Health Services are in a student's IEP, it will be addressed at the annual ARD. The school nurse who is the service provider will provide the following information prior to the ARD:

Continuing the Service

1. If the service provider recommends continuing the service, then the ARD Committee must agree to the services and the following must be documented in the deliberations:
 - a. School health services which will be provided – including frequency, duration, and location.
 - b. Training which may be required – ARD should document who will provide the training, including the frequency the training is needed.

Although the school or special education nurse is required to complete the Individual Health Plan (IHP) for a student receiving special education services, the Individual Health Plan Summary is the document that will be discussed and included in the ARD documentation as an attachment or incorporated into the ARD document.

Discontinuing the Service

School Health Services cannot be discontinued without an evaluation. Therefore, the following process should be followed to give notice and gain consent for the evaluation.

1. A SCORE meeting should be held to determine the scope of the reevaluation. The nurse should contact the campus evaluation specialist who will facilitate this process.
2. A Notice of Evaluation should be provided to the parent and Consent for Evaluation obtained.
3. If School Health Services is the only evaluation necessary, the evaluation report can be completed as a Full Individual Evaluation Addendum. If other testing has been recommended, incorporate the evaluation data into one report.
4. If the evaluation for School Health Services as a related service is not completed by the date of the Annual ARD meeting, an Individual Health Plan (IHP) Review ARD should be held to discuss the evaluation report. , The ARD Committee should then determine whether or not School Health Services as a related service should continue for the student.

The evaluation is not a formal report. It is information gathered from the nurse (i.e., doctor's report, observation, records review, etc.) which is added to the Full Individual Evaluation by the campus evaluation specialist.

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IN-HOME/COMMUNITY-BASED/PARENT TRAINING (IH/CB/PT) SERVICES

Parent Counseling and Training

34 CFR § 300.34(c)(8)

The IDEA defines “*parent counseling and training*” as:

- Assisting parents in understanding the special needs of their child;
- Providing parents with information about child development; and
- Helping parents to acquire the necessary skills that will allow them to support the implementation of their child’s IEP or IFSP.

OSEP explains a related service provided to parents must help the child in developing skills needed to benefit from special education or correct conditions interfering with his or her progress towards the goals and objectives in the child’s IEP. *Letter to Dagley*, 17 IDELR 1107 (OSEP 1991). Parent counseling and training functions to provide support and information to the parents in order to better equip the parents to participate in their child’s educational program. 71 Fed. Reg. 46,573 (2006).

In Home/Community Based Training

These services include in-home and community-based training or viable alternatives that assist the student with acquisition of critical skills (i.e., communication, social, behavior, self-care). The goal of this service is to facilitate maintenance and generalization of such skills from home to school, school to home, home to community, and school to community.

Parent/Family Training and Support

These services are provided by qualified personnel with experience in Autism Spectrum Disorders (ASD) or other specialty areas as appropriate to the student's need. The qualified personnel may:

1. Provide a family with skills necessary for a child to succeed in the home/community setting;
2. Provide information regarding resources, *e.g.*, parent support groups, workshops, videos, conferences, and materials designed to increase parent knowledge of specific teaching/management techniques related to the child's curriculum; and/or
3. Facilitate parental carryover of in-home training, *e.g.*, strategies for behavior management and developing structured home environments and/or communication training so that parents are active participants in promoting the continuity of interventions across all settings.

Role of ARD Committee

The ARD Committee considers the need for In-Home / Community-Based / Parent Training (IH/CB/PT). If there is a possible need for any or all of these components, the campus evaluation specialist must obtain Notice and Consent for IH/CB/PT Evaluation.

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IH/CB/PT Evaluations

The LSSP is responsible for conducting the evaluations and drafting proposed IEP Goals and Objectives for IH/CB services. The LSSP should collaborate with appropriate staff (Special Education Teacher, General Education Teacher, etc.) when creating a recommendation regarding services.

IEP goals and objectives do not have to be created for parent training services. A parent training plan can be developed that addresses topic areas, time recommended, and the position/title of the staff member(s) who will deliver the service. If the evaluation is for a student with autism, the recommended service is to be placed on the Autism supplement under the Parent/Family Training section and explained within the ARD deliberations. Do not note the name of the staff member. Instead, list the position (e.g., LSSP, Teacher, etc.) If additional information is needed, information regarding the need of parent training should be uploaded onto the current ARD in SuccessEd and documented within the ARD deliberations.

Components of IH/CB/PT Evaluation

1. Parent Interview
2. Teacher Interview
3. In-home Observation
4. Evaluation Summary Report

Critical Skill Deficits for a student that May Benefit from IH/CB/PT

1. Communication
2. Self-Care
3. Social-Behavioral

Procedures for Considering IH/CB/PT Services

1. The ARD Committee will review the evaluation report and determine the need for IH/CB/PT.
2. IEP goals and objectives based on the current IH/CB/PT evaluation will be established for any training services determined appropriate by the ARD Committee.
3. The ARD Committee determines the amount of training time necessary for mastery of the IEP goals and objectives for IH/CB and parent training plan. The proposed time for IHT should be documented within the “related services” box of the schedule page within the ARD document. Parent Training, if deemed necessary for the student to make appropriate progress, should be documented within the “related services” box on the schedule page of the ARD document. Area of need as well as recommended service times are documented on the Autism Supplement and in the ARD deliberations.

Procedures for Providing IH/CB/PT Services

Once services are deemed necessary and the ARD Committee agrees upon amount and type of services, the CCC/ARD Facilitator conducting the ARD must notify the Program Manager, Student Support Services, Program Improvement, who will then assign a trainer.

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The trainer is responsible for scheduling the sessions with the parent(s). He/she is also responsible for collecting data on the in-home, community-based, and/or parent training goals and objectives. The trainer assigned to the student's service is responsible for providing the student's ARD committee with a progress update, documentation, and collected data on IEP goal(s) and objectives on a regular 9-week schedule.

Parent Training Service Delivery

Parent training may be provided in a variety of service delivery models (i.e., district level trainings, campus-based trainings, direct services to parent(s) in-home, or out of district staff development/conferences, etc.).

1. District level trainings are provided regularly (See the [Special Education Website, Parent Training Opportunities](#) for current schedule).
2. Campus-based trainings are provided on campus by the Special Education Teacher, Licensed Specialist in School Psychology, and/or Speech Language Pathologist, as appropriate. A Session Summary Sheet (See Appendix) will need to be completed and uploaded to SuccessEd in the upcoming ARD after each session. See the IH/CB/PT Viable Alternatives for possible campus-based training topics.
3. Direct in-home services to parent(s) consist of an FBISD staff member going to the home of the parent to provide direct parent training services.
4. Out of district staff development/conferences are considered when additional resources and training are completed.

At the annual ARD after the provision of the IH/CB/PT services, the progress will be reviewed, and the ARD committee will determine if further training is needed.

Documenting Progress toward In-Home/Community Based/Parent Training IEPs and Services

Once services are deemed necessary and the ARD committee agrees upon the amount and types of services, the Program Manager, Student Support Services, Program Improvement will assign a trainer. The trainer is responsible for scheduling the sessions with the parent(s). He/she is also responsible for collecting data on the in-home, community-based and/or parent training goals and objectives. The trainer assigned to the student's services is responsible for providing all documents related to progress to include data logs/charts, etc. to the student's case manager at the end of each progress reporting period (9 weeks). The trainer must also provide a copy to the Program Manager who oversees the services for the child (i.e. BSS, CLASS, Resource, etc.) at the end of each progress reporting period (9 weeks).

