

GUIDELINES FOR EDUCATING STUDENTS WITH SPECIAL LEARNING NEEDS

**FOR THE SCHOOLS AND CENTERS
IN THE DIOCESE OF ST. PETERSBURG**

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DEDICATION

This handbook is dedicated to all the children. In each of our schools, may we live the words of Jesus: “Let the little children come to me; do not stop them; for it is to such as these that the kingdom of God belongs.”

(Mark 10:14)

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STATEMENT OF PURPOSE

“Parents are the primary educators of their children. The church has the responsibility to proclaim the Word of God. In partnership with parents and the Church, Catholic schools exist to enable persons to hear the message of hope contained in the Gospel, to base their love and service of God upon this message, to achieve a vital personal relationship with Christ and to share the Gospel’s realistic view of the human condition. They provide a unique setting, within which young people’s faith can become living, conscious and active. The Catholic school accepts the challenge and the obligation to be unique, contemporary and oriented to Christian service...” (Mission Statement for Catholic Schools, Diocese of St. Petersburg, 1981)

As it continues to develop as a contemporary entity of the Church, the Catholic school creates an atmosphere where the Catholic faith can be integrated with life and learning. In turn the Office of Catholic Schools and Centers and its administrators recognize the diversity and the uniqueness of the students attending their schools and centers. And in recognizing this uniqueness, the schools accept the responsibility to provide, as appropriate, reasonable accommodations which may ensure the success of each child.

In the spirit of Catholic education and Christian justice, these guidelines have been developed as a tool for assisting schools and centers in following procedures for identifying, assessing and educating the student with special needs within the Catholic educational setting.

II. DESCRIPTIVES: SPECIAL LEARNING NEEDS

Description of Attention Deficit Disorder

Attention Deficit Disorder known as ADD or ADHD (with Hyperactivity) lacks a single, universally accepted definition. However, it is generally accepted that ADD/ADHD is a medically based, chronic disorder. (For the purposes of educational programming and the development of a Student Support Plan in the Catholic schools and Centers in the Diocese of St. Petersburg, a medical diagnosis is required)

1. Diagnosis: An individual would be diagnosed with ADD/ADHD when

the symptoms identified must be present for six months or longer
the symptoms must be present before the student is seven years old.
the behavior needs to be at the extreme level compared to other children of the same sex and age.

In addition, at least eight out of the following fourteen symptoms must be present:

fidgets with hands or feet, or squirms in seat;
has difficulty remaining seated when required to do so;
is easily distracted by extraneous stimuli;
has difficulty awaiting turn in games or by group situations;
blurts out answers to questions before they have been completed;

- *has difficulty following through on instructions from others*
- *(not due to oppositional behavior or failure in comprehension);*

has difficulty sustaining attention in tasks or play activities;
often shifts from one uncompleted activity to another;
has difficulty playing quietly;
often talks excessively;
often interrupts or intrudes on others;
often does not seem to listen to what is being said to him or her;
often loses things necessary for tasks or activities at school or at home
often engages in physically dangerous activities without considering possible consequences

- *(not for the purpose of thrill seeking)*

(Reference: American Academy for Child and Adolescent Psychiatry, DSM IV Scale, 1991)

2. Possible Causes of Attention Deficit Disorder: The research on the possible causes of ADD/ADHD is inconclusive. However, possible causes may include:

- Genetic causes
- Biological / physiological causes
- Complications or trauma in pregnancy or birth
- Lead poisoning
- Diet

3. Identification of ADD/ADHD: Although the identification of ADD/ADHD usually occurs between the ages of 7-11, evidence of the onset of the symptoms must be present prior to age 7. It is important that teachers document behavioral performance beginning in early childhood. (For the purposes of educational programming and the development of a Student Support Plan in the Catholic schools, a medical diagnosis is required.)

4. **Frequency of ADD/ADHD:** It is estimated by Rief that 3-10% of school-age children are affected by ADD. The documented research of Russell Barkley, Ph.D, Edna Copeland, Ph.D, and University of Arkansas researchers, Mark Edwards, Ph.D, and Eldon Schulz, M.D., indicate 3-5% of school age children are affected. However, these statistics may be lower than stated. because many girls go undiagnosed and they do not commonly exhibit the hyperactive type of ADD.

5. **Characteristics of Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder**
 - Inattention: (A minimum of 3 of the following must be exhibited):
 - i. Difficulty concentrating on tasks that require sustained attention.
 - ii. Easily distracted by people and things
 - iii. Sometimes doesn't appear to be listening
 - iv. Frequently doesn't finish what he/she starts
 - v. Has trouble sticking to a play activity

 - Impulsivity: (A minimum of 3 of the following must be exhibited)
 - i. Frequently calls out in class
 - ii. Often acts without thinking about the results
 - iii. Has trouble getting his work organized
 - iv. Needs a lot of supervision
 - v. Changes frequently from one task to another

 - Hyperactivity: (A minimum of 2 of the following must be exhibited:)
 - i. Excessive running about or climbing
 - ii. Has trouble staying seated
 - iii. Has trouble sitting still and not fidgeting
 - iv. Identified as being "on the go"
 - v. Activity during sleep or difficulty sleeping

 - Onset of symptoms was prior to age 7.
 - Symptoms have been observed for at least 6 months.
 - Behavioral characteristics are not due to some other mental or behavioral disorder or traumatic event.
 - Behavior needs to be at the extreme level compared to other children of the same age and sex.

Sensory Processing Disorder (SPD, formerly known as "sensory integration dysfunction") is a condition that exists when sensory signals *don't* get organized into appropriate responses. Pioneering occupational therapist and neuroscientist A. Jean Ayres, PhD, likened SPD to a neurological "traffic jam" that prevents certain parts of the brain from receiving the information needed to interpret sensory information correctly. A person with SPD finds it difficult to process and act upon information received through the senses, which creates challenges in performing countless everyday tasks. Motor clumsiness, behavioral problems, anxiety, depression, school failure, and other impacts may result if the disorder is not treated effectively.

Sensory processing (sometimes called "sensory integration" or SI) is a term that refers to the way the nervous system receives messages from the senses and turns them into appropriate motor and behavioral responses. Whether you are biting into a hamburger, riding a bicycle, or reading a book, your successful completion of the activity requires processing sensation or "sensory integration."

The exact cause of Sensory Processing Disorder—like the causes of ADHD and so many other neurodevelopmental disorders—has not yet been identified. However, preliminary studies and research suggest some leading contenders.

- from *Sensational Kids: Hope and Help for Children With Sensory Processing Disorder* by Lucy Jane Miller, PhD, OTR

Description of Specific Learning Disability

A Specific Learning Disability is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. (Painting, 1983)

Students, identified as having a learning disability, have average to above average intellectual ability (as measured by standardized intelligence tests). However, they perform below what would be expected on measures of academic achievement. Students with learning disabilities are a heterogeneous group who may experience the following problems: attention deficits, memory problems, and a lack of coordination, perceptual disorders, listening problems, orientation difficulties, below average academic performance, inefficient learning strategies, motor skill difficulties, and poor social skills. (Rosenberg, p. 42)

1. Possible Causes of Learning Disabilities:

1. Genetic Factors:

- i. In many families reading and learning disabilities can be traced back through generations. Specific difficulties with spelling, math, coordination, and/or handwriting may also appear at various times in a family's history
- ii. There seems to be a strong familial factor. It is not uncommon for parents to report that they, or a close relative, had learning problems, or for more than one child in a family to be identified with special learning needs.

2. Incidences of Birth: (According to Smith , pp.13-14)

- i. *The incidence of learning disabilities increases in children of mothers who experienced difficult pregnancies or difficult labors. There is a higher incidence in children born to mothers younger than 16 or older than 40. Children of mothers who had used large quantities of alcohol or other drugs during pregnancy are also at risk.*
- ii. *Problems Before Birth: Maternal malnutrition, bleeding in pregnancy, toxemia in pregnancy, infectious disease of a pregnant mother, alcoholism during pregnancy. Use of drugs or RH incompatibility are all factors that can have an effect on the child.*
- iii. *Problems During Birth: A long or difficult delivery producing anoxia, prematurity, breech delivery, cord around the neck, poor position in the uterus, dry birth, intracranial pressure at the time of birth, or rapid delivery exposing the infant too quickly to a new air pressure are some things that can impact the child.*
- iv. *Problems After Birth: A significant delay in the onset of breathing after birth (which often occurs in cases of premature birth, difficult delivery, or multiple births), high fever at an early age, sharp blow to the head from a fall or accident, meningitis or encephalitis, oxygen deprivation due to suffocation, respiratory distress, or breath holding are some problems that can may be a contributing factor to a learning disability.*
- v. *Children who experience post-birth traumas may exhibit signs of learning disabilities. Included in this group are children who are deprived of oxygen at birth and those who show neonatal seizures or early sucking problems. Children who suffer from chronic ear infections, head trauma, or intracranial infection (encephalitis or meningitis), and those who ingest neurotoxins may become learning disabled. Near drowning, carbon monoxide poisoning, and cerebrovascular accident, severe malnutrition, and a sustained high fever may also be causative factors.*

3. However, according to Harwell (pp. 5-6), there is a converse opinion that nothing significant in an individual's background may appear to account for a learning disability. He indicates that further research may sharpen our understanding of the causes.
2. **Frequency of Learning Disabilities:** According to Myers and Hammill, (1969,76), various studies have yielded different statistics for the frequency of Learning Disabilities. When speaking of children with dyslexia only, the population is approximately 1-3%. Those labeled with learning disabilities range from 3-30% depending on the nature of the population being sampled.
3. **Learning Disabilities does not imply failure:** *Winston Churchill, Thomas Edison, Albert Einstein, Woodrow Wilson, Hans Christian Anderson, George Bernard Shaw, John Fitzgerald Kennedy, John Lennon, Cher, actress/singer, Tom Cruise, actor, Ann Bancroft, Arctic explorer, Greg Louganis, Olympic diver, Malcolm Goodridge III, Senior Vice-President American Express, Magic Johnson, basketball player, Harry Belafonte, singer/actor/activist, Donald S Coffey, Ph.D., distinguished professor of urology, oncology, pharmacology and molecular science; Paul J. Orfalea, founder and chairman of Kinko's copy shops*

4. **Characteristics:**

1. Lack of success in one of the following areas
 - i. Decoding
 - ii. Reading comprehension
 - iii. Math computation
 - iv. Math concepts and reasoning
 - v. Written expression
 - vi. Oral expression
 - vii. Listening comprehension
2. Opportunities to succeed have been available to the student but there has been lack of progress
3. Weaknesses in processing information visually, auditorally or kinesthetically
4. Displayed inconsistency across the curriculum
5. Problems with attention, behavior or social skills

Description of Communication Disorders

“An impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be developmental or acquired. Individuals may demonstrate one or any combination of the three aspects of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities” (ASHA, 1993)

1. **Characteristics of Communication Disorders:**
 - a. Hearing Disorders –
 - i. does not hear sounds clearly
 - ii. hears speech sounds faintly
 - iii. hears sounds with distortions
 - iv. profound deafness
 - b. Speech and Language Disorders - affect the way people talk and understand.
 - i. Range of problems:

- ii. simple sound substitution
 - iii. inability to use speech and language at all
- c. **Common Communication Disorders:**
- i. Hearing:
 1. Conductive: sound not conducted efficiently, preventing speech and other sounds from being heard clearly. Can often be corrected medically or surgically.
 2. Sensio-neural: caused by damage in inner ear or nerve pathways to brain. Certain sounds are not heard as distinctly, causing distorted sounds and reduced comprehension. People can often be helped with a hearing aid or amplification device.
 3. Mixed: a combination of the two above.
 - 4. Language:
 - a. Expressive Language: difficulty using language.
 - b. Receptive Language: difficulty understanding language.
 - c. Delayed Language: slowness in development of vocabulary and grammar.
 - d. Pragmatic Language: difficulty with social/communication skills, the way we speak to each other.
 - 5. Speech:
 - a. Articulation: substitutes one sound for another, omits sounds, distorts sounds.
 - b. Fluency: stuttering, hesitations, repetitions, or prolongation of sounds, syllables, words or phrases.
 - c. Phonology: speech patterns we use.
 - d. Apraxia: difficulty planning and coordinating the movements needed to make speech sounds.
 - e. Voice: pitch or loudness is inappropriate, or the quality of the voice is harsh, hoarse, breathy or nasal.

