

***Vernon Township School District
Special Services Department
P. O. Box 450
Vernon, NJ 07462
Telephone: 973-764-2935***

This booklet has been prepared by the Vernon Township School District Special Services Department to be used as a reference regarding the classification and educational programming of special needs children. This material has been prepared to answer questions regarding, the roles of teachers, administrators, team members, and parents in the effective planning of educational programs for handicapped children.

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I. INTRODUCTION:

Children grow and develop at different rates. Often times, parents and teachers will express concerns regarding a child's academic, social or emotional growth. Each building has an Intervention and Referral Services Committee whose purpose is to address these concerns. This committee consists of the building principal or designee, the parents, the teacher and other specialized personnel determined by the building principal. Interventions within regular education are recommended and implemented to improve the child's functioning in school. Regular education intervention is usually the first line of services provided to children evidencing academic, social or emotional difficulties.

At times, it may become necessary to request the Child Study Team to evaluate a child. School personnel, parents or agencies concerned with the welfare of the child, may submit referrals to the Child Study Team. Once a referral has been made, an identification meeting is held to determine whether an evaluation is warranted. Parents, the Child Study Team, a regular education teacher with knowledge of the child and other specialized personnel (depending upon the concerns identified) attend the identification meeting. The purpose of the meeting is to review existing data that supports or does not support the need for a Child Study Team evaluation. If it is determined that an evaluation is warranted, the child shall be considered identified as potentially a child with a disability. A determination is then made regarding which Child Study Team members and/or specialists shall conduct an assessment. Parent consent is required before the evaluation process can begin.

II. CHILD STUDY TEAM PERSONNEL:

- A. School Social Worker:** The role of the school social worker is to conduct a parental interview, if appropriate, as part of the Child Study Team process. The social worker may include as part of the interview process, information pertaining to the learning style of the student. This information may include developmental early medical history, remarkable familial history, relevant medical history and the social/emotional functioning of the student. The social worker may also collaborate with community agencies and make referrals to community agencies when appropriate
- B. School Psychologist:** The school psychologist is an educational specialist who uses knowledge of psychology and educational research to help confront many educational problems experienced by children, teachers, and parents. The school psychologist provides services in psychoeducational assessment, intervention, behavior management, and consultation. Psychoeducational assessment includes the use of a wide variety of tools so help determine intellectual functioning as well as social/emotional functioning of students. Based on test results and information collected, the school psychologist, as a member of the Child Study Team, helps to determine a student's eligibility for special education services and provides input regarding educational programming.
- C. Learning Disabilities Teacher (LDT-C) Consultant:** The LDT-C's role is that of an educational specialist who has the professional preparation and experience to evaluate students and offer suggestions to teachers. The LDT-C makes an assessment and analysis of a child's learning characteristics. This would be accomplished through testing and observation. The following areas would be evaluated:

- Basic reading skills
- Reading fluency

- Reading comprehension
- Oral expression
- Listening comprehension
- Math calculation
- Math reasoning skills
- Written expression

These findings are analyzed and their implications for learning are assessed and written up in report format.

D. Speech/Language Therapist: The speech/language specialist is an integral part of the evaluation process for the pre-school child with a disability (ages 3 – 5). The speech/language specialist assesses students in areas of morphology, syntax, semantics, and/or pragmatic discourse. In addition, the speech/language specialist evaluates 5 – 21 year olds to determine if a child is eligible for speech/language services (ESLS).

III. ADDITIONAL EVALUATIONS: Some students may required additional evaluations in a specialized area. These evaluations may include:

- Occupational or Physical Therapy
- Neurological
- Neurodevelopmental
- Audiological
- Central Auditory Processing
- Psychiatric

The decision regarding the need for these evaluations is made by the IEP team.