III – Related & Instructional Services

Interpreting Services

34 CFR § 300.34(c)(4)

Under the IDEA, “*interpreting services*” includes:

- *When used with respect to children who are deaf or hard of hearing*: oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services such as communication access real-time translation (CART), C-Print, and TypeWell; and
- Special interpreting services for children who are deaf-blind.

Provision of Interpreting Services

Interpreting services for deaf and hard of hearing students must be provided by personnel certified in appropriate language modes if certification is available. An interpreter may be certified by the Texas Board for Evaluation of Interpreters (BEI), Texas Department of Assistive and Rehabilitative Services (DARS), Office for Deaf and Hard-of-Hearing Services (DHHS), or the Registry of Interpreters for the Deaf (RID). Personnel providing transcription services, such as Communication Access Real-time Translation (CART), C-Print, or Type Well, must document appropriate training and demonstrate appropriate skills.

III – Related & Instructional Services

Types of Interpreting

The following pages give a brief description of each of the Interpreting types listed in Federal Regulations, State Law and PEIMS. District personnel may use this form to assist in determining which type of interpreting is being provided.

00 No interpreting service provided

01 Oral Transliteration

The Oral Transliterator silently “mouths” a transliteration or paraphrase of a message spoken in English to a more visible form for the benefit of a person who reads the lips of the oral transliterator. Sign language is not used, but natural gestures may be included. The Oral Transliterator may also “voice” for the deaf student as needed.

Oral Transliteration includes:

1. Accurate reception and production of the spoken message.
2. Articulation that is easily understood.
3. Facial expression that matches the message’s intent.
4. Natural gestures that are subtle and support the meaning.

The Oral Transliterator may also:

1. Rephrase sentences or substitute words to facilitate speech reading.
2. Use mime-like gestures to clarify words that are difficult to speech-read.

Certification Requirements

An interpreter may be certified by the Texas Department of Assistive and Rehabilitative Services (DARS) or the Registry of Interpreters for the Deaf (RID).

02 Cued Language Transliteration

Cued Language is also known as Cued Speech. Cued Speech uses speech-reading, various hand shapes, and hand positions near the face to allow the student to distinguish the different phonemes of spoken English.

1. Eight hand shapes distinguish all the consonant phonemes.
2. Four hand locations near the mouth distinguish the vowel phonemes.
3. A hand shape and a location together cue a syllable.
4. The cued language Transliterator must voice or silently mouth the source language while cueing.

Certification Requirements

There is no state (Texas) approved or recognized certification for Cued Language Transliteration, however a provider should document appropriate training and demonstrate appropriate skills.

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03 Sign Language Transliteration (Typically provided in RDSPD site classrooms)

The provider transliterates spoken English into a manual form of English. The Transliterator works in two forms of one language: English and Manually Coded English. The Transliterator incorporates the following as appropriate to the discourse:

- Signs in English word order
- Uses verb tense marker as each word is signed (talked, working, looks, etc.)
- Mouths each English word as it is signed
- May use a variety of affixes ('s, -ing, -ly, dis- un-, etc.)
- Uses a few non-manual markers
- Follows the rules of the selected sign system (SEE, MSS, Signed English, etc.)

Certification Requirements

An interpreter may be certified by the Texas Department of Assistive and Rehabilitative Services (DARS) or the Registry of Interpreters for the Deaf (RID).

04 Sign Language Interpreting

The Interpreter works in two languages: English and American Sign Language (ASL). The provider changes spoken English to ASL. The Interpreter uses a variety of the following components of American Sign Language, incorporating them in as appropriate to the discourse.

- Indexing
- Directionality
- Classifiers
- Listing
- Incorporation of numbers
- Number systems
- Role shift
- Signing space
- Topicalization
- Expansions
- Modulation
- Spatial organization
- Non-manual markers
- Plurality by reiteration
- Time sequence

Certification Requirements

An interpreter may be certified by the Texas Department of Assistive and Rehabilitative Services (DARS) or the Registry of Interpreters for the Deaf (RID).

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05 Communication Access Real-time Transcription (CART)

Using court reporting technology, the CART transcriber provides a word-for-word text display of the spoken message. The provider uses specialized transcription software and hardware to provide a real-time transcript of the spoken English content.

- CART requires a trained court reporter, a steno machine, notebook computer, and real-time software. A second notebook computer or projector is required for the student(s).
- CART provides a word-for-word transcription of all spoken information.

Certification Requirements

Personnel providing transcription services such as communication access real-time translation (CART) must document appropriate training and demonstrate appropriate skills.

06 C-Print

The C-Print transcriber provides a meaning-for-meaning text display of the spoken message. The transcriber produces text of spoken information using a software application called *C-Print Pro*. The captionist generally provides a meaning-for-meaning (not verbatim) translation of the spoken English content.

- C-Print requires a trained individual (training is provided online), a laptop computer, and special software. A second laptop or projector is required for the student(s).
- C-Print captionists include as much information as possible, generally providing a meaning-for-meaning (not verbatim) translation of the spoken English.
- The text can be displayed simultaneously to one or more students in different ways, including additional computers (laptops) or display monitors.

Certification Requirements

Personnel providing transcription services such as C-Print must document appropriate training and demonstrate appropriate skills.

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07 TypeWell

The TypeWell transcriber provides a meaning-for-meaning text display of the spoken message. The transcriber uses a laptop computer with the TypeWell abbreviation software to provide a meaning-for-meaning (not verbatim) translation of the spoken English content.

- TypeWell requires a trained individual (training is provided online), a laptop computer, and special software. A second laptop or projector is required for the student(s).
- TypeWell captionists include as much information as possible, generally providing a meaning-for-meaning (not verbatim) translation of the spoken English.
- The text can be displayed simultaneously to one or more students in different ways, including additional computers (laptops) or display monitors.

Certification Requirements

Personnel providing transcription services such as TypeWell must document appropriate training and demonstrate appropriate skills.

08 Deaf-Blind Interpreting

The interpreter conveys a message in American Sign Language or Manually Coded English in a way that is accessible to a student whose visual impairment necessitates adaptations of traditional sign language interpreting or transliterating. There are many types of interpreting services for children who are deaf-blind, in addition to tactile and close vision interpreting services. (CFR 2006, comments, page 46572) The following techniques and considerations may be used as appropriate.

- Tactile one-handed signing
- Tactile two-handed signing
- Tactile finger spelling
- Varied proximity to the client to accommodate his distance vision
- Varied proximity to the client to accommodate his field of vision
- Interpreter may sit to the side of client with eccentric viewing
- Reduced signing space
- Reduced range of movement of signs
- Alternate methods of conveying information that is usually shown with non-manual signals.
- Special attention to lighting and seating arrangements.
- Use of finger spelling in place of lip reading to distinguish multiple meanings of signs.

Certification Requirements

An interpreter may be certified by the Texas Department of Assistive and Rehabilitative Services (DARS) or the Registry of Interpreters for the Deaf (RID). The interpreter should also document appropriate training for deaf-blind interpreting.

Only one type of interpreting may be reported in PEIMS for any individual student. If more than one type is provided, local ARD/IEP teams should decide which one type is to be reported as the primary

III – Related & Instructional Services

interpreting service. Interpreting services are recorded in SuccessEd on the Communication Needs Supplement page for Deaf and Hard of Hearing.