Description of Gifted

... exceptional ability or potential in such areas as intellectual or academic ability, visual or performance arts, or leadership. According to Joseph Renzulli, the gifted student has (1) above average intelligence, (2) ...self motivated and committed to task, (3) they are creative. (Judith Cochran, 1992) Giftedness does not fall within the scope of special education federal law. Students who are gifted benefit from enrichment activities in the regular classroom as well as additional programming as provided in certain school districts.

1. Characteristics that may indicate giftedness

- a. reads earlier
- b. learns basic facts faster
- c. can formulate abstractions at any earlier age.
- d. displays high level of curiosity in areas beyond age
- e. comprehends implications with almost no verbal cues
- f. assumes responsibility more naturally than peers
- g. can concentrate for longer periods
- h. can express thoughts easily
- i. displays a wide range of interests
- j. displays high levels of energy
- k. manifests creative and original verbal responses

- l. demonstrates a more complex processing of information than peers
- m. responds and relates well to adults in higher level thinking
- n. enjoys working on many projects at one time
- o. assumes leadership roles
- p. has an innate sense of justice
- q. displays a great curiosity
- r. pursues individual interests
- s. offers unique responses and ideas
- t. has unusual talent for expressing self in the arts
- u. presents many alternatives to problem- solving
- v. thinks often in a style which differs from the group
- w. interested in complexity
- x. loves problem solving situations
- y. seeks new associations among items of information
- z. displays superior judgment in evaluating things
- aa. seeks logical answers
- bb. elaborates easily
- cc. loves to expand on ideas and details

NB: According to State of Florida guidelines, for placement purposes, a student must have a 130 IQ level for identification of giftedness.

At this writing, within the schools of the Diocese of St. Petersburg, enrichment programs for students formally identified as Gifted may vary from school to school.

Description of Behavioral Disorder/Emotional Handicap

...a condition with one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance

1.Characteristics:

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

(Rosenberg, pp. 56-57)

Children with behavioral or emotional problems act in (consistently) inappropriate ways for their ages and situations. They often exhibit conflict with peers or school authority figures, emotional distress, and poor academic performance. Behavior may vary considerably; some may provoke peers and defy adults; some may withdraw. (Shore, 1986)

Description of Cognitively Delayed (Formerly, Mentally Handicapped or Retardation)

...is formally defined as significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance...a new system of classifying mental ability in 1992 relies on the individual's strengths and weaknesses and need for special supports, rather than strictly using an IQ score. The system evaluates the amount of support needed in the following areas: intellectual and adaptive skills; psychological and emotional considerations; physical / health / psychological and emotional considerations; and environmental considerations. In general, individuals who are cognitively challenged may exhibit specific weaknesses in communication, self-care, home-living, social skills, community use, self-direction, health and safety, functional academics, and leisure skills. (Rosenberg, pp. 65-66)

1. Children are considered cognitively challenged if their intellectual ability is significantly below average and they have difficulty with adaptive behavior, that is, dealing effectively with the social requirements of their environment. (Shore, 1986)
2. The Special Purpose Schools - Morning Star School in Tampa and Morning Star School in Pinellas Park- provide services exclusively for students with special leaning needs including those who are formally identified as cognitively delayed.

Autism Spectrum Disorders (ASDs)

...Autism is a complex developmental disability that causes problems with social interaction and communication. Symptoms usually start before age three and can cause delays or problems in many different skills that develop from infancy to adulthood.

Different people with autism can have very different symptoms. Health care providers think of autism as a "spectrum" disorder, a group of disorders with similar features. One person may have mild symptoms, while another may have serious symptoms. But they both have an autism spectrum disorder.

Currently, the autism spectrum disorder category includes:

- Autistic disorder (also called "classic" autism)
- Asperger syndrome
- Pervasive Developmental Disorder Not Otherwise Specified (or atypical autism)

In some cases, health care providers use a broader term, **pervasive developmental disorder**, to describe autism. This category includes the autism spectrum disorders above, plus Childhood Disintegrative Disorder and Rett syndrome.

Characteristics: The main signs and symptoms of autism involve problems in the following areas:

- Communication - both verbal (spoken) and non-verbal (unspoken, such as pointing, eye contact, and smiling)
- Social - such as sharing emotions, understanding how others think and feel, and holding a conversation

- Routines or repetitive behaviors (also called stereotyped behaviors) - such as repeating words or actions, obsessively following routines or schedules, and playing in repetitive ways
- The symptoms of autism can usually be observed by 18 months of age.
- There are many behaviors that may be signs or symptoms of autism. Some behaviors indicate a delay in one or more areas of development, while others may be more typical of autism spectrum disorders

(National Institute of Health)

Asperger syndrome is one of a group of conditions that include autism and other disorders with similar symptoms, such as problems with language and communication, and repetitive or restrictive patterns of thoughts and behavior. Children with Asperger syndrome have autism-like problems in areas of social interaction and communication, but have normal intelligence and verbal skills. Asperger syndrome is usually thought to be the mildest of the autism spectrum disorders.

Characteristics: One of the most distinct symptoms of Asperger syndrome is having an obsessive interest in a single object or topic—so much so that the person ignores other objects, topics, or thoughts.

Unlike some children with autism spectrum disorders, children with Asperger syndrome tend to have good vocabularies and grammar skills. But they usually have other language problems, such as being very literal and having trouble understanding non-verbal communications, such as body language.

Other symptoms of Asperger syndrome may include:

- Obsessive or repetitive routines and rituals
- Motor-skill problems, such as clumsy or uncoordinated movements and delays in motor skills
- Social-skill problems, especially related to communicating with others
- Sensitivity to sensory information, such as light, sound, texture, and taste

(National Institute of Health)

II. LEGAL RIGHTS AND RESPONSIBILITIES

Individuals with Disabilities Education Act (IDEA)

1. The Federal law which addresses the needs of students, Public Law 101-476 currently entitled IDEA or Individual With Disabilities Act, ensures that children with learning disabilities receive a "free, appropriate public education (FAPE) in the least restrictive environment." Originally ratified in 1975, it was reauthorized in 1990 and again in June of 1997. The most recent re-authorization was in 2004. The primary changes which impact services to eligible students in Catholic Schools are:

- a. From date of referral/ evaluations must be completed within 60 calendar days
- b. Participation at *Staffing is* required
- c. On site services
- d. Consultation about the way proportionate share of IDEA funds will be used
- e. Complaint procedure for non public schools that do not agree with consultation process
- f. IDEA supports K-12/ Child Find for pre K
- g. Child Find is required for parentally placed non public school students
- h. 3rd Year re-evaluations - the parent AND LEA determine if re-eval is appropriate

Students who receive services under **IDEA** must be identified with one or more of the disabilities which are legitimately characterized by the federal government. Those categories include: Specific Learning Disabilities, Mental Retardation, Other Health Impaired, Hearing Impairments, including deafness, multiple disabilities, Speech or Language Impairments, Visual Impairments, Emotional Disturbance, Orthopedic Impairments, Autism, and Traumatic Brain Injury. (CEC Today Newsletter, July and August, 1997)

Rehabilitation Act of 1973, Section 504

The 504 section of the civil rights law was designed to eliminate discrimination against the disabled. It stipulates that children with disabilities must receive equal educational services and opportunities as those without disabilities. It prohibits a school district from excluding a student from a school or program within the school because of his/her disability, as long as the school is otherwise physically accessible to the child. (Painting, 1986)

In order to meet the requirements of Section 504, schools are required to make reasonable accommodations for the disabled students, so that they can participate in the same educational programs provided to regular education students.

The protections provided by Section 504 are broad. Students who meet eligibility criteria for placement on a public school district 504 Plan (in the Catholic Schools, a Student Support Plan) may receive assistance in the form of accommodations, if it is shown that some major life activity is being adversely impacted by some handicapping conditions.

What is a 504 Accommodation Plan?

The Rehabilitation Act of 1973 defines a person with disabilities as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having an impairment. A parent, teacher, or other member of the school staff may raise a concern about a student's unique need for special help and request a meeting to consider whether the student has such a disability. If the team determines that the student does have such a disability, they will then identify what types of support, or accommodations, are appropriate to meet the student's needs and write a 504 Plan.

Continuing Change in the Legal Ramifications for Catholic Schools

Without a doubt, the laws impacting the child with special needs in the Catholic school are rapidly changing. As of Nov. 17, 1999 court rulings clarified the Catholic school obligation (if the school has sufficient nexus by virtue of receiving Federal funds or services) to provide for the needs of those identified students who have been knowingly and willingly accepted into the school community. Furthermore, the school has a responsibility to determine if it can indeed provide the necessary reasonable accommodations. The school would then pursue referral for evaluation, and provision for implementing a Student Support Plan, as required, to the best of the school's ability, within reason, without jeopardizing the school's academic standards or facility requirements, or placing unreasonable financial burden upon the school. If a school is in doubt as to its legal responsibility, Diocesan Legal Counsel should be consulted.

STATE OF LOUISIANA COURT RULING:

" A federal district court in Louisiana has ruled that a student with ADHD may bring suit against a parochial school for failing to accommodate his disability..." According to the Private Education Law Report, Oct. 1999, the suit is based on the fact that the school is indeed a beneficiary of federal funding. The school argued that it does not directly receive the funds. The court disagreed stating that the children and teachers are primary recipients and utilize Title I, II, IV, and VI funding of the Elementary and Secondary Education Act of 1965.

Section 504 of the Rehabilitation Act requires that an individual with a disability cannot be discriminated against on that basis with respect to any "program or activity receiving Federal financial assistance." (Dupre vs The Roman Catholic Church of the Diocese of Houma-Thibodaux, LA)(Council for Exceptional Children, 1999)

STATE OF FLORIDA MCKAY SCHOLARSHIP

Florida's school choice programs ensure that no child will be left behind by allowing parents to choose the best educational setting—public or private—for their child. The *McKay Scholarships for Students with Disabilities Program* have provided over 20,500 Florida students with special needs the opportunity to attend a participating private school... The McKay Scholarships Program also offers parents public school choice. A parent of a special needs student who is dissatisfied with the student's current school may choose to transfer the student to another public school.

The McKay Scholarship Program under House Bill 1329 which adds eligibility provisions for students with 504 Accommodation Plans, the bill will become law and take effect on July 1, 2011. To be eligible the student must have a 504 accommodations plan in place for more than 6 months.

Please note, there is a difference between a student who meets the 504 anti-discrimination law and the student who holds a 504 Accommodations Plan

- 504 eligibility includes a condition for which an individual may not be discriminated against in employment, education, housing, etc. (this may include for example- ADD/ADHD, Cancer, physical, emotional, mental limitations)
- 504 accommodations plan is for those who have a condition (as above) which intrudes on learning and accommodations are necessary for educational success.

