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Chapter 1
Introduction, Philosophy, Goals, Objectives

INTRODUCTION
The Department of Special Education, in cooperation with the Department of Student Services and the Division of Curriculum and Instruction, provides special education and related services to students identified as eligible to receive services pursuant to the Individuals with Disabilities Education Act (IDEA) of 2004. These services are designed to reflect the Anne Arundel County Public School’s (AACPS) commitment to providing quality education and equity for all students. Provision of special education services is a joint effort between families, general and special educators and related service providers, working collaboratively to ensure access to curriculum for all students with disabilities. AACPS staff works collaboratively with parents to ensure a full educational opportunity for all students with disabilities in the least restrictive environment (LRE).

PHILOSOPHY
Special education is built on the belief that all students can and will learn. It is the responsibility of AACPS to provide appropriate learning experiences for all students, to recognize and understand the unique nature of each student, to promote the worth and dignity of each student and to strive for the educational success of every student. Individual educational needs of students with disabilities will be provided with students without disabilities to the maximum extent appropriate. The teaching/learning process occurs through the implementation of educational goals, objectives and strategies that enable students with disabilities to achieve meaningful educational benefit.

GOALS
The passage of Public Law 94-142, the "Education for All Handicapped Children's Act of 1975," reauthorized in 2004 as Public Law 108-446, "Individuals with Disabilities Education Improvement Act“ (IDEA 2004), has revolutionized the approach to serving students with disabilities. The reauthorization requires that students with disabilities participate in and are assessed by standards set for the school population. Accountability for student progress is on the forefront. Due to medical, technological, and identification advances there has been a significant increase in the number of students who require specialized instruction. The direction and challenge for special education in AACPS is to:

- ensure that all students with disabilities have available to them a free, appropriate public education (FAPE) which includes special education and related services to meet their unique needs;
- provide a full range of educational opportunities that are offered in the least restrictive environment (LRE) for each student; and
- ensure that the rights of students with disabilities and their parents are protected.

OBJECTIVES
In order to reach these goals, the following objectives must be accomplished by AACPS:

- to provide a free, appropriate public education (FAPE) to students with disabilities from birth to age 21, residing in the AACPS jurisdiction, including students attending private schools, or living in state-operated programs, regardless of the severity of the disability, who are in need
of special education and related services, in accordance with federal and state statutes and regulations;

▪ to provide "child identification" procedures, on an on-going basis, designed to identify students from birth to age 21 who have an educational disability and are in need of special education and related services;

▪ to provide effective response to intervention and implementation of appropriate interventions;

▪ to develop and implement an individualized education program (IEP) based upon assessed needs for each student who is identified as having an educational disability and who is in need of special education and related services;

▪ to provide special education and related services to the student in the least restrictive environment (LRE);

▪ to work collaboratively with the parents or guardians of students who are identified as needing special education and related services;

▪ to establish and maintain on-going communication with parents or guardians so they function as team members and equal partners in the special education decision-making process;

▪ to ensure that the confidentiality of information and all due process protections are maintained;

▪ to provide for the successful transition of students with disabilities from school into the post-secondary world; and

▪ to provide on-going professional development and job embedded training to enhance the instructional skills of special and general educators.

POLICIES, PROCEDURES AND PROGRAMS
The policies, procedures and programs outlined in this eHandbook are consistent with those set for the local education agencies by the Maryland State Department of Education (MSDE) as well as the Office of Special Education Programs and the United States Department of Education. Compliance allows AACPS to remain eligible for funding provided under IDEA 2004.

COMPLIANCE WITH POLICIES AND PROCEDURES
AACPS conducts internal monitoring of the compliance with special education policies and procedures with the guidance of MSDE. This monitoring process is a continuous and fluid one. During this process, the school system conducts a self-evaluation of programs. Based on the results, areas of improvement are determined and strategies for improvement are implemented.

PARENT VIDEO MODULES
In order to assist parents in fully participating in IEP team meetings AACPS has developed a series of videos for parents aligned with the chapters in this eHandbook. They are located at https://www.youtube.com/playlist?list=PL63heelfctOuk-cmUQYWWxrEVSXqV41Gh.

USE OF THE EHANDBOOK
In order to facilitate the implementation of the objectives and accomplish the goals set forth above; this eHandbook delineates procedures and responsibilities relative to special education. Compliance with federal and state regulations will be accomplished when the procedures in this eHandbook are appropriately implemented.
This eHandbook is intended as the first reference when questions arise regarding students with disabilities, or students with suspected disabilities. Personnel in the Department of Special Education can provide additional clarification or assistance.

Terms are referenced in chapters or appendices the first time they appear. Likewise, terms are identified by applicable acronyms or abbreviations the first time they appear in a chapter. Thereafter, only the acronym or abbreviation is regularly used in that chapter (i.e. "Individualized Education Program (IEP)" becomes "IEP"). Links within the eHandbook and outside the eHandbook are indicated by “underlined blue font”.

If questions arise please contact the Compliance and Legal Issues Office, in the Department of Special Education, as soon as possible. It is expected that this eHandbook will be revised on an on-going basis, in response to new or revised requirements by the Maryland State Department of Education (MSDE) and/or the federal government.