III – Related & Instructional Services

Frequently Asked Questions:

1. *When a student needs the related service of interpreter for the deaf, who should draft the interpreter IEP?*

The special education teacher or Teacher of the Deaf.

2. *Who should implement the interpreter IEP?*

The special education and general education teachers should monitor implementation of the interpreter IEP.

3. *Who should update the interpreter IEP?*

The special education teacher in collaboration with the general education teacher and interpreter.

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MEDICAL SERVICES

34 CFR § 300.34(c)(5)

Under the IDEA, “Medical Services” includes services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

III – Related & Instructional Services

OCCUPATIONAL THERAPY & PHYSICAL THERAPY

34 CFR § 300.34(c)(6), (c)(9)

Occupational Therapy

Under the IDEA, “*Occupational Therapy*” is:

- (i) Services provided by a qualified Occupational Therapist; and
- (ii) Includes –
 - (A) Improving, developing, or restoring functions impaired or lost through illness, injury or deprivation;
 - (B) Improving ability to perform tasks for independent functioning if functions are impaired or lost; and
 - (C) Preventing, through early intervention, initial or further impairment or loss of function.

Occupational Therapy focuses on the students’ performance in the areas of fine motor skills, self-care, social skills, and play/leisure skills. The Occupational Therapist may:

1. Observe a student engaging in an activity and provide strategies to facilitate the student’s full participation.
2. Reduce barriers that limit student participation within the school environment.
3. Recommend assistive technology to support student success.
4. Help plan relevant instructional activities for ongoing implementation in the classroom.

Physical Therapy

Under the IDEA, “*Physical Therapy*” is services provided by a qualified physical therapist.

Physical Therapy addresses the ability of the student to move parts of the body, to assume and maintain postures, and organize movements into functional gross motor skills. Physical Therapists’ interventions are designed to:

1. Enable the student to travel through the school environment.
2. Enable the student to participate in classroom activities.
3. Enable the student to maintain and change positions in the classroom.
4. Enable the student to access common school areas such as: stairs, restrooms, the cafeteria or the school bus.

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Purpose of Occupational and Physical Therapy in the School Setting

Occupational and Physical Therapy specialize in school-based evaluations, consultation, and therapy services for students with disabilities for the purpose of improving functional performance and independence in the educational setting. Educationally based Occupational Therapy (OT) or Physical Therapy (PT) differs from medically necessary OT or PT. Both Federal and State law dictate that educational services concentrate on a child's ability to function in and receive benefit from their education in the school setting, "to attain a free and appropriate education." Evaluations and therapies are designed in consideration of the child's ability to make progress on IEP goals/objectives. In conjunction with the IEP team, areas in which progress is delayed or limited are identified and therapists design, recommend, and implement strategies and reasonable accommodations as appropriate for the school environment, with the overall goal being access and participation

School-Based Therapy vs. Clinical Therapy

Therapists in the medical community direct their attention primarily toward the child's impairments, whereas the education-based therapists direct their attention toward removing barriers from the student's school environment and assisting the educational staff to understand the different considerations that must be given to children with disabilities.

OT and PT with students in the school must be educationally relevant. Educationally relevant can be defined as therapy directly related to performance in the educational environment. Therapists work with students and teachers to help each student acquire the functional abilities needed to access his or her educational materials and move about the school. Therapists may work with a student to find alternative methods for participating in school activities or adapt equipment so that he/she can function better while at school. Assistance may occur in areas such as the classroom, lunchroom, or restroom. Therapists can help the student participate in activities on the playground, on field trips and at school sports events, if appropriate.

Referrals for Therapy Services

When considering Occupational and/or Physical Therapy as a related service, the CCC/ARD Facilitator should be contacted to schedule a SCORE meeting. The SCORE team reviews data to determine the need for the Related Services evaluation. A screening may be warranted to gain additional information prior to the evaluation. If so, the campus CCC/ARD Facilitator obtains consent for screening. If no screening is warranted, consent for the Evaluation will be obtained.

The evaluation will either be in the context of the Full Individual Evaluation or a standalone report that is an addendum to the Full Individual Evaluation. Based on the results of the evaluation, the service provider will make recommendations about the need for service and make recommendations for service delivery time, and frequency and duration of services. After taking into consideration the recommendations made by the therapy service providers, the ARD committee will determine whether or not the student **requires** the related service to benefit from the IEP.

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Service Delivery

Once the ARD Committee determines the need for service, service delivery options may include consultation or classroom-based intervention. IEP goals and objectives addressed by OT will be collaborative with classroom teachers' goals and objectives. PT may develop their own functional goals, that they co-implement with the teacher of record.

A student's need for OT or PT services may vary over time. These fluctuations are reflected in the IEP plan and should be fluid and flexible, based on immediate educational needs at any time during the student's educational process. Consideration of services may be especially necessary during periods of transition between schools or into community activities. Other considerations are when there are significant changes to the IEP and/or vocational considerations.

Service time recommendations will be recorded in frequency, location, and duration of services. The service delivery model must delineate in the ARD if the service is a direct service (directly to the student) or indirect (typically this consists of providing consultation or training to the teacher(s) and or staff members that work with the student).

OT/PT Screenings

1. *General education student*: Related services are those services defined in federal regulations (34 C.F.R. §300.34) that are required to assist a child with a disability to benefit from special education. OT and PT services are only available to students served in special education.
2. Request for screening for a student currently served in special education:
 - a. The campus has a SCORE meeting and reviews data indicating the need for a screening.
 - b. The campus CCC/ARD Facilitator obtains consent for screening and uploads the Consent for Screening form in SuccessEd.
 - c. The campus CCC/ARD Facilitator notifies the campus OT/PT that consent for screening was obtained.
 - d. The service providers should complete the screenings within 30 calendar days. If other timelines apply, make sure that information is communicated with the service provider.
 - e. The screening will have one of three outcomes as outlined in the screening procedures section of the handbook.

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Evaluation Process

1. Initial evaluation when a Full Individual Evaluation is being completed
 - a. A screening may have been completed by the service provider who recommended the evaluation.
 - b. The Consent for Evaluation signed by the parent for the Full Individual Evaluation is sufficient for the OT and/or PT evaluation.
 - c. OT and PT will incorporate their evaluation data into the integrated Full Individual Evaluation report.
2. Stand Alone Report (special request/not part of reevaluation)
 - a. A screening should be completed by the service provider who recommended the evaluation.
 - b. The campus evaluator will complete the SCORE process and obtain consent. The campus evaluator must upload notice and consent for evaluation obtained from the parent.
 - c. The related services report will be completed as an addendum to the Full Individual Evaluation.
 - d. A review ARD must be held upon completion of the evaluation.
3. Three Year Reevaluations
 - a. The campus evaluation staff should include the OT and PT therapists in the SCORE process.
 - b. The therapists will make recommendations to the scope of the evaluation.
 - c. Consent for Re-evaluation signed by the parent for FIE is sufficient for the OT/PT evaluation portion.
 - d. The evaluation information will be incorporated into the integrated Full Individual Evaluation report.

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Transfer Students

1. CCC/ARD Facilitator will hold transfer ARD.

If available, provide the IEP to the appropriate related service provider so that they may review service time, model and areas of support.