Additional information may be found at <http://www.floridaschoolchoice.org/Information/McKay/>

However, participation by the Catholic Schools in the Diocese of St. Petersburg requires adherence to the following guidelines.

CRITERIA FOR PARTICIPATION IN MC KAY SCHOLARSHIP PROGRAM FOR SCHOOLS (AND CENTERS) IN THE DIOCESE OF ST. PETERSBURG

The school must

- have a principal who understands the parameters and ramifications of accepting McKay students regarding legal issues, tuition payment, etc., and most importantly, the principal understands the nature and needs of this population of students and is willing to accept a student (within reasonable terms)
 - have a certified special education teacher on staff (at least part time) who can assist the principal in interpreting the psych-evaluation and LEA service plan, work with the teachers in developing student support plans, working with the LEA to access services, meeting the needs of the student within the classroom/ school environment. A school counselor is not sufficient as the experience and expertise may not be in this area
 - have teachers who have been trained in the nature and needs of this population, understand the legal implications, and are willing to work with the student in the classroom.
- NB. Although the school may be registered to accept Mc Kay students, it is incumbent on administration- in collaboration with the sp ed teacher and school counselor- to determine if the school environment provides the "right fit" for the child. It is not required that the school should accept every child whose parent wants to register. It is critical that a review of the psych-eval, IEP, or Service plan is conducted and a determination if the school can appropriately and reasonable provide for this child. It is also required that a Student Support Plan is written and reviewed with the S S Team and parent/ child on a regular basis. Transitioning to the next grade level is provided in addition to frequent and regular contact with the parent regarding the progress of the child.

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III. GUIDELINES FOR RESPONSIBLE INVOLVEMENT

Ethical and responsible decision making requires that the Catholic School make every reasonable effort to provide a fair education for all children. A fair approach to teaching doesn't mean that all children are educated in the same way; rather, it does mean that all children receive what they need to succeed. Educational provisions include the consideration of modality, methodology and assessments.

It is within the purview of the school administration to determine if the school setting is the most appropriate environment for the success of the child. If a child has a need greater than what the school can reasonably provide, the administration is not required to accept that child. In justice to the parents and children who attend the Catholic School, it is incumbent on the school to provide the necessary procedures for identifying and assessing the child who is suspected to have special learning needs. If it is determined by authentic evaluation methods that a child requires specific accommodations to his/her program, the school must determine if these accommodations are reasonable.

Schools must epitomize and maintain the Christian mission, philosophy and procedural guidelines as outlined in the Florida Catholic Conference Accreditation manual, the Diocese of St. Petersburg School Policy Manual and the Diocesan, National Catholic Education Association and State of Florida documents on professional ethics.

MODELS FOR SUPPORTING ACADEMIC AND BEHAVIORAL SUCCESS

A. STRATEGIC INTERVENTION TEAM MODEL

The Catholic Church has long articulated its desire to provide an education for all children. Beginning in 1978 with the *Pastoral Statement of the United States Catholic Bishops on People with Disabilities*, the bishops focused on “the unique gifts individuals with disabilities have to offer” and urged addressing “the need for this integration into the Christian community and their fuller participation in its life.” In addition, this statement by the bishops provided for a formula so as to effect this integration. The United States Catholic Conference of Bishops urged the dioceses to collaborate with Catholic schools in “adapting their curricula to the needs of learners with disabilities.” and to assist Catholic elementary and high school teachers with “in-service training in how best to integrate students with disabilities into programs of regular education.”

As stated earlier in this document, students who attend our Catholic schools exhibit a variety of learning styles, abilities and needs. Should a child exhibit difficulty academically or behaviorally, it is incumbent on the classroom teacher to assess the child's need and determine if there might be interim accommodations which will assist the child. In order to assist students who may be experiencing difficulty, the *Strategic Intervention Team Model*, has been introduced to the schools of the Diocese of St. Petersburg. The model was developed in collaboration with Kansas University and Notre Dame University. The *Strategic Intervention Team Model* affords teachers the opportunity for teachers to assist teachers. The classroom teacher is able to utilize the resources of his/her colleagues. This will result in an intervention plan for a student which has been developed in a collaborative/ consultative model.

- Step 1: The teacher should discuss concerns and the potential for interim accommodations with the parent and, as appropriate, the student.
- Step 2: The teacher attempts and documents interim interventions.
- Step 3: The teacher seeks support from the Strategic Intervention Team for additional recommendations for interventions.
- Step 4: An Intervention Plan is developed for the student and monitored and updated by the SIT as needed over the period of the school year.
- Step 5: As appropriate, a transition meeting with teachers, parent(s) and student should be held to develop the *Intervention Plan* for the following school year.
- Step 6: If the interim accommodations do not provide for success academically or behaviorally, it is incumbent on the SIT to refer the child to the STUDENT SUPPORT TEAM for consideration for full scale evaluation.

NB: Additional information and training in the SIT Model may be secured through the Office of Catholic Schools and Centers and on the Administrator and School Counselors' websites.

B.STUDENT SUPPORT TEAM MODEL

The Student Support Team within the Catholic School functions to provide structure to the decision-making process. In addition, the model offers formalization of a process which allows for consistency and accuracy in communication, decision making and documentation. This structure and formalization also provides a relational and legal safety net to schools as all discussion, communication, information and decisions are recorded. In addition, the model offers a team approach with an emphasis on collaboration and consultation. All teachers and support staff involved with a child are part of the discovery and decision making process. This team approach offers consistent and thorough offering information to parents and maintains open lines of communication.

The following suggestions will assist the school administration in communicating the school's ability to serve children who have been formally identified with special needs.

It is the responsibility of the Catholic School to determine if, within its resources and staff, it is able to appropriately provide the necessary and reasonable accommodations to ensure the success of the child within the school setting. These accommodations should not jeopardize the academic standards of the school, the standards of facility requirements nor place unreasonable financial burden upon the school.

Each student's needs must be evaluated on an individual basis and reviewed in light of the overall capability of the school to make these accommodations.

If the school administration knowingly accepts a child who has special learning needs and it agrees to provide a reasonable and appropriate environment for that child, the school must adhere to this commitment. The school's Student Support Team would then meet to develop a Student Support Plan for the child. This plan should be based on documented diagnoses, discussion and active involvement with the school pastor, teachers and the parent and the school's ability to provide this reasonable and appropriate environment.

Once this child has been accepted into the school community and a Student Support plan has been developed, it is the responsibility of the principal, teachers and staff to implement this plan with active communication with and involvement of the parent for a reasonable designated probationary period.

It is the obligation of the Student Support Team, to review, at regular intervals, the Student Support Plan, with the parent and student, as appropriate, and determine its success in meeting the needs of the child.

Should it become apparent that the school is unable to reasonably meet the needs of the child, it is the obligation of the school's administrator to share this information with the parent and suggest that an alternate environment would be more appropriate for the child.

It is recommended that schools follow the personnel and classroom guidelines, as outlined in their Accreditation Manual when providing for this population of students. The accrediting agencies for the schools in the Diocese of St. Petersburg include, but as not limited to, the following: The Florida Catholic Conference (FCC), AdvancED, National Council of Private School Accreditation, Middle State Regional Accreditation, Association for the Education of the Young Child, (NAEYC), National Association of Child Care Professionals (NACCP/ NAC)

Parents, as members of their child's Student Support Team,

1. should be invited to actively participate to ensure their child's academic and behavioral success
2. assist in the implementation of the team's recommendations as outlined in the Student Support Plan.
3. parents and teachers will maintain on-going communication on the effectiveness of the Plan.

The student, as developmentally appropriate,

- will contribute to the formulation of the Student Support Plan
- will follow the guidelines recommended by the Student Support Team
- will be assisted in acquiring the skills to assume responsibility for his/her educational needs.

The teacher is responsible for

- the day to day classroom instruction
- implementation of the necessary accommodations to afford a reasonable and appropriate learning environment for each child's prescribed needs.

C.ADDRESSING THE INDIVIDUAL EDUCATION PLAN (IEP) AND THE 504 PLAN

It is strongly advised schools and centers in the Diocese of St. Petersburg do not write either IEP's or 504 Plans for any child with special learning needs. These documents are the responsibility of Federal or public school entities. The Catholic School is a non-public educational venue. Should a parent bring a current IEP or 504 Plan to the school at the time of enrollment, the school or center should thoroughly and carefully review the document. It would then be necessary for the school's Student Support Team to determine if the school is able to reasonably provide for the child based on the child's diagnosis and need. The Student Support Team will determine which, if any, reasonable accommodations should be made for the student and record this information on the *Student Support Plan* (See Student Support Team Forms).

THE STUDENT SUPPORT PLAN

A Student Support Plan is formulated to assist the student who is experiencing academic or behavioral difficulties. The school's Student Support Team will determine which accommodations would be most appropriate to ensure the success of the child based on the specific needs of that child. This plan should be reviewed regularly to evaluate the effectiveness of the accommodations and the progress of the child. The Student Support Team will also make recommendations concerning referrals for outside (of the school) professional psychological or physical assessments as deemed advisable.

THE STUDENT SUPPORT TEAM

It is recommended that each school/center organize a Student Support Team to develop and implement a reasonable and appropriate plan for students with special learning needs. The work of the team should include coordination of formal *transition* meetings to provide planning for the next grade/ academic level. (a sample transition form is included in the Appendix to this document.) Members of the Student Support Team include the administrator, the classroom teacher, a special education (or resource) teacher and/or a remedial education specialist, a school counselor and the parent. As is developmentally appropriate, the student may also be included in team meetings. Other participants may be included, also as deemed appropriate, such as: a nurse, LEA personnel, family physician, psychologist, speech clinician, occupational therapist, behavioral specialist, physical therapist etc. The school administrator will provide information, as appropriate, to the school pastor or governing board regarding the student's learning needs and the recommendations for accommodations.

Roles and Responsibilities of the Student Support Team

Student Support Team serves in a consultative model to the administration

- The team forwards documentation of need to the LEA or other licensed professionals for diagnosis
- The team works in a collaborative model with all participating parties
- Individual members of the school's Student Support Team have distinct roles and responsibilities as the nature and needs of the child are reviewed.

1. Administrator/Assistant Principal: The school administrator/pastor/ governing board is ultimately responsible for the student's program at the school, communication with the parent, involvement with the child, and in turn, the development and implementation of the Student Support Plan.