FAMILY RESOURCES
Anne Arundel County Public Schools welcomes family collaboration and participation in the special education and early intervention process. The following resources are available to assist families in navigating the AACPS system:

**Partners for Success** 410-222-3805

*Chesapeake, Northeast, North County, Old Mill High School Feeder*

*Aretha Perry:* aeperry1@aacps.org

*Vacant:*

*Annapolis, Glen Burnie, Broadneck, Severna Park High School Feeders*

*Leanne Carmona:* lcarmona@aacps.org

*Estefania "Stef" Holler:* eholler@aacps.org

*Arundel, Meade, South River, Southern High School Feeders*

*Kathy Flaherty:* kmflaherty@aacps.org

*Chris Ostendorff:* costendorff@aacps.org

**Located at the Point Pleasant Resource Center**

Partners for Success offers family workshops on the special education process, participates in community events to educate families about special education in AACPS, and provides support to individual families needing information and assistance in understanding the special education process. Partners for Success staff members can assist families in accessing other agency resources to assist their family.

**Family Outreach Specialist, Infants and Toddlers, Christa Bellanco** 410-222-6911

**Located at the Point Pleasant Resource Center**

The Family Outreach Specialist provides information to families about community resources, conducts short to medium term counseling with families regarding the impact of the child's disability on family life, and conducts group workshops on topics of interest to families of children with disabilities. The Family Outreach Specialist plans, organizes and implements “sibshops” that provide opportunities for children between ages five and eight to meet, play and talk about their sibling's disability. The Family Outreach Specialist is the link between the Infants and Toddlers Program and multiple child-serving agencies in the county.
Chapter 2
Identification, Evaluation, and Eligibility

Section
I. Pre-Referral Processes
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I. PRE-REFERRAL PROCESS
   A. Early Intervening Services (EIS)
      The term “Early Intervening Services” (EIS) refers to a broad application of support services and
      includes activities such as professional development, evaluation, and support for students who are
      not yet eligible under IDEA 2004 or have already been identified. These services are available in the
      general education environment to students from kindergarten through twelfth grade, with an
      emphasis on kindergarten to third grade. These services are separate from the Early Intervention
      services provided under Part C of IDEA 2004.

      Activities that can be funded as EIS include:
      ▪ Professional development for teachers and other school staff to improve the delivery of
        scientifically based academic instruction and behavioral interventions; and
      ▪ Providing educational and behavioral evaluations, service and supports, including
        scientifically based literacy instruction.

      Progress must be monitored for each student receiving EIS services to evaluate the effectiveness of
      the intervention. Data collection is required to support the need for modification or continued
      implementation of interventions provided in the general education setting or if a lack of expected
      response necessitates a referral to special education.

   B. Response to Intervention
      Response to Intervention (RtI) is the practice of providing high-quality instruction and interventions
      matched to student need, monitoring progress frequently to make decisions about changes in
      instruction or goals, and applying child response data to important educational decisions. Essential
      components of the response to intervention process include:
universal screening
- problem-solving/decision-making practices
- tiered levels of implementation of high-quality instruction/intervention
- progress monitoring
- fidelity of implementation
- family involvement
- considerations for English Learners

This process includes teams that use a problem-solving method and frequent assessments to select appropriate instructional interventions that improve learning outcomes for all students. Systematic, ongoing monitoring of student progress is consistently used to guide decisions regarding instructional match, instructional delivery, instructional strategies or materials, and the intensity of instruction provided to meet individual student needs. The results of a tiered approach to the implementation of scientific research-based and/or evidence-based interventions can be incorporated into the procedures used for identifying specific learning disabilities. Effective core instructional programs, services, interventions, and positive behavioral approaches should be available to all students.

Systematic problem-solving methods provide educators with a consistent step-by-step process to identify problems and to develop and evaluate the effectiveness of interventions. The problem-solving method requires answering four interrelated questions:

1. Is there a problem and what is it?
2. Why is it happening?
3. What are we going to do about it?
4. Did our intervention work?

If progress monitoring shows student progress isn’t as expected, school teams must determine whether to implement a different intervention or to initiate the special education referral process. Data from implementation of RtI must be included as a part of the special education eligibility determination process.

C. Collaborative Decision Making (CDM)
Collaborative Decision Making (CDM) provides a framework for educators, parents and community representatives to solve problems, support student achievement and educational success. It is a proactive approach that emphasizes early intervention, research and/or evidence-based practices, collaborative teaming, and ongoing progress monitoring. It implements best practices in fostering adult and student learning, collaboration, and problem-solving to achieve the desired results.

CDM’s Decision Making Guide has three critical stages

1. Problem Identification & Analysis
   - Documentation of Problem Areas
   - Highlighting of Student Strengths
   - Evaluation of effectiveness of interventions attempted
   - Prioritization of problem areas and selection of 1-2 target concerns
   - Documentation of baseline data
   - Short-term goal setting (observable and measurable)
2. Intervention, Design & Implementation
   - Development of a Plan of Action
   - Intervention implementation and progress monitoring

3. Intervention Evaluation
   - Evaluation of the success of the intervention
   - Determination of next steps

Importance of Progress Monitoring:
Progress monitoring is used to assess student performance and evaluate the effectiveness of instruction (as clearly defined in the Teaching & Learning Cycle. This includes rigor, relevance, and supportive learning environments.) Performance (which can be academic, behavior, and/or social) is measured on a regular basis (weekly or monthly). Progress is evaluated based on the identified goal(s) and is measured by comparing the expected with the actual rates of learning/performance. Monitoring includes making the appropriate adjustments to meet the individual student learning needs.