2. Collaboratively work with the service provider to determine the appropriate frequency, duration and service time for the student, especially if the student is transferring from out-of-state. If there is no current medical (i.e., dated within a calendar year from the current date), the Campus Evaluator or therapist will provide the parent with the Medical Referral for OT and/or PT at School form. Without a current medical in place, services (i.e., evaluation) can be provided only until the placement ARD occurs. *For services to continue after the placement ARD*, a current medical must be provided by the parent.
3. If the records from the prior district do not include an OT and/or PT evaluation, campus staff should contact the district and specifically ask for a copy of the records.
4. During the 30-school day period, the OT and PT services provided in the previous district will continue for in state transfers. For out-of-state transfers, careful review of the IEP and related service model, in addition to parent information, will be used to determine comparable service time to be documented in the transfer IEP meeting. If the OT or PT believes there is a need to re-evaluate prior to the Placement/Annual ARD, the CBE should be contacted to convene a SCORE meeting.

ARD Meetings

1. CCC/ARD Facilitator/Department Head will notify therapists of the date and time of the ARD meeting as soon as possible.
2. The therapist will collaborate with the classroom teacher to update the IEP Goals & Objectives and propose new IEP Goals & Objectives. The therapist will also make recommendations for service time.

Goals and objectives are to be co-implemented with the classroom teacher. Occupational or Physical Therapy staff members are responsible for indicating which specific IEP goals/objectives that he/she will be collaboratively implementing with the teacher.

Dismissal from Services

Dismissal from Occupational and Physical Therapy will be considered when educationally relevant adaptations have been established to allow for access and participation within the student's school-based environment or if the specialized services of a therapist are no longer required for student access and participation in their educational process or to make meaningful progress on IEP goals/objectives.

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RECREATION

34 CFR § 300.34(c) (11)

Under the IDEA, “*Recreation*” includes:

- Assessment of leisure function;
- Therapeutic recreation services;
- Recreation programs in schools and community agencies; and
- Leisure education.

REHABILITATION COUNSELING SERVICES

34 CFR § 300.34(c) (12)

Under the IDEA, “*Rehabilitation counseling services*” means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with a disability by vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended, 29 U.S.C. 701 *et seq.*

SOCIAL WORK SERVICES IN SCHOOLS

34 CFR § 300.34(c) (14)

Under the IDEA, “*Social Work Services in Schools*” includes—

- Preparing a social or developmental history on a child with a disability;
- Group and individual counseling with the child and family;
- Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school;
- Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
- Assisting in developing positive behavioral intervention strategies.

TRANSPORTATION

34 CFR § 300.34(c) (16)

Under the IDEA, “*Transportation*” includes--

- 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), if required to provide special transportation for a child with a disability.

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Need for Service

The ARD Committee is responsible for determining whether transportation services are required to assist a child with a disability to benefit from special education and related services, and how the transportation services should be implemented, see *Questions and Answers on Serving Children with Disabilities Eligible for Transportation*, 53 IDELR 268 (OSERS 2009). The IDEA's definition is broad and allows the ARD Committee to make transportation decisions on a case-by-case basis. If a child is in need of special transportation, or there is a concern he or she might need special transportation, the ARD Committee must take the circumstances into consideration, make a recommendation, and establish eligibility. Transportation services are required, when necessary, for the student to benefit from special education.

Dismissal from Service

If a child no longer needs special transportation, an ARD committee must take the circumstances into consideration and make a recommendation for dismissal.

Procedures

In order to establish eligibility for special transportation, the ARD Committee must bring forward the recommendation and the eligibility: Transportation Form must be completed in SuccessEd. The Campus Compliance Coordinator (CCC), ARD Facilitator (AF), or Department Head will complete a Transportation Information form in SuccessEd which includes information such as pick up and drop off address; specialized program; time; attending school; parent contact information, etc. Electronic signatures in SuccessEd should be used for LEA representatives and parents to sign the Transportation Information form. However, if the form is not signed electronically, then a copy should be uploaded into SuccessEd. Transportation staff have been trained in how to retrieve the forms from SuccessEd in order to appropriately route students on the bus.

Change of Address

If there is a change of address, the Transportation Information form will need to be updated by the Campus Compliance Coordinator (CCC), ARD Facilitator (AF), or Department Head in SuccessEd. The parent should contact the CCC/AF/Department Head about the change. At that time, the registrar will also need to verify the new address is in the current attendance zone as well as change the information in Skyward. If the student is in a different attendance zone and is in a specialized program, the Program Manager should be notified to determine if there is a program closer to the student's new address and if the student requires a campus location change. Physical proximity to the student's new address is only one determination for placement recommendations and will not be the only consideration when campus location is determined.

At no point should the parent contact the Transportation Department with a change of address. The Transportation Department will refer the parent to the campus to facilitate transportation as a related service in the event of a change in address.

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Alternate Pick Up/Drop Off

Parents may request their child(ren) be picked up or dropped off at an alternate location. This request is subject to approval by the Special Needs Transportation Department and should be located within 2 miles of the home address or home campus. The Optional Pick Up or Drop Off Location form, located on the FBISD Transportation Department website, must be completed and submitted to the transportation department for consideration. The student's transportation form reflects the home address, with the alternate pick up/drop off information documented within the "Special Needs" section of the transportation form, within the "Special Equipment/Other Information" field.

INSTRUCTIONAL SERVICES

ADAPTED PHYSICAL EDUCATION (AdPE) SERVICES

34 CFR §§ 300.39, 300.108; 19 TAC § 89.1131(b)(5)

General IDEA Requirements

The IDEA includes instruction in physical education within the definition of special education (34 CFR § 300.39):

"Special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including— ...instruction in physical education."

"Physical education means the development of:

- Physical and motor fitness;
- Fundamental motor skills and patterns; and
- Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports); and
- Includes special physical education, adapted physical education, movement education, and motor development."

"Specially designed instruction means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction—

- To address the unique needs of the child that result from the child's disability; and
- To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Physical Education

34 CFR § 300.108

The State must ensure that public agencies in the State comply with the following:

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(a) *General*. Physical education services, specially designed, if necessary, must be made available to every child with a disability receiving FAPE, unless the public agency enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades.

(b) *Regular physical education*. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to nondisabled children unless—

- (1) The child is enrolled full time in a separate facility; or
- (2) The child needs specially designed physical education, as prescribed in the child's IEP.

(c) *Special physical education*. If specially designed physical education is prescribed in a child's IEP, the public agency responsible for the education of that child must provide the services directly or make arrangements for those services to be provided through other public or private programs.

(d) *Education in separate facilities*. The public agency responsible for the education of a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services in compliance with this section.

Purpose of Adapted Physical Education (AdPE) Services

Adapted PE is an individualized service comprised of developmental activities, games, sports, and rhythmical movements suited to the interests, capacities and limitations of students with disabilities who ***may or may not safely or successfully engage*** in the activities of a general physical education program due to physical gross motor concerns. Instructional and consultative services are provided to students in the least restrictive environment.

Adapted physical education instruction is specified in an individualized education program (IEP) and shall meet the standards of the TEKS. Its purpose is to provide a physical education program in which the activities and teaching procedures are adapted to the specific strengths and limitations of students with disabilities ***who cannot participate*** in the general physical education program or ***who need adaptations for safe and successful participation***.

Referrals for AdPE Services

If a student is not making progress in physical education, the student's case manager should be contacted to review the current IEP and ensure appropriate accommodations and other services are implemented as necessary (AT, BIP, etc.). If the student requires additional support, the CCC/ARD Facilitator should be contacted to schedule a SCORE meeting. The SCORE team reviews data to determine the need for the additional evaluation. A screening may be warranted to gain additional information prior to the evaluation. If so, the campus CCC/ARD Facilitator obtains consent for screening. If no screening is warranted, consent for the evaluation will be obtained.