With respect to the ultimate level of responsibility of the school administration, the organizational structure may warrant an administrative designee to provide oversight to the day to day functioning of the Student Support Team model. The administrator, assistant principal or the designee attends all Student Support Team meetings

- chairs Student Support Team meetings
 - receives and sign referrals to Student Support Team
 - establishes agenda of Student Support Team meetings
 - monitors staff's conformity with Student Support Team recommendations
 - meets the parent, other than at Student Support Team meetings, as appropriate
2. Teachers: When the school administration accepts a child into the school program knowing that the child requires accommodations to his or her learning environment and a Student Support Plan is developed for that child, the teachers who work with the child are contractually obligated to provide those designated accommodations in their classrooms as agents of the school.
 3. Referring Teacher: refers students to the school administrator and/or Student Support Team chair after attempting intermediary accommodations completes the Teacher Request for Student Support Team Referral
 - reviews past academic /behavioral history of the child
 - contacts the parent and notify of a Student Support Team referral
 - meets with the special education teacher and/or school counselor to discuss the referral
 - participates on the Student Support Team throughout the child's intervention and referral process
 - implements the recommendations of the Student Support Team.
 4. Special Education Teacher and/or School Counselor (Chair of Student Support Team)

- attends all Student Support Team meetings
- receives referrals from administrator
- reviews case histories and pre-referral interventions with referring teacher.
- administers academic or behavioral screening or rating scales, if needed, to determine the type of (county) referral to be requested
- presents all pertinent data to the Student Support Team
- requests referral /RtI packets from County School District evaluation office
- invites parent(s) to all Student Support Team meetings involving their child.
- manages documentation/ conference summaries of all Student Support Team meetings
- manages referral/ RtI process and reports status to Student Support Team
- maintains records
- monitors and documents effectiveness of recommendations/ student progress

5. Parents: As the primary educators of their children and in justice, parents must be included as members of the Student Support Team making the decisions for support planning or other support services for their children. In addition, it is incumbent on the parent to **initiate**, authorize and participate and share with the Catholic School all decisions/ scheduled meetings made in collaboration with the public school district (LEA)

- attends all Student Support Team meetings related to the child
- offers input in determining the nature of the child's needs, past history
- reinforces any prior interventions and their effectiveness.
- shares responsibility, with child, for the implementation of accommodations
- initiates and supports the RtI process
- acts as liaison with child's medical, counseling and other supportive agencies.

6. Student Support Team provides

- timely scheduled meetings with formal invitations to parents, staff and guests (as appropriate)
- includes the parent (who has the legal right) in this **SST** process
- keeps the parents informed about the progress of the child
- ensures frequent and thorough reporting of the child's progress
- a formalized Student Support Plan which is reviewed and updated on a regularly determined basis
- signed copies of meeting notes shared with all participants parent
- oversight of the **RtI** process
- re-evaluates the necessary revisions or additions to the SSp as appropriate to ensure to success
- provides formal transition meetings in anticipation of the next school year/ grade level program
- consistent monitoring of student progress

NB. In the consultative process, invited resource personnel may include the child's physician, counselor or other medical professionals. If the parent requests legal representation at the SST meeting, then please notify the Office of Catholic Schools and Centers to ensure that the Diocese is represented legally.

V. REVIEW AND REFERRAL PROCEDURES

- B. When a teacher recognizes that a child is experiencing academic or behavioral difficulty, there are a number of steps which should be taken. A process for assisting a child with potential special learning needs includes interim classroom interventions, referral and meetings with the **Strategic Intervention Team**, documentation of student progress using classroom interventions, review meetings, and decision making. The process includes an amalgamation of the following:

Step 1. The Classroom Teacher begins the process:

- lists the child's strengths and weaknesses - consider the whole child
- considers what teaching strategies are effective
- have a documented professional conversation with the previous year's teacher
- reviews what worked well, what were the concerns
- develops interim interventions— sets a trial period
- discusses concerns and the interim intervention with the parent
- documents the parent conversation
- initiates a file: logs successes and failure of the accommodation plan

Step 2. The Classroom Teacher continues the process:

If the interim intervention have not been successful, the classroom teacher

- discusses concerns with the administrator and/ or school counselor or special education teacher
- refers to **Strategic Intervention Team (SIT)**
- in collaboration with teacher: the **SIT** chair thoroughly reviews the child's academic and behavioral record including
 - medical information
 - confounding conditions
 - medications or allergies
 - previous psycho-educational evaluations/referrals
 - previous special needs identification or services
 - specifics of familial situations
 - academic and behavioral progress
- maintains communication with the parent
- determines if additional interim accommodations are appropriate
- in order to conduct a thorough assessment the **SITeam** conducts an interview with the previous year's teachers and current teachers
 - if these teachers are not part of the current school staff, a *Consent to Release Confidential Information* must be signed by the parent prior to any contact.
- maintain consistent and frequent communication with the parent /guardian
- all parties are responsible for complete documentation of strategies, interventions and progress for a pre-designated

Step 3: If at the end of a pre-designated period, the student demonstrates appropriate progress, the interventions continue.

Step 4: If at the end of the pre-designated period, the student does not meet the expectations of progress through the interventions established by the **SITeam**, the process moves to the next step

Step 5: A referral is made by the chair of the **SITeam** to the **Student Support Team**

Step 6: The **Student Support Team** is responsible for evaluating the strategies employed by the **SITeam**

- The Student Support Team determines either additional support should be provided at the local level. If so, an enhanced SIT plan is implemented.

OR

- The documentation of intervention becomes part of referral for full scale evaluation (At this point all documentation of interventions becomes integral to the ***Response to Intervention process (RtI)*** see pages [p.24] which is required by IDEA for evaluation by the LEA)

NB: it is incumbent on the Student Support Team to secure a written *Consent to Release Confidential Information* from the parent

Step 7: The Student Support Team provides direct oversight of the ***RtI*** process and completes the referral for evaluation to the LEA.

The ***Student Support Team*** in collaboration with the parent, must follow the guidelines established by each LEA for the referral process for evaluation.

- **The State of Florida and Federal offices which oversee IDEA compliance require that the non public school must provide “substantive data to prove need for evaluation” Furthermore, the ESE Directors of each LEA must be willing and able to assist any school that has difficulty navigating through the RtI process.**

The Student Support Team must maintain effective communication with the LEA and the parent/ guardian throughout the ***RtI*** process.

B. **Response to Intervention (RtI)** is a multi-tiered approach to providing high quality instruction and intervention matched to student needs, using learning rate over time and level of performance to inform instructional decisions. RtI involves the systematic use of assessment data to most efficiently allocate resources in order to improve learning for all students.

- Multiple tiers of evidence-based instruction service delivery
- A problem-solving method designed to inform the development of interventions.
- An integrated data collection/assessment system to inform decisions at each tier of service delivery.
- Designated approach under IDEA via the state education agency.

(State of Florida Department of Education, 2011)

Supplemental Information: Because the criteria for deficit identification and/or qualifying for public district support services increases after the child reaches eleven years of age, early identification of students with learning difficulties is encouraged in order to provide greater opportunities for successful remediation. Many times children with special learning needs are not identified until the intermediate grades when the academic demands are heightened. Inconsistencies in performance, frustration, possible behavioral problems, or withdrawal from work are signals of possible problems. This information, coupled with the review of the student's academic records, will determine the need for a county school district or private evaluator referral by the Student Support Team.

C. Referral to Local/ State Education Agency:

Each county (LEA) has its own standard procedures for initiating a request for diagnostic assessment. The chair of the Student Support Team or Administrator should contact the LEA ESE Department for directions.

D. Post-referral procedures:

The private evaluator or public school district agency will notify the family of an assessment date. The testing process usually takes one to two sessions. Parents will be notified, verbally, of the results and receive a complete written report.

If the evaluation has been completed by the Public School District, a public school based Staffing Team will meet with the parents to explain the child's qualification status and present placement options to those who are eligible for special support services. The parent is encouraged to invite the Catholic school special education teacher and/or guidance counselor to attend this meeting. Depending on the individual situation, a parent might be encouraged by the Catholic school representative to accept public school district services.

Determination of service options may vary from county to county public school district. Support Services may be provided at the child's Catholic School or in the public school location.

To ensure the success of the student, the school must determine if it is able to provide reasonable accommodations or suggest an alternative educational environment which may include a special purpose school. (see below) Children, who do not meet eligibility criteria under IDEA, would continue to participate in the Catholic school under the SIT model with a Strategic Intervention Plan.

A Special Purpose School in the Diocese of St. Petersburg and the Province of Florida operates as a stand alone entity exclusively serving a population of students with varying exceptionalities in a non-chronological academic program. The special purpose school designs and implements programs based on the cognitive and developmental levels and needs of its students. Within the Diocese of St. Petersburg, there are two Special Purpose Schools – Morning Star School in Hillsborough County and Morning Star School in Pinellas County.

Referral to a Special Purpose School is made directly by the parent through the school administrator. A referral may also be facilitated via the administrator of the sending Catholic School.

VI. ADDRESSING THE SPECIFIC NEEDS OF STUDENTS

1. SUPPORT STRATEGIES

Introduction:

Every child can learn. Educators must ascertain each child's primary learning modality - that is, how the child learns. The child's strengths, weaknesses, interests, hobbies and pleasures should also be considered. Once this modality is determined, whether through formal or informal assessments and observations, it is important to note that teaching should always be to the child's strengths.

Developing a written plan to assist the teacher and the student in meeting his or her learning needs within the classroom is soundly recommended. The Student Support Plan (SSP) for a student with special learning needs, or an "at-risk" student, is the suggested model of the Office of Catholic Schools and the Special Needs Task Force. (A copy of this plan can be found in the Section VII of these guidelines.) The SSP carefully outlines the needs of the student and the specific instructional and environmental accommodations and methodology which will assist the teacher and the student.

The Student Support Plan is developed at a Student Support Team meeting which will determine the type of accommodations that are appropriate to meet the needs of the child. It is the responsibility of all teachers who work with this child to follow these recommendations and communicate with the parents in a continuing, consistent manner. The special education teacher, guidance counselor or an administrative designee will be available to assist the classroom teacher in a collaboration-consultation model which includes, sharing information, materials, or providing direct support to the child. The Student Support Team must review Support Plan at designated intervals throughout the school year. An end of the year Student Support Team meeting is recommended to provide information and assist in the transition process from one grade to the next.

Students entering the Catholic school or center from a public school district may have an Individual Education Plan (IEP) or a 504 Accommodations Plan (Americans With Disabilities Act, Section 504) in place.

The Catholic school or center's Student Support Team must review the IEP or 504 Plan and any other documentation or assessment results and determine the needs of the student and those appropriate accommodations which would be provided for that student in a Student Support Plan.

Resource or Inclusion

The purpose of special education or *resource* intervention is to provide for the specific individual needs of students formally identified by a licensed or school district agency as learning disabled or ADD or those students who are "at-risk" for failure. For those on a Student Support Plan, accommodations can be provided within the regular classroom or on a "pull-out" basis, that is, students may have additional or support tutorials outside of the classroom environment during the school day.

The Inclusion model is a means of providing support for **the student** who requires extra assistance while remaining in the regular education classroom in meeting the goals of the regular education curriculum. The classroom teacher should monitor and document the child's strengths and weakness as these impact learning and then formalize any recommendations for accommodations for that child.

Accommodation vs. Modification

Modifications are provided for students who meet legal eligibility criteria for special education services in the public school venue. Under extraordinary circumstances, modifications may be required for successful completion of academic programs with our Catholic schools. These modifications must be documented in the student's Support Plan (the public school district would record support modifications in the Individual Education Plan -IEP).

Accommodations may be provided for *any* student who meets the local Catholic school's eligibility criteria or who is experiencing academic difficulty within the respective school. The accommodations are detailed at the Student Support Team Meeting and documented in the Student Support Plan. (In the public school venue, accommodations are detailed in the IEP of students who meet formal eligibility criteria under federal law including IDEA and/or Section 504.

The following charts identify the purpose and differentiation of *accommodations* and *modification*

<p style="text-align: center;">ACCOMMODATIONS</p> <p style="text-align: center;">Changes to</p> <p style="text-align: center;">HOW</p> <p style="text-align: center;">students are instructed and assessed</p> <p>Accommodations may be made to:</p> <ul style="list-style-type: none">• Instructional methods and materials• The learning environment• Assignments and assessments• Scheduling and time demands• Special communication systems

<p style="text-align: center;">MODIFICATIONS</p> <p style="text-align: center;">Changes to</p> <p style="text-align: center;">WHAT</p> <p style="text-align: center;">students are expected to learn and demonstrate</p> <p><u>Modifications may be made to:</u></p> <ul style="list-style-type: none">• Standards• Learning outcomes• Assessment criteria• Course requirements and objectives

The Supreme Court has ruled that, by definition, accommodations provide the opportunity for the child to succeed, but an accommodation is not a guarantee of success. Accommodations are not about the score or the grade, but pertain to the methods educators use to input information.