It is recognized that intervention timelines normally reflect 6-8 weeks of implementation with fidelity. Implementers look at regular measurements to determine results and adjust for targeted outcomes. If at any point, the intervention identified is determined to be a mismatch to the identified problem, adjustment must occur immediately.

Behavior Concern Considerations:
- Have all aspects of academic problem solving been explored?
- What are the immediate antecedents of the behavior? (Location, task/directions, communication of expectations, student’s initial response, etc.)
- What consequences are currently in place to address the behavior? Success rate? Consistency?
- What settings are the behaviors occurring in? Where are they not occurring?
- In which situations do the behaviors occur? Not occur?
- What is the frequency and duration of the targeted behaviors?
- What interventions have been used? Success? Conditions when the learner achieves the desired performance?
  - Consider school-based and stakeholder interventions
- What data is currently collected? What data is available to collect?

II. CHILD FIND
The Department of Special Education of Anne Arundel County Public Schools (AACPS) operates a public awareness system that publicizes screening and referral services at least once a year. This information is presented through at least one print medium and at least one other medium, which are available to the public throughout its jurisdiction. This publicity includes descriptions of services and the name, address and telephone number of the contact person. Activities to inform parents and professionals may include:
- media announcements in local newspapers and on radio;
- notices in school and Board of Education newsletters;
- distribution of “Child Find” brochures;
• presentations in public and private institutions and organizations;
• meetings with private/parochial schools located in Anne Arundel County; and
• the CATV Community Channel.

Copies of print and taped public awareness announcements, and brochures such as “Preschool Child Find”, “The Facilitated IEP Meeting”, and “Individualized Education Plan: What Every Parent Should Know” are located in the schools and are also available through the Division of Special Education.

AACPS conducts Child Find procedures serving children aged birth to 21 residing in AACPS’s jurisdiction or parentally placed in a private or religious school located in Anne Arundel County. Referrals can be made to the Child Find team by building administrators, teacher, parent/guardian and the AACo Infants and Toddlers Program. Child Find literature, disseminated through the public awareness program, include the address, telephone number and title of the AACPS contact person.

Child Find activities cover all children to include:
• highly mobile children (migrant children, homeless children, wards of the state);
• children attending an AACPS public school;
• children placed in a non-public school by AACPS;
• children attending a private school in the jurisdiction of AACo placed there by their parents; and
• children that are home schooled and registered through the Home-Schooling Office in AACPS.

Information on Preschool Special Education Services and Child Find may be found on the AACPS website at https://www.aacps.org/Page/1524.

III. REFERRAL AND SCREENING PROCESS

If a student is continuing to exhibit difficulties learning after interventions or a problem-solving process have been implemented (EIS, RtI or CDM) and an educational disability is suspected, a written referral to special education must be generated. The school administrator is responsible for having that referral disseminated to the appropriate staff immediately. At this point, the formal screening process and applicable timelines commence.

Screening refers to gathering formal and/or informal information regarding a specific student to determine whether an educational disability is suspected. The Screening Process includes a review of:
• EIS, RtI and/or CDM data;
• local/state assessments and universal screeners;
• academic information to include, but not be limited to daily work, unit/chapter tests, special projects, or other work assigned in the normal instructional process;
• non-academic information to include, but not be limited to vision, hearing, health, motor, speech, language, cognitive/intellectual, social/emotional/behavioral, and socio-cultural background;
• parent information which may include outside agency information, medical reports etc.; and
• other relevant information.
Individually administered, standardized, norm-referenced assessment instruments may not be used during the screening process unless they are submitted by the family. These instruments may only be obtained with parent permission as part of the eligibility determination.

An IEP team meeting is scheduled with the family to review all relevant current information and determine if the student is suspected of having a disability and in need of special education services. If the team continues to suspect a disability requiring specialized instruction, the evaluation process commences.

A. Commencement of Legal Timelines
Parent Referral: If a parent has initiated a written referral, the official legal timeline begins the date the school received the parent’s written request. This date is the referral date. Date of receipt must be stamped or written on the parent’s written request. The IEP team must complete the evaluation process within 90 calendar days of the referral date. The parent is asked to complete the Parent/Guardian Questionnaire. The IEP team meeting must be scheduled as soon as possible.

School Staff Referral: If the referral originates from school staff, (with the generation of the Referral and Summary of Student Performance in the School Setting forms) the referral date would be the date when a school team has suspicion of a disability and makes the decision as a team to schedule the IEP meeting. The referral date is never the same date as the IEP meeting.

NOTE: If the parent verbally requests an evaluation for special education, they must be informed to put their request in writing. School staff should assist the parent if they are unclear or have difficulty making their request in writing. The timeline begins upon receipt of the written request.