The end result of a Child Study Team evaluation is to determine if a child is eligible for special education and related services. A student shall be determined eligible and classified “Eligible for Special Education and Related Services” when:

- Student has one or more of the disabilities as defined in code;
- The disability affects the student educational performance; and
- The student is in need of special education and related services

If all three criteria are not met, then the student will be determined **not** eligible for special education and related services. If a student is determined not eligible, suggestions may be offered for implementation in regular education.

IV. ELIGIBILITY: Once a child has been determined eligible for special education and related services an Individualized Education Plan (IEP) meeting is convened. An IEP is developed by the parents, the student where appropriate, a regular education teacher, a special education teacher and at least one member of the CST (case manager). The IEP should include, but not be limited to, a statement of the student’s present levels of academic achievement and functional performance, how the disability affects the student’s involvement and progress in the general curriculum and/or participation in appropriate activities, a statement of detailed measurable annual goals and objectives that are related to the core content standards in the

general education curriculum, a statement of the special education and related services and supplementary aids and services to be provided, a statement explaining the extent to which the student shall not participate with nondisabled students in the general education class and in extracurricular and nonacademic activities, modifications for statewide assessments, transition planning, graduation requirement, and information on rights upon reaching the age of majority.

V. RELATED SERVICES: The following is a list of the related services a child may receive based on the results of an evaluation and a determination of eligibility for these services:

- Speech/Language
- Adaptive Physical Education
- Guidance
- Occupational Therapy
- Physical Therapy

SPECIAL EDUCATION: Special Education provides alternative teaching methods to aid the student in accessing the general education curriculum. Students are taught by certified Teacher of the Handicapped personnel who are experienced in working with different handicapping conditions. The special education teachers work in conjunction with the regular education teacher to provide support services for students.

VI. EDUCATIONAL CLASSIFICATION CATEGORIES - are those described in federal and state regulations as follows:

Auditorily Impaired/Hearing Impairment (AIHH) – Federal eligibility categories of deafness or hearing impairment. “Auditorily impaired” means an inability to hear within normal limits due to physical impairment or dysfunction of auditory mechanisms.

Autistic (AUT) – A pervasive developmental disability which significantly impacts verbal and nonverbal communication and social interaction that adversely affects a student’s educational performance.

Cognitively Impaired – Disability that is characterized by significantly below average general cognitive functioning existing concurrently with deficits in adaptive behavior; manifested during the developmental period that adversely affects a student’s educational performance and is characterized by one of the following.

Mild Cognitive Impairment (MIC) – means a level of cognitive development and adaptive behavior in home, school and community settings that are mildly below age expectations with respect to all of the following:

- (1) The quality and rate of learning;
- (2) The use of symbols for the interpretation of information and the solution of problems;
- (3) Performance on an individually administered test of intelligence that falls within a range of two to three standard deviations below the mean.

Moderate Cognitive Impairment (MOC) – means a level of cognitive development and adaptive behavior that is moderately below age expectations with respect to the following:

- (1) The ability to use symbols in the solution of problems of low complexity;

- (2) The ability to function socially without direct and close supervision in home, school and community settings; and
- (3) Performance on an individually administered test of intelligence that falls three standard deviations or more below the mean.

Severe Cognitive Impairment (SCI) - means a level of functioning severely below age expectations whereby in a consistent basis the student is incapable of giving evidence of understanding and responding in a positive manner to simple directions expressed in the child's primary mode of communication and cannot in some manner express basic wants and needs.

Communication Impaired (CI) – means a language disorder in the areas of morphology, syntax, semantics and/or pragmatics/discourse which adversely affects a student's educational performance and is not due primarily to an auditory impairment.

Emotionally Disturbed (ED) – means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance due to:

- (1) An inability to learn that cannot be explained by intellectual sensory or health factors;
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (3) Inappropriate types of behaviors or feelings under normal circumstances;
- (4) A general pervasive mood of unhappiness or depression; or
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems.

Multiply Disabled (MD) – means the presence of two or more disabling conditions, the combination of which causes severe educational needs that they cannot be accommodated in a program designed solely to address one of the impairments.