Accommodations should be individualized and subject specific. When formulating accommodations consider the following:

1. base accommodations on the individual child's needs in each subject area
2. identify the instructional accommodations that a child needs in a particular setting
3. consider the
 - a. environment
 - b. time factors
 - c. scheduling
 - d. presentation of material
 - e. response mode
 - f. amount and difficulty of the work
 - g. participation required / support staff available

**SUPPORT SB 1656 AND HB 1329
ARE KIDS ON 504 PLANS THAT DIFFERENT FROM KIDS ON MCKAY
SCHOLARSHIPS?**

COMPARISON OF 504 PLAN WITH IEP'S

What Disabilities Fall under 504 Plans	What Disabilities are Served by McKay Scholarship?
Speech Impaired	Speech Impaired (8.8%)
Emotional/Behavioral Disability	Emotional/Behavioral Disability (5.8%)
	Intellectual disability (6.9%)
Autism Spectrum Disorder	Autism Spectrum Disorder (6.8%)
Asthma ADHD Tourettes Diabetes Epilepsy Heart Condition Acquired brain injury More listed at 6A-6.0301152	Other Health Impaired (14.6%) Asthma ADHD Tourettes Diabetes Epilepsy Heart Condition Acquired brain injury More listed at 6A-6.0301152
Others	Others (14.4%)
Visually Impaired Othopedically Impaired Hearing Impaired Dual Sensory Impaired Traumatic Brian Injury	Visually Impaired Othopedically Impaired Hearing Impaired Dual Sensory Impaired Traumatic Brain Injury
* May start out on a 504 plan with ADHD then moved to an IEP after evaluation and identification of SLD or Language Impaired	Specific Learning Disabilities (33.5%) Language Impaired (9.2%)

What Services Does a 504 plan entitle a child to?	What Services Does an IEP entitle a child to?
Extra time on tests	Extra time on tests
Occupational Therapy	Occupational Therapy
Physical Therapy	Physical Therapy
Behavioral Therapy	Behavioral Therapy
Special environments	Special environments
Medical oversight	Medical oversight
And more	And more

Information compiled by The Coalition of McKay Scholarship Schools: www.mckaycoalition.com
Sources: FLDOE, Office of Independent Education & Parental Choice; ESE Director Gulf County;
504 Coordinator Duval County; Florida Statute 6A-6.030152

**Do not simply provide the same accommodations for each child, across the board.
It is important to remember, in lesson planning,
accommodations, made for a specific child,
will usually benefit the entire class.**

SAMPLE ACCOMMODATIONS

The following sample accommodations may serve to assist a student with a particular need or in a particular environment.

1. **Student Participation-** sample accommodations to increase student participation in large group instruction:
 - **Think, Pair, Share** - After posing a question to the class, ask the students to find a partner, make eye contact, share their response to the question, and remember their partner's response.
 - **KWL** -(What kids know, what they want to know, and what they have learned) - Children complete charts on these three areas as they initiate and conclude a lesson.
 - **Free-write, free-tell, or write-along** - The teachers stops an activity for 5 minutes, so students can write or tell about any items that confuse them, what they have learned, and their questions.

2. **Textual Accommodations** - sample accommodations to promote comprehension of written or spoken word or material include:
 - give students an advanced organizer, a descriptive of forthcoming academic work, test,etc.,
 - which can also be used for review or for homework.
 - pre-teach students vocabulary words in the context in which they will be read.
 - tape record sections from textual passages on an audio cassette..
 - teach textbook structure (headings, subheading, differing print, introductory and summary paragraphs).
 - teach active reading - student reads a paragraph, covers it and recites the main point
 - and/or important information in his/ her own words.
 - highlight important information with a highlighting marker or another designation to serve
 - the same purpose
 - give students a partial outline of important information, to be covered during independent reading.
 - pair numbered items of questions from a study guide with corresponding page numbers from
 - sources which provide the information

3. **Sequencing and Completion** - sample accommodations to assist students with sequencing or completion of assignments:
 - divide parts of a task into smaller, sequential steps.
 - provide due dates for completion of the entire or a part of the assignment.
 - check assignments frequently for stages of completion.
 - arrange for a “study buddy” in each subject area.
 - define all requirements for an activity to be considered complete.

4. **Presenting Instructions** - sample accommodations to ensure that students understand all directions:
 - capture and hold student’s attention while giving directions
 - use alerting cues, such as standing near the student, tapping on the desk, snapping fingers, etc..
 - give oral and written directions
 - give one verbal direction at a time / quietly repeat the directions to the student after announcing
 - the instruction to the entire class
 - check for understanding by having the student repeat the directions
 - place general work completion procedures and expectations on charts displayed around the room or on sheets in the student’s notebook

5. **Test-Taking Skills** - assist students for test success by:
 - allowing extra time for testing
 - teaching test taking skills and strategies
 - giving alternative forms of the test: oral, essay, short answer, multiple choice, fill in the blank
 - providing clear, readable and organized test forms. Avoid cluttering the page with too many examples
 - providing a scribe who will assist the student by writing answers for him
 - allowing students to take tests on a computer
 - giving students the opportunity to practice with the accommodations before the test begin

FAIR DOESN'T MEAN THAT EVERY CHILD GETS THE SAME TREATMENT

BUT THAT EVERY CHILD GETS WHAT HE OR SHE NEEDS.

Richard LaVoie, 1990
“How Difficult Can This Be? - F.A.T City”

B. LEARNING STYLES

The **Visual Learner** approaches and reinforces learning through seeing and observing. Some of the characteristics of visual learner include:

- learns by seeing-watches to see what others do
- likes demonstrations
- recognizes words by sight - calls rabbit “bunny”, laugh “funny”
- relies on initial consonants and configuration of words
- likes descriptions of events, people, objects, etc.
- has lively imagination (daydreams), visualizes, thinks in color - pictures
- show much detail
- notices change quickly
- remembers faces more often than names
- takes notes
- has good handwriting
- tends to be very deliberate, plan in advance, organize
- tends to be very quiet and observant when in new situations
- is neat and meticulous
- prefers art to music
- sees details or components (may miss seeing word or work as a whole)

The **Auditory Learner** approaches and reinforces learning through hearing. Some of the characteristics of the auditory learner include:

- loves noise/make noise (may get in trouble in class for being noisy)
- enjoys talking, listening
- vocalizes (move lips, whisper, read aloud to self) when reading
- tends to use phonics
- remembers names more often than faces
- is receptive; expressive vocabularies are well developed for age
- is easily distracted by sound
- talks about problems, try out solutions verbally
- expresses emotion verbally (laugh out, shout out)
- prefers music to art

The Kinesthetic and Tactile learner approaches learning through movement and touch. The kinesthetic and tactile learner often:

- learns by doing, direct involvement
- prefers role playing to reading or being read to
- prefers dance or athletic activities
- may be a poor speller
- has poor handwriting
- does not attend to visual or auditory presentation
- fidgets, tinker, touch, feel, manipulate objects; put things in mouth
- is very physical with emotion
- may read very laboriously
- may have poor language development

VII. RECOMMENDED FORMS

STRATEGIC INTEVENTION TEAM FORMS

The following section provides sample forms which will assist the administrator and the *Strategic Intervention Team* in effecting responsible and organized documentation of communication, conferencing, and consultation between teachers and parents. The *Strategic Intervention Plan* specifically provides for documentation of interim interventions to assist the student in the classroom.

Intervention Worksheet

Referral to Strategic Intervention Team

SIT Referral Log/ Action Taken

Strategic Intervention Plan / Action Plan

School Data Collection Information

Strategic Intervention Team Program Evaluation

INTERVENTION WORKSHEET

(Items for teacher/ team to consider when formulating interventions)

1. What is the problem? _____
2. Is this appropriate for the child? _____
3. Under what conditions does it occur? _____
4. What is the frequency? _____
5. What usually precedes the problem? _____
6. What usually follows the problem? _____
7. What outcome do you want? _____
8. Does this involve extinction of old behavior? _____
Require learning a new behavior? _____ Both? _____
What strategy do you want to implement? _____
Why? _____
10. What is needed to implement this strategy? _____

11. Duration of time strategy will be attempted _____ days _____ weeks _____ months
12. Has the problem increased? _____ decreased? _____ stayed the same? _____
Why? _____

Alternative approach or intervention _____

(School Letterhead)

REFERRAL TO STRATEGIC INTERVENTION TEAM

Name of Student _____ **Date** _____

Grade _____

Teacher _____

Intervener _____

Date Intervention(s) Initiated _____ **Duration of Intervention** _____ **days**

Presenting Problem/Need (Describe in detail, providing quantitative data if possible) _____

Intervention Strategy-ies (Strategy must be linked to the problem/need) _____

1. _____

2. _____

3. _____

Results (Describe and quantify, if possible)

Teacher signature _____

Parent signature _____

Date _____

SIT REFERRAL LOG/ ACTIONS TAKEN

Date Referral Received	Name	Date of SIT meeting	20 days end	Resolution

STRATEGIC INTERVENTION TEAM
STUDENT ACTION PLAN

Student's name _____ Birth date _____

Grade _____ Teacher(s) _____

Date of SIT meeting _____

1. Classroom Interventions Recommended

2. Other information needed or follow-up strategies (e.g.: eye exams, doctor contact, parent contact, etc.)

3. Other

Date Interventions Begin: _____ End of 20 day intervention period _____

SIT member responsible for follow-up _____

Signatures of meeting participants:

SIT PROGRAM: SCHOOL DATA COLLECTION INFORMATION

School Name: _____ *L: Learning Issue
 School Year: 20____thru 20_____ *B: Behavior Issue

DATE	STUDENT/ GENDER	GRADE	*TYPE OF REFERRAL	REASON FOR REFERRAL	STRATEGY/ INTERVENTION USED AND DURATION/TIMELINE	HOME INTERVENTION/ DURATION/TIMELINE	RESULTS

**SIT PROGRAM
EVALUATION INFORMATION**

PRINCIPAL: _____ **DATE** _____
SCHOOL: _____

STRENGTHS	WEAKNESSES
OPPORTUNITIES FOR GROWTH	THREATS/ LONG RANGE CHALLENGES

STUDENT SUPPORT TEAM FORMS

The following section provides sample forms which will assist the administrator and the Student Support Team in effecting responsible and organized documentation of communication, conferencing, and consultation with teachers, parents and other support personnel. The Student Support Plan specifically provides for documentation of need and the accommodations formulated to assist the student in the classroom.