IV. EVALUATION PROCESS
A. Initial Evaluation Process
The purpose of the initial evaluation process is to identify whether or not a student has an educational disability pursuant to IDEA 2004, and whether that disability has educational impact, and whether the student requires specialized instruction and related services. An evaluation must be conducted before the initial provision of special education services. An evaluation is a careful look at a student’s abilities, strengths, and weaknesses. It provides information about the student’s educational needs based upon a multi-disciplinary battery of standardized assessments through individualized testing of the student, and a thorough investigation into the student’s performance within the educational setting. A variety of assessment tools/strategies in gathering functional, developmental, and academic information must be used.

1. Student Evaluation Plan (SEP)
The completion of the SEP is the mechanism used to facilitate the IEP team discussion and determines the areas for assessment. The IEP team must address each domain on the SEP and indicate whether assessment is needed in that area. If testing is warranted, the team must indicate the suspected disability/s and ensure that all areas of suspected disability are addressed. Written consent for evaluation must be provided by the parent/guardian.
2. Timelines for Initial Evaluation Process
The IEP meeting to review evaluation information and determine if a disability exists must occur within 60 days from the date of parental written consent, but no later than 90 days from the referral date.

3. Parent/Guardian Consent for Evaluation and Provision of Services
A school must get written consent to assess a child for special education and related services, and before the initiation of special education and related services. Parents have the right to revoke consent for assessment. Consent means that the parents:

▪ have been fully informed of all information relevant to the activity for which consent is sought, in their native language or other mode of communication;
▪ understand and agree in writing to the carrying out of the activity for which their consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and
▪ understand that the granting of consent is voluntary and may be revoked at any time. However, if a parent revokes consent after testing has commenced, the testing will cease but information obtain will be considered by the IEP team and be a part of the student’s educational record.

Before AACPS can conduct an initial evaluation of a child to determine whether the child is eligible for special education and related services, the IEP team must:

▪ provide parents prior written notice of the proposed action; and
▪ obtain written parental consent.

The school must make reasonable efforts to obtain the informed written consent from the parent for an initial evaluation. Written permission must be obtained from the parents to conduct individual assessments.

If parents withdraw consent for evaluation, it does not cancel out an action that occurred between the time the IEP team received consent and before its withdrawal. An assessment report must be written using information obtained before the revocation of parental consent. The report should include a statement that the parent revoked consent along with the date of revocation and be filed in the student’s cumulative educational record.

If the parent refuses consent for evaluation, the school team may choose to request mediation and/or due process to resolve the concerns. The school team may elect not to proceed with the evaluation or to access formal dispute resolution; however they must inform the parent that the student will not receive special education and/or related services if determined eligible, or any of the protections of the IDEA 2004. The team must document all attempts to obtain informed consent in the student’s cumulative folder (i.e. detailed records of phone calls/correspondence-face to face contact with the parent, etc.). All efforts possible should be made to resolve the issues with the parent by identifying the parent's concern(s) and exploring solutions.
If the parent ultimately refuses consent, finalized copies of the *Referral, Summary of Student Performance in the School Setting, Student Evaluation Plan*, and *Team Meeting Report (PWN)* will be provided to the parent/guardian, originals are placed in the cumulative folder, and testing will not occur. The student is no longer afforded the procedural rights of a student suspected of having a disability.

### 4. Assessment Reports

A report of assessments administered to a student, in each area of the suspected disability, shall be available to the IEP team at the time of the eligibility meeting. All reports must be provided to the parents at least 5 business days in advance of the scheduled IEP meeting. Each assessment report must be written, dated, and signed by the examiner who conducted the assessment, and available to the IEP team at the time of the meeting. The signed and dated report must be filed in the student’s confidential special education folder.

**NOTE:** When the parents of the student are non-English proficient or require modification of the manner in which the assessment reports are provided, consideration must be given to obtaining the report in the parents' native language or other mode of communication.

Each assessment report must include the following information:
- description of the student’s performance in each area of suspected disability;
- relevant information regarding purpose of assessment, socio-cultural or linguistic information, validity statements, factors influencing assessment results, assessment results, abilities and difficulties, summary of findings; and
- instructional implications for the student’s participation in the curriculum, or for a preschool student, participation in appropriate activities.

If tests are selected and administered to a student with impaired sensory, manual, or speaking skills, the test results must accurately reflect the student’s aptitude or achievement level, or whatever other factors the test purports to measure.

If the examiner feels that any impairment or consideration (e.g., second-language influence) has invalidated the results or otherwise influenced the results of the assessment procedure, this influence must be discussed in the assessment report. In addition, the examiner must make a recommendation for resolution of the resulting problem in determining the student's aptitude or achievement level.

Results of the assessments must be stated in objective terms. Results shared at the IEP team meeting will be considered in relation to the eligibility criteria found in *Appendix D: Disabilities*.

### 5. Determination of Eligibility

The IEP Team will conduct an IEP Team meeting to discuss the results of the assessment/s and identify whether or not the student has an educational disability pursuant to IDEA 2004 and whether that student requires special education and related services. The IEP
Team shall draw upon information from a variety of sources and carefully consider and document the information used as a basis of the team’s decision. A student may be determined to be a student with a disability requiring the provision of special education, based upon criteria for the following educational disabilities:

- Intellectual Disability
- Hearing Impairment
- Deafness
- Speech or Language Impairment
- Visual Impairment
- Emotional Disability
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Multiple Disabilities
- Deaf/Blindness
- Traumatic Brain Injury
- Autism
- Developmental Delay

Each examiner is expected to summarize his/her findings at the meeting and the parent is provided a final copy of each assessment report along with the Comprehensive Evaluation Review. If the parent is unable to attend the meeting, the Administrator or designee, will ensure that the parent receives a copy of the Meeting Report, Assessment Report(s), and Comprehensive Evaluation Review within five (5) business days of the IEP Team meeting.