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

Orthopedically Impaired (OI) – means a disability characterized by a severe orthopedic impairment that adversely affects a student's educational performance.

Other Health Impaired (OHI) – means a disability characterized by having limited strength, vitality or alertness, including a heightened alertness with respect to the educational environment, due to chronic or acute health problems.

Preschool Child with a Disability (PSD) – means a child between the ages of three and five experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures.

Social Maladjustment (SM) – means a consistent inability to conform to the standards for behavior established by the school.

Specific Learning Disability (SLD) – means a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

The following areas are assessed:

- Basic reading skills;
- Reading fluency;
- Reading comprehension;
- Oral expression;
- Listening comprehension;
- Mathematical calculation;
- Mathematical problem solving; and
- Written expression.

Traumatic Brain Injury (TBI) – means an acquired injury to the brain caused by an external physical force or insult to the brain, resulting in total or partial functional disability or psychosocial impairment, or both.

Visually Impaired (VIP or VIB) - means an impairment in vision that, even with correction, adversely affects a student's educational performance.

VII. DISTRICT PROGRAMS: The Vernon Township School District provides a full array of programs as outlined in code and includes:

- Support Resource and Supplemental instruction;
- Pull Out support;
- Resource Replacement; and
- Self-contained programs.

The least restrictive environment is always considered when determining the appropriate program for each student. Parents, teachers and the Child Study Team jointly determine the appropriate program for each student at the IEP meeting. In some cases the IEP team determines that the least restrictive environment for a student is an Out-of-District placement. Information regarding potential schools (public and non-public) is shared with the parents and interviews are set up for the parent and student at these schools.

VIII. WHERE ARE STUDENTS' RECORDS HOUSED? - Confidential files on a student are housed at the CST office on Route 94. Each school has a copy of the eligibility paperwork and the most current IEP. Implementation of the IEP is the responsibility of the teacher(s) working with the student under the supervision of the building principal.

IX. IEP REVISION – Parent(s), teacher(s) or CST members can request an IEP Revision meeting. At this meeting the student's IEP is reviewed and adjusted based on the input of a regular education teacher, special education teacher, parent(s), CST member, and related service personnel (if warranted). An IEP can be revised as often as necessary so that the student may receive a Free, Appropriate Public Education (FAPE.).

X. ANNUAL REVIEW - Once each year each a student's IEP must be reviewed and updated. The student's teacher(s) submit input regarding the student's academic achievement. They also update the goals and objectives regarding "mastery or ongoing" and develop new goals and objectives for the following school year. This information is reviewed by the IEP team which includes the parent(s), a regular education teacher, a special education teacher, a CST case manager, and related services personnel, if appropriate. The IEP team then generates a new IEP as outlined in section E for the upcoming school year.

XI. MONITORING OF PROGRAMS – All regular progress reports and report cards are forwarded to the CST case manager for review. Teachers, guidance counselors and related services personnel confer with the CST case manager as needed regarding the student's progress. The CST case manager is also involved in IEP revisions as necessary and the annual review process.

XII. PARENT CONCERNS REGARDING THEIR CHILD - If parents have concerns regarding the day to day functioning of their child, they should contact their child's teacher, guidance counselor or related services personnel. Concerns regarding their child's program should be addressed with the CST case manager. Each student's case manager is available to discuss parent concerns and to remain the parents' liaison to make changes in the student's IEP.

XIII. RESOURCES AVAILABLE IN THE STATE

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| - New Jersey Council on Developmental Disabilities | 609-292-3745 |
| -The Parent Advocacy Center of New Jersey for Children and Teens with Special Needs | 732-220-0055 |
| - Sussex County Office for The Community Services and the Disabled | 973-579-0560 |
| - NJ Center for Outreach and Services for the Autism Community (COSAC) | 800-4AU-TISM |
| - Early Intervention Programs | 609-777-7734 |
| - Autism Family Services of New Jersey | 877-AFS-4477 |
| - Commission of the Deaf and Hearing Impaired | 800-708-6796 |