Consent to Exchange Confidential Information (Revised, January 2008)

Checklist for Teacher to Teacher Consultation (May 2011)

Documentation of Pre-referral Interventions

Sample Accommodations

Student Support Team Referral

Student Support Team Referral Log

Teacher Notification of Student Support Plan

Conference Summary Samples (2)

Staff Student Support Team Meeting Notification Form

Parent/Guardian Student Support Team Meeting Notification Form

Student Support Plan (Revised, Dec.2007)

High School Transition:

Informational sheet

Checklist

School's Name
Consent to Exchange Confidential Information

I, _____, Parent/Legal Guardian of _____, (student's DOB) _____, student at (school's name) _____, hereby give permission to:

Name, Title:

Agency/Address:

Phone:

Fax:

To receive/exchange information from/with:

Name, Title:

Agency/Address:

Phone:

Fax:

For the purpose of exchanging information:

Other:

At:

Other:

Information to be disclosed includes:

- | | |
|--|---|
| <input type="checkbox"/> Teacher Questionnaires | <input type="checkbox"/> Teacher Observations/Suggestions |
| <input type="checkbox"/> Current Academic Performance Data | <input type="checkbox"/> Professional Observations/Suggestions |
| <input type="checkbox"/> Social/Emotional/Behavioral Functioning | <input type="checkbox"/> Academic Work Samples |
| <input type="checkbox"/> Professional Evaluation Reports | <input type="checkbox"/> Standardized Test Results |
| <input type="checkbox"/> Records of Conferences/Interventions | <input type="checkbox"/> Student Support Plans, IEPs, 504 Plans |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

This consent will remain in effect from _____ to June _____ unless otherwise stated by me.

I understand this information will be kept in strict professional confidence, and will only be released to those with immediate need, for the strict purpose of educational planning for my child. I also understand that I may revoke this consent at any time.

Parent/Guardian Signature

Date

Witness Signature

Date

I hereby request this consent is revoked effective:
Authorized school personnel receiving the revocation:

Initials: _____

Date: _____

POTENTIAL QUESTIONS FOR TEACHER TO TEACHER CONSULTATION
(this is not an all- inclusive list)

- Did the student perform successfully in your class?
- What were his strengths?
- What were his areas of needed improvement?
 - in math skills- were they grade level appropriate
 - in language arts skills- were they grade level appropriate
 - reading /comprehension
 - writing
- Was he a responsible student ?
 - Class assignment
 - Homework
 - Independent learner
 - Collaborative learner
 - Ability to stay on task

- Describe parental support
- Attendance patterns
- Student behaviors
 - Following classroom and school rules
 - Following directions
 - Respectful of others

- What strategies did teacher use to ensure success

letterhead

Documentation of Pre-referral Intervention Alternatives

Date _____

Student _____

Teacher _____

DOB _____ Grade _____

Reported by _____

Parent Conference was conducted on _____ to discuss concerns and intervention alternatives (sampling of general accommodations are attached)

General Classroom Accommodations

Date Implemented

Date Terminated

Arrangement of Room

Lesson Delivery

Test Taking Strategies

Assignment Completion

Behaviors

Other:

Other

Results (Describe how you know the classroom accommodation(s) did or did not work:

Sample Accommodations

Arrangement of Room

- ___ seat near teacher
- ___ seat near a positive role model
- ___ stand near the student when giving directions or presenting lessons
- ___ avoid distracting stimuli
- ___ increase distance between desks
- ___ provide quiet space for student

Lesson Delivery

- ___ provide written routine
- ___ check for understanding of directions
- ___ include variety of activities during lesson
- ___ break lesson into shorter segments
- ___ provide specific learning strategies (picture or chart)

Test Taking Strategies

- ___ employ testing strategies
- ___ student reviews key points orally
- ___ use multi-sensory modes
- ___ use computer assisted instruction
- ___ pair with student to check work
- ___ write key points on the board
- ___ utilize visual aids
- ___ provide additional assistance as needed

Assignment Completion

- ___ extra time to complete tasks
- ___ simplify complex directions
- ___ simplify decision making by
- ___ provide behavior motivational chart

- restricting choices
- ___ distribute worksheets one at a time
- ___ permit typed/computer printed assignments/homework
- ___ reduce length of assignment/break work into smaller segments
- ___ tape recording assignments/homework
- ___ provide study skills/strategies training
- ___ provide chart listing daily assignments
- ___ provide peer note taker

Behaviors

- ___ praise specific behaviors
- ___ use self-monitoring strategies
- ___ give extra privileges and rewards
- ___ keep class rules clear and simple
- ___ make prudent use of negative consequences
- ___ allow short breaks between assignments
- ___ cue student to stay on task (non-verbal cue)
- ___ mark correct answers rather than mistakes
- ___ implement classroom behavior management system
- ___ allow time out of seat to run errand, etc.
- ___ ignore inappropriate behaviors (not drastically outside class rules)
- ___ allow legitimate movement
- ___ contract with student
- ___ increase immediacy of reward
- ___ implement time-out procedure

School Name
Student Support Team Referral

Date _____

Student _____ Date of Birth _____

School _____ Grade _____ Homeroom _____

Parent/Guardian _____

Phone # Home _____

Work _____

Cell _____

Intervention requested by _____

Previous referral date _____

Describe your area(s) of concern (Use specific objective, and observable terms):

Strategies previously attempted _____

(attach form 1)

How and when were parents notified of your concerns?

Date(s) _____

Phone _____ Letter _____ Conference _____

Signature of teacher(s) _____

Submit your Student Support Team Referral to your Administrator.

School Name
Student Support Team Referral Log

School _____

School Year _____

Chair _____

Student's Name	Grade	1 st SST Meeting Date	2 nd SST Meeting Date	3 rd SST Meeting Date	4 th SST Meeting Date	Refer for Evaluation:		Date	Parental Consent Obtained	Comments
						No	Yes			

School Letterhead

Teacher Notification of Student Support Plan (SSP)

To: _____

From: School Administrator
Guidance Counselor

RE: _____

Date: _____

Attached is the Student Support Plan developed for:

(Name of Student) _____ grade _____

Please review the recommendations, sign the attached plan and return it to the Guidance Office. All originals are kept in the Guidance File. A working copy will be provided for your reference.

Should there be any recommendations that you are not able to implement, please contact either the Principal or Guidance Counselor as soon as possible with your feedback. We must schedule a conference with the parent to obtain written consent to change the plan as it currently exists before it may be implemented. We will gladly support your efforts to provide a successful year for this student. Please seek assistance as needed.

Please check one of the options below and enter any comments that will assist us in supporting your work:

- I have reviewed the Student Support Plan, signed and dated it. I am requesting a working copy for use in my classroom.
- I will forward copies of the plan to ALL teachers working with this child. (The implementation of accommodations is the responsibility of all teachers.)
- I have reviewed the Student Support Plan and request changes.

Comments:

Teacher's Signature _____ date _____

Kindly return this completed form and the signed copy of the Student Support Plan to the Guidance Office before (date) _____

School Letterhead
Conference Report for School Year_____

Student_____ Grade_____ Date_____

Adults in Attendance:

Reason for Conference:

Student's Strengths:

Student's Challenges:

Strategies for Improvement:

Timeline for expected Progress:

School Letterhead

Conference Summary

Name of School or Center _____

Name of Student _____ Grade/Age _____ DOB _____

Date _____

Participants (name and title):

Nature of Concern:

Discussion:

Participant Signatures:

Parent Signatures:

School Name
Staff Invitation to SST Meeting

Date _____

To: (staff persons) _____

From: (Administrator) _____

A conference has been scheduled with _____, Parent/Guardian of
_____ for (day/date) _____ at (time) _____ in the
(location) _____. The purpose of the meeting is to discuss

_____ Other individuals who will be in attendance are

Teachers:

Please let me know if you will be unable to attend/ if you will require coverage for your class. Thank you.

SCHOOL LETTERHEAD

Date _____

To: Parent/ Guardian of _____

From: _____, School Administrator

RE: Student Support Team Meeting

A Student Support Team Meeting has been scheduled for (date) _____,
(time) _____, in the (location) _____
of (Name of School _____).

The purpose of the meeting is to discuss _____
_____.

Professionals who will be in attendance at this meeting include:

Please advise the school administrator, in advance, if a guest will be accompanying you to this meeting.

Kindly call the school office (phone number) _____ if you will not be able to attend on this date.

School Letterhead
STUDENT SUPPORT PLAN

Date: _____ Evaluation Date: _____
Initiation Date: _____ Review Date: _____
Transition Date (if applicable): _____

Student's Name:	Grade: None
Date of Birth:	Teacher(s):

Student's Strengths:

Nature of Concern: **N/A**

Describe medical/physical condition (as applicable): **N/A**

Name of Physician: _____ Phone: _____

Medication: (as appropriate/ provide documentation on separate sheet): N/A

Emergency Procedures/Information:

Documentation of special learning needs: (assessment tools, date, diagnostician, scores and diagnosis/results):

Impact of special learning need on educational performance:

Parent/Guardian's Name(s): _____ (H) Phone: _____ (C): _____

Parent/Guardian's Name(s): _____ (H) Phone: _____ (C): _____

Email address: _____

STUDENT NAME:

D.O.B:

SUBJECT/CLASS:

DATE:

The Student Support Team has reviewed all available documentation. The school has agreed to make reasonable accommodations to address the student's individual needs. These accommodations will be reviewed annually or as needed.

READING

- Highlight important points of the text. Have the student read the summary or objectives first.
- Provide a list of important vocabulary.
- Have the student read the review questions first, then look for the answers.
- Give the student a worksheet or study guide to follow when he or she must do independent reading.
- Use hands-on activities, pictures, or diagrams to support understanding of abstract concepts or complex information.
- Allow the use of sticky notes or an erasable highlighter to mark key points in the textbook.
- Provide an audio version of the material (i.e., books-on-tape)
- Provide large print versions of text.
- Provide books and other instructional materials in Braille
- Allow the use of specialized equipment such as an optical enhancer, magnifier, tape recorder, stylus and slate, or braillewriter.
- Other:

COMPREHENSION

- Introduce new vocabulary prior to lesson; prepare a glossary of terms; use visual aids.
- Use advance organizers to alert student to what will be included and expected from the lesson or discussion.
- Provide an overview of the content or expected learning at the beginning of the session.
- Encourage student to ask questions.
- Identify the main steps or key components of the information.
- Write important ideas on the board using colored chalk or markers for emphasis.
- Provide help for note-taking (i.e., copy of overheads, outline of lecture, copies of lecture notes, etc.)
- Permit student to tape record lesson (provide specific parameters and secure written permission of classroom teacher)
- Summarize all important points.
- Use pictures, written words, charts or diagrams to reinforce what is presented orally.
- Provide a sign language interpreter or note taker.
- Other:

MATHEMATICS

- Allow the use of concrete materials and objects to be used to learn mathematical concepts.
- Color-code or highlight key words in math word problems.
- Allow the use of a chart to plan ways to solve math problems.
- Allow the use of a calculator or chart of basic facts for computation.
- Other:

WRITING

- Allow student to write in manuscript rather than cursive
- Allow student to write directly in the workbook or on a copy of the workbook page.
- Allow the use of a word processor or typewriter.
- Allow student to write on test form rather than utilize *Scantron* (teacher will transfer responses)
- Allow student to dictate their work to a teaching assistant or classmate who will write it down.
- Allow student to use adaptive devices; pencil grips or special pen or pencil holders, erasable pens, or special paper with raised or colored lines.
- Allow student to use a thesaurus to find words to write or say.
- Allow student to use a spelling dictionary or electronic spelling aid.
- Grade content and mechanics separately in written assignments. Allow student a chance to correct spelling and grammar errors.
- Other:

FOLLOWING DIRECTIONS

- Have student repeat the directions or show what they are supposed to do.
- Teach student how to use an assignment book or planner to keep track of their assignments and tests.
- Give step-by-step instructions (i.e., outline)
- Model sample problems or tasks to show student what to do.
- Use of visual aids with verbal directions.
- Other:

COMPLETING ASSIGNMENTS

- Break long assignments into parts. Set a separate due date for each part.
- Have students mark assignments on a calendar.
- Reduce the total amount of work.
- Allow students to use resources and instructional materials outside of class.
- Give partial credit for late assignments or incomplete work until students are able to complete their work on time.
- Other:

ORGANIZATION

- Use color coding to identify different kinds of tasks or materials.
- Keep page format simple (i.e., remove distractions from paper)
- Allow the use of a special folder/binder to keep materials organized.
- Provide a checklist of materials needed for each class.
- Provide check-in with _____ to organize for homework. (morning lunch afternoon)
- Give time to organize desk during class
- Give time to organize locker
- Provide training in time management (if available)
- Provide training in study skills (if available)
- Provide training in test taking skills (if available)
- Provide training in how to take notes (if available)
- Use a schedule or day timer to plan for long term assignments
- Provide periodic review of student's notes
- Allow student to take notes by use of PC or laptop computer in classroom
- Other:

TESTING/EVALUATION PROCEDURES

- Permit extended time for classroom testing
- Permit extended time for exams
- Permit extended time for standardized testing
- Arrange for oral testing
- Have resource teacher administer tests (if available)
- Permit student to type tests by use of computer in classroom
- Allow student to read aloud test items to him/herself.
- Provide copies of tests in Braille or in large print formats.
- Allow the student to use a pointer, template, blank card, or positioning tool to enhance visual attention on the test materials.
- Read the test directions and writing prompt aloud.
- Reread or explain the directions of the test if the student needs it.
- Underline or highlight important words in the directions or test items.
- Other:

BEHAVIOR MANAGEMENT

- Allow the use of a timer to monitor how much time is given for an assignment.
- Reinforce positive behaviors for following classroom rules.
- Provide activities during free time.
- Use prompts and follow routines to begin a lesson, to change classes or go to lunch.
- Seat near teacher
- Assign student to low distraction work area (avoid high traffic areas, windows, intercom, etc.)

- Seat near positive peer models
- Stand near student when giving instructions and/or presenting lesson
- Use rows instead of tables in classroom (if available)
- Use study carrel (if available)
- Give tasks that can be completed in short periods of time.
- Allow legitimate movement (i.e., use the restroom, get a drink of water, etc.)
- Identify a quiet area in the classroom where the student may go when necessary.
- Increase frequency of feedback
- Send daily progress note home
- Send weekly progress note home
- Periodically review the student's progress with student and parents
- Give clear behavioral objectives
- Implement classroom behavior management plan
- Give reminders for student to stay on task
- Redirect student behaviors by removal from situation
- Other:

ADDITIONAL SUPPORTS

- Peer tutoring
- Cross-age tutoring
- Work with teacher aid or personal assistant
- Meet with teacher before/ after school
- Other:

ADDITIONAL SKILL TRAINING

- Provide conflict resolution training
- Provide communications training
- Teach student to monitor own behavior
- Teach cognitive self-instructional (self-talk) techniques
- Provide stress reduction and relaxation training and techniques
- Keyboard and computer usage training to use computer instead of handwriting
- Provide training in test taking skills
- Other:

COMMUNICATION

- Maintain consistent agreed upon contact with parent:
Method:
- Conduct parent / student conferences on at least a quarterly basis
- Assist parent in developing strategies for use at home
- Other:

ADDITIONAL ACCOMMODATIONS:

PARENT RESPONSIBILITIES

- **Monitor student’s study habits, work completion and progress**
- **Maintain open communication with teachers/ administration**
- **Method:**
- **Support teachers in formulating and enforcing strategies to improve student’s academic performance, behavior, responsibility, organization and success.**
- **Other:**

STUDENT RESPONSIBILITIES

- **Complete all assignments and submit them on time.**
- **Come to class with all materials**
- **Maintain appropriate behavior in class**
- **Seek teacher assistance when needed.**
- **Other:**

SPECIAL CONSIDERATIONS:

- | | |
|--|---|
| <input type="checkbox"/> monitor student closely on field trip | <input type="checkbox"/> provide social skills experiences |
| <input type="checkbox"/> in-service teacher(s) on child’s situation | <input type="checkbox"/> provide group counseling |
| <input type="checkbox"/> agency involvement | <input type="checkbox"/> provide information on parenting programs |
| <input type="checkbox"/> develop strategies for transitional periods (e.g. cafeteria, PE class, etc.) | |

This Student Support Plan will be reviewed on:		
Date:	Time:	Location:

AFFIRMATION OF STUDENT SUPPORT TEAM MEETING

PARENT AFFIRMATION:

- I agree with the results of this Student Support Team meeting and accept the accommodations and the responsibilities to be implemented.**
- I disagree with the results of this Student Support Team meeting and do not provide permission to implement the accommodations and responsibilities as listed.**

Parent/Guardian

Date

Parent/Guardian

Date

THE SIGNATURES BELOW INDICATE PARTICIPATION IN THE DEVELOPMENT OF THIS STUDENT SUPPORT PLAN:

School/Center Administrator Date

Teacher Date

Guidance Counselor Date

Teacher Date

Teacher Date

Teacher Date

Teacher Date

Teacher Date

Teacher Date

Teacher Date

Revised, December 2007

Transitioning Students with Special Learning Needs into Catholic High Schools within the Diocese of St. Petersburg

INFORMATION SHEET

Purpose: To insure that a support system is in place to specifically accommodate each student with special learning needs and allow for a smooth transition into one of the Diocese of St. Petersburg High Schools.

Responsibilities and Procedures:

1. **High School selection:** feeder schools assist parents in choosing the high school that can best meet their child's specific needs and encourage parents to attend Open House for the purpose of gathering information and meeting the Coordinator for Students with Special Learning Needs
2. **Diagnostic Testing and Documentation:** feeder schools initiate the process for initial or updated testing if needed. Diagnostic Testing must be current within five years of entry into high school.
3. **Parent/guardian:** are responsible for submitting all documentation to the high school Special Needs Coordinator no later than two weeks prior to the high school placement test.

a. **Required diagnostic testing:**

- 1) WISC-IV*
 - 2) Woodcock-Johnson Psycho-educational Battery of Tests, Cognitive and Achievement*
- *Equivalent assessment tools may be acceptable (please check with HS Special Ed Coordinator) .

b. **Additional documentation:**

- 1) For students with any medical condition requiring accommodations, a letter, dated within one year of entry, from the diagnosing physician stating the diagnosis, treatment plan and classroom recommendations, as applicable, is required.
- 2) School records:
 - a) Most current report card
 - b) Most current ITBS scores
 - c) Student Support Plan

- d. Required **Release to Exchange Confidential Information** signed by the parent

- e. **Application Process:** Parents complete the application process at the high school. Parents should disclose their child's special learning needs on the application, whether they are or aren't seeking placement/ services in the Program for Students with Special Learning Needs.

5. **Placement Test:** the student will take the high school placement test.

6. **Acceptance notification:** following Coordinator for Students with Special Learning Needs' review of the documentation, placement test scores, and input from pertinent sources, a letter of acceptance will be set to the parent/guardian, and a transition meeting will be scheduled with the Student Support Team. Suggested participants include the Administrator, Guidance Counselor, Special Needs Teacher/Special Needs Coordinator from the feeder school, parent and student.

7. **Transition Meeting:** the purposes of the meeting are:

- a. Receive input form the Special Education Teacher/ Coordinator , parent and student
- b. Discuss student's strengths and weaknesses
- c. Respond to parent's and student's questions and concerns
- d. Determine placement options
- e. Formulate initial Student Support Plan

Time Frame:

- 1. Apply to high school - October of 8th grade
- 2. Submit testing & documentation - Between October and December
- 3. Data reviewed by Teacher/ Coordinator for Students with Special Learning Needs' –
- Between October and February
- 4. Take Placement Test - December
- 5. Transition invitations sent - March
- 6. Transition Meeting held - April

__SCHOOL NAME__
High School Transitioning Checklist

Student: _____ **Class of:** _____
Parent: _____ **DOB:** _____
Phone # _____ **E-mail:** _____
Feeder School: _____
Feeder School Contact: _____
Contact's e-mail: _____

Check or date of completion of items:

- _____ **1. Application to high school received**
_____ **Special Learning Need noted**
_____ **Special Learning Need Placement / Services requested**
_____ **Special Learning Need Placement/ Services not requested**

_____ **2. Diagnostic testing and documentation received:**

- _____ **Diagnostic testing is current (within 5 years)**
_____ **Date received**
- | | |
|----------------------|-------|
| _____ WISC-IV | _____ |
| _____ WJ-Ach. | _____ |
| _____ WJ-Cog. | _____ |
- _____ **Other I.Q. test:** _____
_____ **Other Achievement test:** _____
_____ **Other Processing test:** _____

_____ **3. Receipt of School Records:**

- _____ ***Release to Exchange Confidential Information***
_____ **Date received** _____
_____ **Most current report card**
_____ **Most current ITBS scores/standardized assessment**
_____ **Student Support Plan** _____ **504 Plan** _____ **IEP**

_____ **4. Placement Test taken**

date _____
test site _____
date scores received _____

____ 5. **Records reviewed by Coordinator for Special Learning Needs/ Special**

Education Teacher

____ **Student accepted into Special Learning Need Program/
Services**

____ **Student to be monitored by guidance counselor**

____ **Alternative placements recommended**

e.g.: _____

____ 6. **Transition Meeting invitation sent:** _____

____ 7. **Transition Meeting Held:** _____

VIII. PUBLIC SCHOOL DISTRICT/AGENCY REQUIRED FORMS

The school administrator or Student Support Team Chair is advised to secure the most current pre-referral or referral forms (RtI) from the public school district Exceptional Student Education Office.

IX. APPENDIX

RESOURCES

Diocesan Special Purpose Schools:

Morning Star School - Ms Eileen Daly, Principal
4661 80th Ave. No.
Pinellas Park 33781
727 544-6036

Morning Star School- Mrs. Susan Conza, Principal
210 East Linebaugh Ave.
Tampa 33612
813 935-0232

Resource Personnel –

- Task Force for Students with Special Learning Needs (2011-12School Year)

- Beth Gillespie, Speech and Language Pathologist
School/Pinellas Park
Morning Star Catholic
Mschool2@tampabay.rr.com

- Darlene Lanza, Director of Student Support
Espiritu Santo Catholic School
Dlanza@escschool.org

- Kay Rizzo, Associate Superintendent
Diocese of St. Petersburg
car@dosp.org

- Jackie St. Charles, School Counselor
School
Most Holy Redeemer Catholic
jstcharles@tampabay.rr.com

- Mary Beth Scanlon, Principal
St. Cecelia Catholic School
mbscanlon@st-cecelia.org

- Rose Smoot, Asst Principal,
Special Needs Coordinator
St. Lawrence Catholic School
rsmoot@stlawrence.org

State of Florida Resources

State Department of Education: Special Education

Bureau of Student Services and Exceptional Education
Department of Education
325 West Gaines Street, Suite 614
Tallahassee, FL 32399-0400
(904) 488-6830

K. Komisar, Ph.D., Administrator
Telephone: 850-245-0476
Facsimile: 850-245-0953

RtI assistance:
<http://www.florida-rti.org/>

State Vocational Rehabilitation Agency

Tamara Bibb Allen, Director
Division of Vocational Rehabilitation
Department of Labor and Employment Security
2002 Old St. Augustine Road, Building A
Tallahassee, FL 32399-0696
(904) 488-6210

Office of State Coordinator of Vocational Education For Students With Disabilities

Janet Adams, Program Specialist
Division of Applied Technology and Adult Education
Dept. of Educ./FL Education Center
325 W. Gaines Street, Suite 754
Tallahassee, FL 32399-0400
(904) 487-3164