6. Factors Impacting Eligibility
The IEP team may not identify a student with a disability if the IEP team determines that the impact on the student’s achievement is primarily the result of a lack of instruction in reading or math, or is the result of limited English proficiency.

7. Students Not Found Eligible
If a student is found not to be eligible for special education and related services, the IEP Team must consider whether the student may be eligible for modifications/accommodations or related services through another type of plan of support.

B. Re-evaluation Process
1. Process
The purpose of a re-evaluation is to determine the continued existence of an educational disability requiring special education services, to gather additional information regarding the student’s present levels of performance, or to determine the presence of an additional educational disability. A re-evaluation may not occur more frequently than once a year, unless the parent and AACPS agree otherwise; and must occur at least once every three years.

The IEP team will review existing evaluation data, including information from parents, classroom-based assessments, state and district-wide assessments, and observations to decide if any additional data is needed to determine:

- whether the child continues to have a disability that requires the provision of special education and related services;
- the child’s present levels of academic achievement and related developmental needs; and
whether there are any additions or modifications needed for the child to meet the measurable annual goals of the child’s IEP and to participate, if appropriate, in the general curriculum.

Within 30 calendar days of sharing assessment results, the IEP team must hold an IEP review to revise the IEP based on discussion of the assessment results.

- An annual review must be held if the team has determined that a comprehensive re-evaluation was required.
- A periodic review to update present levels and add supports as necessary, is required if testing was conducted in an area related to the (already identified) disability to supplement existing information.

2. Consent for Re-Evaluation

A school must request written parental consent to re-evaluate a child for special education and related services. Parents have the right to revoke consent for assessment. Consent means that the parents:

- have been fully informed of all information relevant to the activity for which consent is sought, in their native language or other mode of communication;
- understand and agree in writing to the carrying out of the activity for which their consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and
- understand that the granting of consent is voluntary and may be revoked at any time.

The school must make reasonable efforts to obtain the informed written consent from the parent. Written permission should be obtained from the parents to conduct individual assessments.

If parents withdraw consent for re-evaluation, it does not cancel out an action that occurred between the time the IEP team received consent and before its withdrawal. An assessment report must be written using information obtained before the revocation of parental consent. The report should include a statement that the parent revoked consent along with the date of revocation and be filed in the student’s cumulative educational record.

If the parent refuses consent for re-evaluation, the school team may choose to request mediation and/or due process to resolve the concerns. The school team may elect not to proceed with the evaluation or to access formal dispute resolution. The team must document all attempts to obtain informed consent in the student’s cumulative folder (i.e. detailed records of phone calls/correspondence/face to face contact with the parent, etc.). All efforts possible should be made to resolve the issues with the parent by identifying the parent’s concern(s) and exploring solutions.

If the parent ultimately refuses consent, finalized copies of the Referral, Summary of Student Performance in the School Setting, Student Evaluation Plan, and Team Meeting...
**Report (PWN)** will be provided to the parent/guardian, originals are placed in the cumulative folder, and testing will not occur.

3. Exiting the Special Education Process
The IEP team must complete the evaluation process for a child with a disability, which may or may not require assessments, before exiting the child from special education and/or related services. However, in the case of a child with a language disability, language assessment must occur.

- The evaluation is not required if the child is graduating from high school with a regular diploma, or due to exceeding the age eligibility for FAPE under State law.
- For a child whose eligibility terminates due to graduation, the school must provide a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting that child's postsecondary goals.

**NOTE:** If a parent requests that assessments be completed prior to dismissing the student, the IEP team must conduct the required assessments.

C. Private Evaluations
Parents have the right to obtain a private evaluation from qualified professionals of their choice, at their own expense. The IEP team must consider the information from a parent-initiated evaluation at private expense during an IEP team meeting and complete the **Team Consideration of External Report** form. The IEP team must determine if the evaluation meets AACPS criteria when making any decisions with respect to the provision of FAPE to the child. The results of parent-initiated private evaluation may also be presented as evidence at a due process hearing regarding the child.

D. Independent Educational Evaluation (IEE)
If a parent disagrees with an evaluation completed by AACPS, the parent has the right to request an IEE of their child under the IDEA 2004 (subject to the criteria provided below). Upon request of the IEE at public expense, AACPS must, without unnecessary delay, either:

- Ensure an independent educational evaluation is provided at public expense, unless the public agency demonstrates in a due process hearing that the evaluation obtained by the parents did not meet the public agency criteria; or
- Initiate a due process hearing to show that its evaluation is appropriate.

If parents request an IEE, AACPS may ask for the reason why they object to the public evaluation, however, the parent's explanation is not required. AACPS may not unreasonably delay either providing the IEE at public expense or initiating the due process hearing to defend the public agency's evaluation.

**NOTE:** All requests for an IEE must be immediately relayed to the Program Manager of Compliance/Legal Issues in the Division of Special Education.