The evaluation will be in the context of the Full Individual Evaluation. Based on the results of the evaluation, the service provider will make recommendations about the need for service and make recommendations for service delivery time, and frequency and duration of services. After taking into

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consideration the recommendations made by the service providers, the ARD committee will determine whether the student is eligible for the service.

Service Delivery

Once the ARD committee determines the need for service, service delivery options may include consultation or direct service. IEP goals and objectives addressed by AdPE might be individual, or collaborative with classroom teachers' goals and objectives.

Service time recommendations will be recorded in frequency, location and duration of services. The service delivery model must delineate in the ARD if the service is a direct service (directly to the student) or indirect (typically this consists of providing consultation or training to the teacher(s) and or staff members that work with the student).

Student not identified with Special Education Services

AdPE is an instructional service and only available to students served in special education.

Referral for a student in the initial evaluation process

1. The Evaluation Staff Member will notify the AdPE service provider that AdPE services will be addressed in an initial evaluation. Consent will have already been obtained by the campus-based evaluation (CBE) staff.
2. The ADPE service provider will complete will conduct the evaluation as appropriate and incorporate their information into the integrated Full and Individual Evaluation report in the respective sections.

Stand-alone evaluation

1. There are no stand-alone evaluations for instructional services. If an evaluation is needed, the campus-based evaluation staff will conduct a SCORE meeting and an FIE will be completed.

Three Year Reevaluations

1. The campus evaluation staff should obtain the ADPE service provider's recommendations prior to the SCORE meeting. ADPE service providers do not routinely attend SCORE meetings.
2. The service provider will make recommendations to the scope of the evaluation.
3. The evaluation information will be incorporated into the integrated Full Individual Evaluation report.

Transfer Students

1. Campus evaluation specialist will notify the ADPE teacher that a student has enrolled with ADPE services and provide the IEP if available.

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2. For in-state transfers, the campus staff will document the ADPE instructional time from the previous district during the transfer meeting.
3. For out-of-state transfers, careful review of the IEP, related service model, in addition to parent information will be used to determine **comparable** service time to be documented in the transfer IEP meeting. If ADPE believes there is a need to re-evaluate prior to the Placement/Annual ARD, the CBE should be contacted to convene a SCORE meeting.
4. During the 30-school day period, the AdPE services that were provided in the previous district will continue. If the AdPE service provider believes there is a need to re-evaluate prior to the Placement/Annual ARD, the campus evaluation specialist should be contacted to discuss a SCORE meeting.

ARD Meetings

1. Campus Compliance Coordinator/ARD Facilitator/Department Head will notify ADPE service provider of the date and time as soon as possible. The ADPE service provider does not routinely attend ARD meetings. If there is a need for the AdPE service provider to attend the ARD, please contact the teacher as soon as possible. The service provider will complete drafted PLAAFPs, update goals and objectives, and propose new goals and objectives prior to the ARD meeting. The service provider will also make recommendations for service time (frequency, location, and duration of services) by entering this information on the Schedule of Services page.
2. Goals and objectives may be co-implemented with the classroom teacher depending on the service delivery model. Service providers are responsible for indicating on the goal/objective form which specific IEP objectives that he/she will be working on collaboratively with the service provider.

Dismissal from Services

A re-evaluation must be completed to determine if a student no longer meets the need for Adapted PE. The AdPE provider will communicate the need for a SCORE meeting to the campus evaluation staff. A re-evaluation will be conducted, and the AdPE provider will add their evaluation information into the integrated report. Upon completion of the re-evaluation, an ARD meeting will be held to review the evaluation and discuss recommendations, including dismissal of services.

***** The exception to this rule is when a student is in high school and has completed required PE credits for graduation. There is no need to conduct a re-evaluation to dismiss the AdPE instructional services as they are no longer required because the General Education PE requirement has been met Deaf/Hard of Hearing (DHH) Instruction***

Purpose of Instructional Services for Deaf/Hard of Hearing Students:

Instructional services for a DHH student are provided by a Teacher of the Deaf when the ARD/IEP team, including the Teacher of the Deaf, determines that a DHH student has an instructional need from a deaf and hard of hearing specialist. The purpose of instruction from a Teacher of the Deaf is to provide

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specific strategies to develop or improve receptive and expressive listening and language skills as a result of the student’s hearing impairment for the student to access the general curriculum.

Referrals and Screenings for DHH

Refer to Section 1 of the Special Education Administrative Procedures.

Continuum of Services for DHH Students

In addition to the continuum of general education and special education services, DHH students may need services from the Brazoria-Fort Bend Regional Day School Program for the Deaf (RDSPD). Services available through the Brazoria-Fort Bend RDSPD include:

Ages 0-3:

Services through ECI agencies—ECI makes the referral to the RDSPD for DHH services from the District’s RDSPD.

Ages 3- Grade 12:

1. RDSPD Consult Services:

Consult services should be documented in the ARD in the Related Services of the student’s IEP. Consult services can be either direct services provided by the Teacher of the Deaf to a student who is DHH, or indirect service provided by the Teacher of the Deaf to other staff members working with a student who is DHH. Services are determined by the ARD Committee based on data or student need.

2. RDSPD Itinerant Services:

Weekly instructional services provided by a teacher of the deaf. Services are determined based on data, such as the Full and Individual Evaluation and classroom assessments and are decided upon by the ARD/IEP Committee, which includes the teacher of the deaf. Students receive itinerant services when regular support is needed from a teacher of the deaf at a frequency of less than 45 minutes per week.

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3. *RDSPD Self-Contained Program:*

Elementary Services Early Childhood Special Education Services-5th grade at Settlers Way Elementary in FBISD:

a. Oral ECSE-Kindergarten Program

- Meets DHH Eligibility
- Mild to severe hearing loss
- Listening device, which provides student access to speech sounds
- Language and academic delays are due to hearing loss
- Needs oral instruction with strategies to increase listening and language skills
- The need for instruction from a teacher of the deaf is greater than the need for instruction from a special education or general education teacher.

b. Total Communication (TC) Early Childhood Special Education Services-5th Grade Program:

- Meets DHH Eligibility
- Moderate to profound hearing loss
- Student needs total communication approach (oral and sign language provided)
- Language and academic delays are due to hearing loss, the need for instruction from a teacher of the deaf is greater than the need for instruction from a special education or general education teacher.

Middle School Services at First Colony Middle School:

- Total Communication services 6th-8th grade

High School Services at Dulles High School

- Total Communication services for 9th-12th grade

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Information for DHH ARDs:

All ARDs involving DHH students must have a Teacher of the Deaf present. This also pertains to DHH students who do NOT receive a direct DHH service. To request a deaf educator to attend the ARD/IEP meeting, the request must be made through the Teacher of the Deaf assigned to the student or the RDSPD Office Clerk at 281-634-1497. This request must be made at least 2 weeks prior to the ARD/IEP meeting to allow for scheduling.