State Mental Health Agency

Jane Bryant, Acting Assistant Secretary
Alcohol, Drug Abuse and Mental Health Program Office
Department of Health & Rehabilitative Services
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
(904) 488-8304

Programs for Children with Special Health Care Needs/ Children's Medical Services Programs

Department of Health and Rehabilitative Services
1317 Winewood Blvd., Bldg. B, Room 129
Tallahassee, FL 32399
(904) 488-1330

State Agency for Visual Impairments

Whit Springfield, Director
Division of Blind Services, Department of Education
2540 Executive Center Circle West
Tallahassee, FL 32399
(904) 488-1330

National Organizations - with mission to serve those affected by a “handicapping condition or to provide pertinent information

Attention Deficit Disorder

Children and Adults with Attention Deficit Disorders (CH.A.D.D.)
499 NW 70th Avenue , Suite 109
Plantation, FL 33717
(904)587-3700
(800) 233-4050 (Voice mail to request information packet)

Autism

Autism Society of Florida, Inc.
Michael Guarino, President
7268 Crystal Spring Run
Weeki Wachee, FL 34607
(904) 597-9041

Behavioral Disorders

Council for Children with Behavioral Disorders (CCBD)
c/o Council for Exceptional Children
1920 Association Drive
Reston, VA 22091
(703) 620-3660

Cerebral Palsy

United Cerebral Palsy of Florida
Carol J. DeJarnette
2003 Apalachee Parkway, Suite 175
Tallahassee, FL 32301-4800
(904) 878-2141

Epilepsy

Epilepsy Foundation of Florida
Merle Evanchyk, Acting Director
701 E. Hillcrest Street
Orlando, FL 32803

Head Injury

Brain Injury Association of Florida (BIAF)
North Broward Medical Center
201 East Sample Road
Pompano Beach, FL 33064
(954) 786-2400; (800) 992-3442 (in FL)

Learning Disabilities

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091
(703) 620-3660

Learning Disabilities Association of Florida (LDAF)

331 East Henry Street
Punta Gorda, FL 33950

National Center for Learning Disabilities, Inc. (NCLD)

381 Park Avenue South, Suite 1401
New York, NY 10016
(212)545-7510

Mental Retardation/Developmental Disabilities

Association for Retarded Citizens/FL
Chris Schuh
411 East College Avenue
Tallahassee, FL 32301
(904) 921-0460

Speech and Hearing

Florida Language, Speech and Hearing Association
P.O. Box 10523
Tallahassee, FL 32302
(904) 878-5588

Additional Publisher and Informational Resources

Brakes: An Interactive Newsletter for Kids with ADD

Child Find: (3-5 years) - Resources, evaluation and support for developmental delays

Pinellas County: FDLRS Child Find (727) 462-1588

Pinellas County: FDLRS Child Find - Central (813) 794-2630

West (727) 774-2630

East (353) 524-2630

Hernando County: FDLRS Child Find (352) 797-7021

Clearinghouse Information Center (CIC):

(850) 488-1879

materials, books, resources which assist in the development of educational plans/ provides guide for instructional personnel

Florida Inclusion Network

1960 E. Druid Rd.,
Clearwater, FL 33764
(727) 462-9665
Fax: (727) 462-9651

Hawthorne Educational Services:

(800) 452-1673

provides:

- Attention Deficit Disorders Intervention Manual
- Learning And Behavior Problems Checklist Forms
- Learning Disabilities Intervention Manual
- The Teacher's Resource Guide (a comprehensive guide
For accommodations for behavioral and academ

Impact Publications

ADD HYPERACTIVITY HANDBOOK FOR SCHOOLS

Incentive Publications

(800) 421-2830

WHAT TO DO WITH THE GIFTED CHILD

Judith Cochran

IRI/Spotlight and Publishing

(612) 949-8707

WHAT TO DO WITH THE KID WHO...

Kay Burke

Juvenile Welfare Board

6698 68th Avenue North

Suite A

Pinellas Park, FL 33781-5060

(813) 547-5600

Fax: (813) 547-5610

J.W.B. Training Center: (813) 547-5680

Lingui Systems

800) PRO- IDEA

LD TEACHER' IEP COMPANION

Molly Lyle

National Professional Resources, Inc

(800) 453-9461

Fax: (914) 937-9327

ADD/ADHD BEHAVIOR CHANGE RESOURCE KIT

National Catholic Education Association / Secondary Schools Dept.

SELECTED LEGAL ISSUES IN CATHOLIC SCHOOLS

Peytral Publications:

612) 949-8707

INCLUSION: 450 STRATEGIES FOR SUCCESS

Peggy Hammeken

Prentice Hall/Center for Applied Research in Education

West Nyack, NY 10995

HOW TO REACH AND TEACH THE ADD/ADHD CHILDREN

Sandra F. Rief

A SURVIVAL KIT FOR THE SPECIAL EDUCATION TEACHER

Roger Pierangelo

THE SPECIAL EDUCATION TEACHER'S BOOK OF LISTS

Roger Pierangelo

Special Needs Resource Directory

LET THE CHILDREN COME TO ME

United States Catholic Conference of Bishops, Dept. Education

Washington DC www.usccb.org

Informational Websites

<http://www.ldonline.org>

the interactive guide to learning disabilities for parents,
teachers and children.

WETA

P.O. Box 2626

Washington, DC 20013

<http://www.chadd.org>

Children and Adults with Attention Deficit Disorders

CH.A.D.D.

499 Northwest 70th Avenue, Suite 101

Plantation, Florida 33317

(800) 233-4050

<http://www.ldanatl.org>

Learning Disabilities Association

4156 Library Road

Pittsburgh, PA 15234-1349

(412) 341-1515

<http://www.ccc.sped.org/home.htm>

The Council for Exceptional Children

P.O. Box 79026

Baltimore, MD 21279-0026

<http://www.ods.org>

The Orton Dyslexia Society

8600 LaSalle Road

Chester Building, Suite 382

Baltimore, MD 21286-2044

(410) 296-0232

<http://www.add.org>

National Attention Deficit Disorder Association

Box 972

Mentor, Ohio 44061

(800) 487-2282

<http://www.perc-schwabFdn.org>

Parents' Educational Resource Center

1660 S. Amphlett Blvd., Suite 200

San Mateo, CA 94402

<http://www.hood.edu/seri>

Special Education Resources on the Internet - a collection of internet accessible information
resources of interest to those involved in the fields related to Special Education

<http://www.AllKindsOfMinds.org>

Special Education Resources

<http://www.spdfoundation.net/>

Sensory Processing Foundation

www.nimh.nih.gov/health/publications/autism/complete-index.shtml

US Department of Health website/publications

ACRONYMS AND ABBREVIATION

ADAPT	Admissions, Diagnostic, and Placement Team
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactive Disorder
ARC	Association for Retarded Citizens
BEES	Bureau of Education for Exceptional Student Education
BESB	Board of Education and Services for the Blind
BD	Behaviorally Disordered
BRS	Bureau of Rehabilitation Services
CA	Chronological Age
CAPD	Central Auditory Processing Disorder
CCP	Collaborative Consultation Program
CD	Conduct Disorder
CEES	Coalition of Education for Exceptional Students
CNS	Central Nervous System
CF	Cystic Fibrosis
CNS	Central Nervous System
CP	Cerebral Palsy
CST	Child Study Team
DCYS	Department of Children and Youth Services
DEES	Department of Education for Exceptional Children
DMH	Department of Mental Health
DMR	Department of Mental Retardation
DOE	Department of Education
EA	Equivalence Age
ED	Emotionally Disturbed
EDC	Eligibility Determination Committee
EH	Emotionally Handicapped
EHA	Education of Handicapped Act (1975 - now called IDEA)
EMD	Educable Mentally Disabled
EMH	Educable Mentally Handicapped
ESE	Exceptional Student Education
ESOL	Education of Students with English as a Second Language
FAPE	Free and Appropriate Public Education
FDLRS	Florida Diagnostic & Learning Resource Systems
IDEA	Individuals with Disabilities Education Act (1990)
IEP	Individualized Education Program
HI	Hearing Impaired
IQ	Intelligent Quotient
LD	Learning Disability
LEA	Local Education Agency (ex. ADAPT)
LRE	Least Restrictive Environment
LSH	Language/Speech/Hearing
MA	Mental Age
MD	Muscular Dystrophy
MS	Multiple Sclerosis
NBD	Neuro-biological Disorders
OD	Orthopaedically Disabled
ODD	Oppositional Defiant Disorder
OT	Occupational Therapy
OHI	Other Health Impaired
PL94-142	Public Law 94.142, Education of the Handicapped Act (now IDEA, 1990)
PL 99-457	Public Law 99 - 457, Education of the Handicapped Act, Amendments of 1986 (relates to infants and toddlers)
PMD	Profoundly Mentally Disabled

PPT	Planning and Placement Team
PI	Physically Impaired
PT	Physical Therapy
RESC	Regional Educational Service Center
RtI	Response to Intervention
Sec. 504	Section 504 of federal law entitled the Rehabilitation Act of 1973
SED	Seriously Emotionally Disturbed
SEM	Socially and Emotionally Maladjusted
SERC	Special Education Resource Center
SLD	Specific Learning Disabilities
SLI	Speech/Language Impaired
SM	Socially Maladjusted
SSP	Student Support Plan
SST	Student Support Team
STO	Short Term Objectives
TBI	Traumatic Brain Injury
TMH	Trainable Mentally Handicapped
TPR	Teacher/Pupil Ratio
TTD/TTY	Tele-typewriting Device, Tele-typewriter
VI	Visually Impaired
WISC-III	Wechsler Intelligence Scale for Children-Third Edition
WJ-R ACH	Woodcock-Johnson Psycho-Educational Battery - Revised Tests of Achievement
WJ-R COG	Woodcock-Johnson - Revised Tests of Cognitive Ability

DEFINITION OF TERMS

Co-teaching or Team Teaching: two synonymous terms which describe a cooperative effort between a special educator and educator in planning, teaching and assessing students within a class.

Inclusion: a policy or philosophy in which students with special learning needs are integrated into regular education classes.

Individualized Education Plan (IEP): a written education plan for a student enrolled in special education which documents the specific individualized instructional goals for that student.

Least Restrictive Environment: a legal term which refers to the educational placement of a student which affords the most appropriate venue for learning. In justice and legally, students with special learning needs must attend the school which offers the *least restrictive environment* thereby providing any or all of the services as required by the decision of the Student Support Team (or Child Study Team in the public venue.)

Mainstreaming: the integration of students with special needs into the regular education classes for at least part of the day.

Pre-Referral Process: the interventions, accommodations, parent conferences and documentation of student performance prior to the formal referral for evaluation.

Referral Process: the step by step process as defined by a public school district which provides for evaluation and assessment of students with potential learning and behavior needs.

Resource Class: a special education program in which students receive instruction outside of the regular class for one period or more periods each day or week with a certified special education teacher.

Resource Teacher: an individual who has completed a degree or certification in any area of special education. The Resource teacher works directly or in a consultation model with the population of formally identified students with special learning needs, 'at-risk' students, or those students requiring enrichment or remediation." (FCC Accreditation Standards for Elementary Schools, 2001.)

Response to Intervention

Transition: a coordinated set of activities which assists a student's movement from one educational level to another.

504 Plan: a written plan, used in public schools, for a student who qualifies for services under the Americans with Disabilities Act. The "plan" documents the specific individualized instructional goals for the student.

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