Should a request for an IEE be approved, AACPS will provide parents information about:

- Where an independent educational evaluation may be obtained; and
• AACPS criteria applicable for an independent educational evaluation, however a parent may select an evaluator of their choice that meets the criteria below.

1. AACPS Criteria for IEEs
When an IEE is at public expense, the criteria under which the IEE is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria that AACPS uses when it initiates an evaluation, to the extent those criteria are consistent with a parent’s right to an IEE. In addition, an observation in the school setting must take place.

• The criteria for a **psychological** IEE is as follows:
  a. The examiner must be a licensed psychologist in the state of Maryland from the Board of Examiners of Psychologists under the Department of Health and Mental Hygiene.
  b. The examiner must be trained and proficient in the assessments they are administering, as well as interpretation of the results.
  c. In addition, an observation in the school setting must take place.

• The criteria for an **academic** IEE is as follows:
  a. The examiner must hold Teacher Certification in Special Education as established by the Maryland State Department of Education.
  b. The examiner must be trained and proficient in the assessments they are administering, as well as interpretation of the results.
  c. In addition, an observation in the school setting must take place.

• The criteria for a **communication** IEE is as follows:
  a. The examiner must hold ASHA Certification as a Speech/Language Pathologist and be licensed to practice Speech Pathology in the state of Maryland.
  b. The examiner must be trained and proficient in the assessments they are administering, as well as interpretation of the results.

• The criteria for a **vision** IEE is as follows:
  a. The examiner must hold in-state licensure and practices within the state of Maryland.
  b. The examiner must be a teacher who is professionally certified in early childhood, elementary, or secondary education who is certified by the state of Maryland to teach students with visual impairments at the level of the student requiring the IEE.
  c. The examiner must be trained and proficient in the assessments they are administering, as well as interpretation of the results.

• The criteria for a **hearing** IEE is as follows:
  a. The examiner must hold in-state licensure and practices within the state of Maryland.
  b. The examiner must be a teacher who is professionally certified in early childhood, elementary, or secondary education who is certified by the state of Maryland to teach students with hearing impairments at the level of the student requiring the IEE.
  c. The examiner must be trained and proficient in the assessments they are administering, as well as interpretation of the results.

• The criteria for an **OT/PT/AT** IEE is as follows:
  a. The examiner must hold a license in Occupational or Physical Therapy from their respective Board of Examiners under the Maryland Department of Health and Mental Hygiene.
b. The examiner must be trained and proficient in the assessments they are administering, as well as interpretation of the results.

- The criteria for a **behavior** IEE is as follows:
  a. The examiner must hold a license in Psychology, Special Education, and/or Behavior Specialty from their respective Board of Examiners under the Maryland Department of Health and Mental Hygiene or hold Teacher Certification in Special Education as established by the Maryland State Department of Education.
  b. The examiner must be trained and proficient in the assessments they are administering, as well as interpretation of the results.
  c. In addition, an observation in the school setting must take place.

- The criteria for a **music therapy** IEE is as follows:
  a. The examiner must hold a license in music therapy from the Board of Examiners under the Maryland Department of Health and Mental Hygiene.
  b. The examiner must be trained and proficient in the assessments they are administering, as well as interpretation of the results.

2. Cost Estimations for IEEs
   The following schedule of evaluation rates will apply and will be reviewed as needed. Total evaluation costs may be determined by adding one or more assessments together.

   **Guideline Rates for Assessments:**
   - Psycho-Educational: up to $2300
   - Academic: up to $800
   - Psychological: up to $1800
   - Neuropsychological: up to $2500
   - Occupational Therapy: up to $500
   - Speech and Language: up to $800
   - Assistive Technology: up to $300
   - Behavior: up to $800
   - Music Therapy: up to $500

   Costs above these amounts will be approved only if the parent can demonstrate that the costs reflect a reasonable and customary rate for such evaluative services or if the parents can demonstrate that there are other factors that make the extraordinary costs necessary.

V. PRIOR WRITTEN NOTICE
   An IEP team must give parents written notice on the **IEP Team Meeting Report (PWN)** each time it:
   - proposes to initiate or change the identification, evaluation, educational program, or educational placement of a child or the provision of a free appropriate public education (FAPE) to a child; or
   - refuses to initiate or change the identification, evaluation, educational program, or educational placement of a child or the provision of FAPE to a child.

   **A. Content of Written Notice**
   The written notice must:
   - describe the action(s) that the IEP team proposed or refused to take;
   - explain why the IEP team is proposing or refusing to take the action(s);
   - describe each evaluation procedure, assessment, record, or report the IEP team used in deciding to propose or refuse the action(s);
   - include a statement that parents have protections under the procedural safeguards provisions in IDEA 2004;
VI. PARENT REVOCATION OF SPECIAL EDUCATION SERVICES

Parents have the right to revoke their consent for their child to receive special education services after making a request in writing to the Principal. The school may ask why a parent is choosing to revoke consent, but an explanation by the parent is not required.

If the parent withdraws consent the student will be treated as a non-disabled student and will lose their protections under IDEA 2004, including their right to a Free Appropriate Public Education (FAPE) and disciplinary protections. Additionally, as this is an IDEA 2004 amendment, the parents’ right to terminate their child’s IEP services will not be subject to challenge in a due process hearing.