- *Request for Consultation:* A consultation with the RDSPD teacher of the deaf may be requested at any time. A consultation may be warranted when a DHH student is not receiving RDSPD services and has a change in hearing or a change in classroom performance. DHH students will have a monitoring RDSPD teacher of the deaf that will provide their name and contact information and resource information to the student's campus mentor teacher at the start of each school year. E-mail contact with the RDSPD teacher is recommended in order to document your request for consultation.
- *Schedule of Services:* RDSPD or Deaf Education weekly services are considered Instructional. Service time is based on the unique needs of DHH students.
- *Deliberations:* An example of a note in the deliberations— "Direct instruction from the Regional Day School Program for the Deaf will be provided..." or "the student will be monitored by the RDSPD Teacher of the Deaf, who attends all ARD meetings.
- *Texas School for the Deaf (TSD) Information:* Information about TSD is given at the initial placement ARD and at least once annually to all DHH eligible students. The information is provided in SuccessEd and can be presented by the monitoring teacher, Campus Compliance Coordinator/ARD Facilitator, department head or RDSPD Teacher of the Deaf who attends the ARD meeting.
- *Communication Needs Supplement for Deaf and Hard of Hearing -DHH Supplement:* Student specific information describing detailed information about the DHH student's communication skills. This form is completed for all DHH students and is part of SuccessEd. Teachers working with the student, including the RDSPD Teacher of the Deaf who attends the ARD, can assist in completing this form.
- *Referral to the RDSPD:* Information completed at annual ARD meetings for students who receive direct instruction (weekly or daily) from an RDSPD Teacher of the Deaf. The form is provided in SuccessEd and can be completed by the monitoring teacher, Campus Compliance Coordinator/ARD Facilitator, or Teacher of the Deaf who attends the ARD meeting.

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Dismissal from Services

A student may be considered for dismissal from DHH services when one or more of the following conditions exist:

III – Related & Instructional Services

1. The student has developed the performance components needed to progress toward educational goals established in the IEP without the support of a Teacher of the Deaf and there is no longer an educational need for the service provider.;
2. The DHH area of concern being addressed does not interfere with the student's ability to function or make progress in his/her educational setting;
3. Environmental or curricular adaptations have been established to allow for achievement of educational goals;
4. The student's need for remediation and/or compensation in the area(s) being addressed are being fully met by the student's educational or other service providers without the need for continued Teacher of the Deaf support;
5. The student's rate of progress in the educational environment in the DHH area(s) being addressed continues to be steady and commensurate with the student's overall level of progress in other areas despite a decrease in services;
6. The student's level of educational functioning in the DHH area(s) being addressed has reached age level, grade level, and / or level of intellectual potential; and/or
7. Services are no longer affecting change in the student's level of function or rate of skill acquisition

Eligibility Dismissal Process

1. When a student does not have a documented hearing loss or there is not an educational need for specialized services due to a hearing loss, the Teacher of the Deaf may recommend an evaluation to consider dismissal of the DHH eligibility.
2. The Teacher of the Deaf will communicate the need for a SCORE meeting to the campus evaluation staff.
3. The campus will provide Notice of Evaluation to the parent(s) and obtain consent for the evaluation.
4. A new Full Individual Evaluation will be conducted, and the Teacher of the Deaf will add his/her evaluation information into the integrated Full Individual Evaluation report.
5. Campus assessment staff are responsible for obtaining audiological and otological assessment.
6. A review ARD must be held to review the evaluation and recommendations for dismissal of eligibility. All decisions regarding eligibility and services are determined by the ARD committee based on data and legal requirements for DHH.

Frequently Asked Questions:

1. *Which students are eligible for services through the RDSPD?*

Students who the ARD Committee determines need direct instruction by a Teacher of the Deaf.

2. *What services are available through the RDSPD?*

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- Parent infant (ages 0-2)
- Early Childhood Special Education Services
- Self-contained classroom for the deaf
- Inclusive and resource services at site campus locations
- Itinerant Teacher
- Audiological services for itinerant and site location students
- Speech Therapy at cluster site campus locations
- Diagnostic services at cluster site campus locations
- Counseling services at cluster site campus locations

3. *What is the role of the DHH Itinerant Teacher?*

The itinerant teacher can focus on any of the following areas based upon the needs of the student:

- Vocabulary development
- Language development
- Audition
- Communication
- Advocacy skills

4. *Should the DHH itinerant service be listed as an instructional or related service?*

Instructional service.

5. *How much time is the DHH itinerant service?*

The ARD/IEP committee determines the amount of time needed. DHH itinerant service must be a minimum of 45 minutes per week to code in PEIMS as a member of the RDSPD program. However, it is up to the ARD committee to determine service amount time.

6. *What is the difference between DHH itinerant and consult or monitoring service?*

Itinerant service is instruction provided directly to the student. Consultation/monitoring service is for the teachers or campus on behalf of the student.

ARD/IEP Procedures and Paperwork

7. *To which ARD/IEP meetings should a DHH representative be invited?*

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All ARD/IEP meetings of a student who meet the guidelines for the DHH eligibility. This includes transfer and pre-assessment ARD/IEP meetings if any reference to the student's hearing loss will be discussed.

8. *Should a DHH representative be invited to staffings?*

Yes. If any reference to the student's hearing loss will be discussed, the Teacher of the Deaf should be invited.

Infants

9. *Should infants (0-2 years) who are receiving service via the RDSPD be enrolled in the home school?*

Yes. The same enrollment procedures for school-aged children are required of infants served by the RDSPD through an Early Childhood Intervention (ECI) agency.

10. *What is the process for transitioning infants from Early Childhood Intervention (ECI) to Special Education?*

- A Transition Conference may be convened not fewer than 90 days, but not more than nine months before the child's third birthday.
- Transition plans must be convened not fewer than 90 days, but not more than nine months before the child's third birthday with the district, ECI representative, parent(s), and RDSPD teacher.
- ECI makes the referral and provides the district with appropriate records.
- Referral and Full Individual Evaluation is completed by the school district.
- The FIE team should include an RDSPD representative.
- Staffing and ARD/IEP meetings are held.
- Services begin according to the IEP.

Miscellaneous

11. *Where are the site campuses for the RDSPD located?*

There are three (3) campuses in Fort Bend ISD (Settlers Way Elementary, First Colony Middle School, and John Foster Dulles High School).

12. *How many districts comprise the RDSPD?*

Eleven (Alief, Angleton, Brazosport, Columbia-Brazoria, Damon, Danbury, Fort Bend, Lamar Consolidated, Needville, Stafford, and Sweeny).

III – Related & Instructional Services

13. What is the age range of students served by the RDSPD?

Birth to age 22

III – Related & Instructional Services

SPEECH-LANGUAGE THERAPY

34 CFR § 300.8 (c) (11)

The 2004 IDEA Regulations define a speech or language impairment as a "communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance."

34 CFR § 300.34(c) (15)

Under the IDEA, "*Speech-language pathology services*" include—

- Identification of children with speech or language impairments;
- Diagnosis and appraisal of specific speech or language impairments;
- Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
- Provision of speech and language services for the habilitation or prevention of communicative impairments; and
- Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Purpose of Speech- Language Therapy in the School Setting

34 CFR § 300.8 (c) (11)

Speech-Language Pathologists/Therapists specialize in the various aspects of speech therapy including articulation, language, fluency (stuttering), and voice. In the educational setting, the determination of a speech impairment is based on the presence of a communication disorder that adversely affects the educational or functional performance of the student. The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on a speech impairment MUST include a certified speech and language pathologist, a certified speech and language therapist, or a licensed speech/language pathologist. The team/committee, including the Speech-Language Pathologist/Therapist, determines if the student meets the eligibility criteria for speech-language impairment and if the student requires specially designed instruction by a speech-language pathologist. Speech therapy services can be provided through a variety of service delivery models.

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Examples of Types of Speech-Language Disorders

Articulation Disorder

An articulation disorder is an “atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that may interfere with intelligibility” (ASHA, 1993). Examples of an articulation disorder include substitution of /w/ for /r/ in the word “rabbit” or omission of the final consonant in a word such as “da” for “dad”. The child’s production of speech sounds should be compared to normal sound development in order to determine if the error is atypical or developmentally appropriate.

Fluency Disorder

A fluency disorder is an interruption in the production of fluent speech such as repetitions of sounds, syllables, words, or phrases, atypical rate of speech, and disruptions in rhythm. Speech production may be accompanied by secondary characteristics such as physical struggling behaviors or tension.

Voice Disorder

A voice disorder is an abnormal voice production in voice quality, pitch, volume, resonance, and/or duration that is considered to be inappropriate for the student’s age or gender.

Language Disorder

A language disorder is a disorder in the child’s ability to comprehend and/or express a message. Language disorders may occur in the 1) content (semantics) of language, 2) form (phonology, morphology, syntax) of language, and/or 3) the use (pragmatics) of language. Language disorders may be developmental or acquired, and range in severity from mild to severe. Children with language disorders are at high risk for learning disabilities and school failure.

- *Semantics* is an aspect of the language system that refers to word meaning in and across phrases and sentences (i.e., vocabulary use in context).
- *Phonology* is an aspect of the language system that deals with sounds, sound combinations, and the rules that govern sound combinations. An example of phonology would include identifying words that sound alike or rhyme. (i.e., Which word rhymes with mat: star or hat?).
- *Morphology* is an aspect of the language system that governs word structure and the smallest unit of meaning in the language system (i.e., prefixes, suffixes, tense markers). Examples of morphology would include adding /s/ to the end of a word to make it plural or adding the prefix “un” before a word to signify negation (open→unopen).
- *Syntax* is an aspect of the language system that governs the order and combinations of words to form sentences. Examples of syntax would range from the basic noun-verb combination (Mommy eat) to dependent clauses (Before he played the game, he finished his homework.).
- *Pragmatics* is an aspect of the language system that combines the content and form of language for use in functional, socially appropriate communication. Pragmatic language skills may include asking for information, responding to others, apologizing or accepting an apology, and seeking clarification. Nonverbal aspects of pragmatics or social language include skills such as reading body language, using appropriate body distance from the communication partner, and use or interpreting vocal intonation.

III – Related & Instructional Services

Speech Impaired Disability Determination Guidelines, TSHA 2020

A student is eligible for speech-language pathology services through IDEA 2004 when s/he exhibits a speech impairment that has an adverse effect on educational performance to the degree that specially designed instruction or related services and supports are needed from the SLP to help the student make progress in the general education curriculum.

Determination of eligibility for individualized education program (IEP) services with a Speech Impairment is a three-stage process that involves collecting data to answer two questions to document disability determination and a third question, if a disability is documented, for the ARD Committee to deliberate regarding the need for specially designed instruction and services from the SLP.

Stage 1: Is there a communication disorder (such as stuttering, impaired articulation, a language impairment, or a voice impairment)?

Stage 2: Is there an adverse effect on educational performance (academic achievement and functional performance) resulting from the communication disorder?

Stage 3: Are specially designed instruction and/or related services and supports needed from the SLP to help the student make progress in the curriculum?

NOTE: When the student presents with a communication disorder/disability condition (Stage 1) that results in an adverse effect on educational performance (Stage 2), the conditions to establish an eligibility condition (Speech Impairment) have been met and the need for specialized services from an SLP (Stage 3) should be documented and included in the recommendations section of the Full and Individual Evaluation report.

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Continuum of Speech Therapy Services

After a disorder is identified, the Speech-Language Pathologist/Therapist, along with the multidisciplinary evaluation team, considers the educational or functional implications of the communication disorder.

A continuum of speech therapy services is available through Fort Bend ISD. The services range from general education intervention supports to direct and indirect speech therapy services. Service recommendations are individually designed based on the student's communication needs.

Direct speech services are services provided directly to the student in a variety of settings. Indirect speech services include a variety of speech services that support the student in his/her curriculum.

Direct, indirect, or a combination of service delivery models are designed on a student-by-student basis within the context of the ARD/IEP process.

Dismissal from Speech Therapy

A student may be considered for dismissal from speech therapy, **based on a re-evaluation**, when one or more of the following conditions exist:

1. Student has achieved mastery of goals and objectives in speech-language therapy and there are no further goals warranted.
2. Based on evaluation (formal or informal) and therapy data, the student no longer meets the FBISD Eligibility Guidelines for speech-language impairment.
3. Intervention may no longer result in measurable benefits, despite documented use of a variety of approaches and/or strategies.
- 4.
5. The student's needs are being addressed in the least restrictive environment (LRE) or through other services such as inclusion, resource, bilingual, or ESL instruction.
6. The student's communication abilities are comparable to those of the same chronological age, gender, ethnicity, or cultural and linguistic background.
7. Parent request - after an ARD Committee meeting is held and agreement is reached to discontinue services.. If a parent requests reinstatement of services, eligibility must be re-established according to Speech and Language Eligibility Guidelines.

*When using these as a basis for dismissal, the campus SLP must collaborate with the Lead Speech Pathologist prior to the ARD.

Sources: ASHA, Admission/Discharge Criteria in Speech-Language Pathology: *Ad Hoc Committee on Admission/Discharge Criteria in Speech-Language Pathology*. 2004.

TSHA SI Eligibility Guidelines, 2020 (Texas Speech, Language, and Hearing Association)

III – Related & Instructional Services

ORIENTATION AND MOBILITY SERVICES (O&M)

34 CFR, §300.34(c)(7)

Under the IDEA, “orientation and mobility services” means services provided to blind or visually impaired children by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community; and includes teaching children the following, as appropriate:

- Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);
- To use the long cane or a service animal to supplement visual travel skills or as a tool for safely negotiating the environment for children with no available travel vision;
- To understand and use remaining vision and distance low vision aids; and
- Other concepts, techniques, and tools.

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VISUALLY IMPAIRED (VI) INSTRUCTION

19 TAC § 89.1050(b), TEC §§ 30.002(c)(4)(B), 30.002(c) (5), 30.002(c-1) 34 CFR, §§300.24, 300.320-300.324

Purpose of Instructional Services for students with Visually Impairments (VI)

Maximizing lifelong success is the goal of education. Students with visual impairments have unique learning needs that must be addressed if they are going to access the regular core curriculum and become independent, productive citizens to the greatest extent possible. It is important that the most appropriate decisions about development and implementation of programs and services for students with visual impairments are made (Educating Students with Visual Impairments in Texas: Guidelines and Standards, 2017).

Since students with visual impairments have unique learning needs, instructional teams should consider creative strategies to meet those needs. IDEA requires consideration of present levels of performance in both academic and functional areas. Texas law specifically notes that there will need to be flexibility on the part of school districts to meet the special needs of children with visual impairments (TEC § 30.002(c)(5)). General and special education teachers are primarily responsible for instruction in the academic content, with the support of VI professionals to accommodate or modify instructional design and materials to address the impact of visual impairment” (Educating Students with Visual Impairments in Texas: Guidelines and Standards, 2017).

For a student from birth through two years of age with visual and/or a hearing loss, an individualized family services plan (IFSP) meeting must be held in place of an ARD committee meeting in accordance with 34 CFR, §§300.320-300.324, and the memorandum of understanding between the Texas Education Agency and the Department of Assistive and Rehabilitative Services.