AACPS must respond to the parent’s written request in writing, utilizing the Informed Consent for Termination of Special Education Services form before ceasing special education services. An Administrator/Designee is required to meet with the parent to ensure that the parent is legally informed of the implications of termination of services. Once the parent has been duly informed in writing, special education services MUST cease.

If a parent changes their mind at a later date and decides they would like to reconsider their child’s need for special education services, an IEP team meeting must convene as soon as possible. That referral shall be treated as an initial request for special education eligibility and the student must go through the entire initial evaluation process, including timelines.

NOTE: A parent’s request to terminate special education services does not ensure that their child will be eligible for a 504 Plan.
Chapter 3
Identification of Specific Learning Disabilities

Section
I. Specific Learning Disability
   A. Definition
   "Specific learning disability" (SLD) refers to a disorder in one or more of the basic psychological processes involved in understanding language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to students who have learning problems, which are primarily a result of visual, hearing or motor impairments, of intellectual disability, of emotional disability, or of environmental or economic disadvantage, or cultural difference.

   B. Guidelines for Determination of Specific Learning Disabilities
   AACPS considers a pattern of strengths and weaknesses when determining the presence of a specific learning disability requiring specialized instruction. In evaluating whether a pattern of strengths and weaknesses exists in performance achievement, or both, the team will consider whether the student is achieving adequately compared to same-aged peers, state approved grade level standards, or intellectual development.

   To demonstrate that underachievement is not due to lack of appropriate instruction, the team must consider:
   - if the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
   - results of repeated formal assessments of achievement (not special education assessments for determination of eligibility) at reasonable intervals, reflecting student progress during instruction. Formal assessments might include curriculum assessments, state and local assessments, etc.

   The IEP team should also consider the results of research and/or evidence-based interventions in determining whether a child has a specific learning disability.

   Components of a Comprehensive Evaluation
   - results of interventions
multi-disciplinary IEP teams
• a variety of assessment tools/strategies
• curriculum based information and classroom performance data

C. Eligibility Criteria
IEP teams must carefully consider if the following conditions are met:

1. The child does not achieve adequately for their age, or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for his/her age or State-approved grade-level standards:
   • Oral expression
   • Listening comprehension
   • Written expression
   • Basic reading skill
   • Reading fluency skills
   • Reading comprehension
   • Mathematics calculation
   • Mathematics problem solving

2. The child does not make sufficient progress based on his/her response to scientific, research-based and/or evidence-based intervention and the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, that is determined to be relevant to the identification of a specific learning disability, using appropriate assessments.

3. The team determines that its findings are not primarily the result of:
   • A visual, hearing, or motor disability;
   • Intellectual disability;
   • Emotional disability;
   • Cultural factors;
   • Environmental or economic disadvantage; or
   • Limited English proficiency.

D. Obtaining Documentation to Support SLD Determination
Information must be obtained through classroom observation/documentation, formal assessment, or structured tasks (i.e., description of the task, setting in which it was conducted, reasons for its design, analysis procedures used, and results of the task including a description of the behaviors observed).

• Included will be:
  • a cognitive score, certified valid for the purpose and for the student, by an AACPS certified school psychologist or licensed clinical psychologist;
  • appropriate achievement measures (also certified valid for purpose and student by the certified teacher(s) for each area of suspected deficit (i.e., basic reading skills, reading comprehension, written expression, mathematics calculation, mathematics reasoning, listening comprehension, or oral expression));
  • curriculum-based information and classroom performance data.
NOTE: The Maryland State Department of Education has finalized a Technical Assistance Bulletin relating to the use of the terms dyslexia, dyscalculia, and dysgraphia on a student’s IEP, assessment, or when discussing a student’s disability generally. IEP teams, with input from a qualified member, including a psychologist, reading teacher, or speech pathologist, may identify dyslexia, dyscalculia, or dysgraphia, however, under the IDEA, the eligibility category continues to be “Specific Learning Disability.” Use of the precise clinical terms may assist teams by providing more specificity and understanding of the student’s needs. The criteria for identifying a specific learning disability has not changed. IEP teams are still charged with the determination of whether the student has a pattern of weaknesses indicative of a specific learning disability. The identification of dyslexia, dyscalculia, or dysgraphia does not mandate that a specific intervention or instructional strategy be included on a student’s IEP.
# TABLE 1: Bell Curve for WJ IV and WISC IV

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<th>Standard Scores</th>
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<th>80</th>
<th>90</th>
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<tr>
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<td>8 – 11</td>
<td>12 – 13</td>
<td>14 – 15</td>
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<td>25th</td>
<td>50th</td>
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<td>84th</td>
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Updated 01/2021
Table: 3  
Descriptive Classification of Score Ranges for WIAT III

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<th>Standard Score Range</th>
<th>Descriptive Classification</th>
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<td>Very Superior</td>
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<tr>
<td>131 - 145</td>
<td>Superior</td>
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<tr>
<td>116 - 130</td>
<td>Above Average</td>
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<tr>
<td>85 - 115</td>
<td>Average</td>
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<td>55 - 69</td>
<td>Low</td>
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<tr>
<td>Below 55</td>
<td>Very Low</td>
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~ Taken from the WIAT-III Examiner’s Manual – Page 81
Chapter 4