Referrals for VI or O&M Services

When considering Instructional Services for students with visual impairments, the service provider will collaborate with other evaluation specialists in the initial SCORE meeting. Based on the results of the evaluation, the service provider will make recommendations about the need for service and make recommendations for service delivery time, and frequency and duration of services. After considering the recommendations made by the service providers, the ARD committee will determine whether or not the student is eligible for the service.

Pursuant to TEC 30.002(c-1) an orientation and mobility evaluation performed by a certified orientation and mobility specialist, in a variety of lighting conditions and in a variety of settings, including in the student’s home, school and community and in settings unfamiliar to the student, must be part of special education eligibility considerations for children with a suspected visual impairment. TEC § 30.002(c-1) further requires that a Certified Orientation and Mobility Specialist (COMS) be part of the multidisciplinary team that performs re-evaluations for purposes of continuing eligibility for special education for students with vision impairment.

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Service Delivery

Once the ARD committee determines the need for service, service delivery options may include indirect/consultation, direct service, community-based activities, or a combination of these options. IEP goals and objectives addressed by VI and O&M service providers may be collaborative with classroom teachers' goals and objectives, or individual goals may be created.

A student's need for Vision or O&M services may vary over time. A student's needs may differ in intensity and focus during the student's school years. These fluctuations are reflected in the IEP plan and should be fluid and flexible, based on immediate educational needs at any time during the student's educational process. Consideration of services may be especially necessary during periods of transition between schools or into community activities. Other considerations are when there are significant changes to the IEP and/or vocational considerations.

Instruction should reflect the assessed needs of each student in all areas of academic and disability-specific core curriculum. These areas of emphasis have also been called the **Expanded Core Curriculum**. Assessments in all areas that determine each child's strengths and weaknesses can be used to assist the ARD committee build a program that truly addresses life-long competencies. Pursuant to TEC §30.002(c)(4)(B), the expanded core curriculum for students with visual impairments includes:

- compensatory skills, such as braille and concept development, and other skills needed to access the rest of the curriculum;
- orientation and mobility;
- social interaction skills;
- independent living skills;
- recreation and leisure enjoyment;
- career planning;
- assistive technology, including optical devices;
- self-determination; and
- sensory efficiency.

Not all areas will have equal urgency each year, but to make informed decisions on where to focus, it is essential to measure progress and functioning across all areas. The ARD committee should prioritize needs in order to develop an appropriate and comprehensive educational program for students with visual impairments.

Ordering Textbooks for the Visually Impaired (Large Print and Braille)

Requests for Large Print and Braille textbooks are provided to the Braillist by the TVI. The Braillist orders all Large Print and Braille textbooks.

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Students not identified as receiving special education services.

Related services are those services defined in federal regulations (24 C.F.R. §300.34) that are required to assist a child with a disability to benefit from special education. VI and O&M services are only available to students served in special education.

Referral for a Student in the Initial Evaluation Process (VI and O&M)

1. The Program Manager, Student Support Instructional Services, will notify the VI teacher and Orientation and Mobility specialist assigned to the student's home campus that a referral for a possible visual impairment has been received. Consent will have already been obtained by the campus evaluation staff member.
2. The campus evaluation staff member staff uploads the *Notice of Release/Consent to Request Confidential Information* form so that staff can contact the physicians.
3. The service providers will review the file and determine if a screening or a complete evaluation is warranted based on the referral. If the service providers begin with a screening and determine that no additional testing is necessary, the service providers will write up their screening results within the FIE and indicate in the conclusion of the FIE that Vision and O&M services are not recommended at this time. The service providers would write any appropriate recommendations from the screening in the respective sections of the FIE.
4. If the service providers determine that a complete evaluation is warranted, the service providers will conduct the evaluation and incorporate their evaluation into the integrated Full and Individual Evaluation report in the respective sections.

Stand-Alone Evaluation for Orientation and Mobility only

1. The campus evaluation staff member must provide notice to the parent, obtain consent, and upload it for evaluation.
2. The report will be a stand-alone report completed as an addendum to the Full Individual Evaluation.
3. A review ARD must be held upon completion of the evaluation.

Three Year Reevaluations

1. The campus evaluation staff should include the service provider in the SCORE process.
2. The service provider will make recommendations to the scope of the evaluation.
3. The evaluation information will be incorporated into the integrated Full Individual Evaluation report.

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Transfer Students

1. Campus will hold transfer ARD.
2. Document the Vision and O&M recommended service time(s) from the prior district in the transfer ARD paperwork.
3. If the records from the prior district do not include a VI or O&M evaluation, campus staff should contact the district and specifically ask for a copy of the records.
4. If the records from the prior district include a VI and O&M evaluation, the service provider will review the evaluation and determine whether a reevaluation will be required.
5. The following paperwork needs to be submitted to the VI professionals assigned to the student's campus ASAP following a transfer ARD:
 - a. VI or O&M IEP from prior district
 - b. Copy of FVE, LMA and O&M evaluation, if available
 - c. Most current eye report
 - d. Any other relevant data
 - e. A copy of the schedule of services and deliberations from the transfer ARD stating the amount of Vision and O&M service time
 - f. Proposed date for annual ARD

ARD Meetings

1. The Campus Compliance Coordinator (CCC), ARD Facilitator, and/or Department Head will notify service provider of the date and time as soon as possible.
2. The service provider will complete an annual summary, update goals and objectives, propose new goals and objectives, and collaborate with other service providers/teachers to draft goals and objectives. The service provider will also make recommendations for frequency, location, and duration of services by entering this information on the Schedule of Services page.
3. During the IEP team meeting, vision providers are also responsible for reviewing annually:
 - a. **ECC report in the PLAAFP**
 - b. **Receipt TSBVI**
 - c. **Consent for VI & DB**
 - d. **Benefits of Braille**

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Dismissal from Services

A student may be considered for dismissal from VI or O&M when one or more of the following conditions exist:

1. The student has developed the performance components needed to progress toward educational goals established in the IEP;
2. The area of concern being addressed does not interfere with the student's ability to function or make progress in his/her educational setting;
3. Environmental or curricular adaptations have been established to allow for the achievement of educational goals;
4. The student's need for remediation and/or compensation in the area(s) being addressed are being fully met by the student's educational or other service providers without the need for continued support;
5. The student's rate of progress in the educational environment in the area(s) being addressed continues to be steady and commensurate with the student's overall level of progress in other areas despite a decrease in services;
6. The student's level of educational functioning in the area(s) being addressed has reached age level, grade level, and / or level of intellectual potential; and/or
7. Services are no longer affecting change in the student's level of function or rate of skill acquisition.

Dismissal Process

1. When a student meets one of the dismissal criteria, the service provider may recommend an evaluation to consider dismissal from services.
2. The service provider will communicate the need for a SCORE meeting to the campus evaluation staff.
3. The campus will provide Notice of Evaluation to the parents and obtain consent for the evaluation.
4. A new Full Individual Evaluation will be conducted, and the service provider will add his/her evaluation information into the integrated Full Individual Evaluation report.
5. A review ARD must be held to review the evaluation and recommendations for services. The following scenarios may occur: All decisions regarding eligibility and services are determined by the ARD committee.
 - a. Dismissal from services if the student no longer demonstrates an educational need for service.
 - b. Changes to service delivery model, either from direct service to consultation, consultation to direct service, or a new combination of the two.
 - c. Updated focus of services and any new goals for the IEP.