Individualized Education Program (IEP)

Section

I. IEP Team Meetings
   A. Membership
   B. Responsibilities of the IEP Chairperson

II. IEP Content and Development

III. Miscellaneous Factors/Considerations Impacting IEP Implementation
   A. Temporary Support Assistant
   B. Policy on Missed IEP Services
   C. Compensatory Services
   D. Home and Hospital Teaching
   E. Twice Exceptional Students
   F. Extended School Year (ESY) Service
   G. Students who Transfer from another Jurisdiction (From Within and Out-of-State)
   H. Emergency Evacuation Plans

IV. Parental Consent

I. IEP TEAM MEETINGS
   A. Membership
   An IEP team must include:
      ▪ the parent/guardian of the child;
      ▪ not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
      ▪ not less than one special education teacher of the child or where appropriate, not less than one special education provider of the child (if speech is the only service the child receives);
      ▪ a representative of the public agency (Administrator or Designee) who
         ▪ is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
         ▪ is knowledgeable about the general education curriculum; and
         ▪ is knowledgeable about the availability of resources of the public agency;
      ▪ an individual who can interpret the instructional implications of evaluation results;
      ▪ at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
      ▪ whenever appropriate, the child with a disability.

   B. IEP Team Meeting Attendance
      ▪ A member of the IEP Team shall not be required to attend all or part of IEP meeting if parent (in writing) and the school agree the team member’s attendance is not necessary because the member’s area of curriculum is not being modified or discussed at the
meeting. However, AACPS discourages this practice, unless dire circumstances prevent their attendance.

- If unforeseen circumstances, out of our control, prevent the attendance of a required team member, the school team should secure another individual of the same discipline or the invited member should be available through teleconference.

II. IEP CONTENT AND DEVELOPMENT
The IEP is developed by the IEP team within 30 days of eligibility and includes the following elements:

- A statement of the child’s present levels of academic achievement and functional performance, including:
  - How the child’s disability affects the child’s involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children); or
  - For preschool children, as appropriate, how the disability affects the child’s participation in appropriate activities;
- A statement of measurable annual goals, including academic and functional goals designed to:
  - Meet the child’s needs to enable the child to be involved in and make progress in the general education curriculum;
  - Be achieved within one year; and
  - Meet each of the child’s other educational needs that result from the child’s disability;
- A description of short-term objectives;
- A description of how the child’s progress toward meeting the annual goals will be measured;
- A statement of when periodic reports on the progress the child is making toward meeting the annual goals will be provided.
- The special education and related services as well as supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child:
  - To advance appropriately toward attaining the annual goals;
  - To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities; and
  - To be educated and participate with other children with disabilities and nondisabled children;
- An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular education environment in academic, non-academic, and extra-curricular activities:
- A statement of appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on state and district-wide assessments; and
- If the IEP team determines that the student must take an alternate assessment instead of the regular state or district-wide assessment of student achievement, a statement of why:
  - the student cannot participate in the regular assessment; and
  - the particular alternate assessment selected is appropriate for the student; and
  - the projected date for the beginning of the services and modifications, and the anticipated frequency, location, and duration of those services and modifications.
The school is to provide special education and related services to a child in accordance with the child's IEP. The school, teacher, or another individual shall not be held accountable if a child does not achieve the growth projected in the annual goals and benchmarks or objectives. If a child is not making sufficient progress on achieving their annual goals, an IEP team meeting will be convened to consider whether changes to the IEP are needed.

If a child requires extended school year (ESY) services, the IEP must include the specific special education and related services to be provided beyond the regular school year.

III. MISCELLANEOUS FACTORS/CONSIDERATIONS IMPACTING IEP IMPLEMENTATION

A. Temporary Support Assistant
A Temporary Support Assistant (TSA) is a special education assistant who has been assigned to support students with disabilities on a temporary basis, with the purpose of increasing student independence and fading supports. The TSA may support one or more students with varying levels of abilities, across a variety of educational settings (i.e. self-contained, resource, inclusion, etc.), throughout the school day. TSA responsibilities include working collaboratively on the IEP goals/objectives, implementing modifications and accommodations, implementing behavior plans (as appropriate), managing data collection and implementing individualized fade plans. Direct supervision for the TSA is the responsibility of one or more of the following school-based staff: special education teacher/case manager, special education department chair or school administrator.

B. Policy on Missed IEP Services
Since a student’s IEP team determines the amount, frequency and duration of services needed to provide a child with a disability a free appropriate public education (FAPE), it is the responsibility of the student’s IEP team to ensure ALL the services specified in each student’s IEP be provided. The unavailability or absence of an individual student or the closure of the school for all students are the only acceptable reasons for not making up a missed service. However, if AACPS is required to make up instruction for the day(s) the school or school system was closed, service providers would be required to make up missed services.

In the case of excessive absences or the long term illness of a student, that may or may not be related to the child’s disability, the student’s IEP team should meet to review the student’s current IEP and progress to consider the impact of the missed sessions on the student’s progress and performance, and determine if it is necessary to revise the student’s IEP to ensure the provision of a FAPE. This consideration is done on a case-by-case basis.

If a service provider is absent, on leave, attending an IEP meeting, or attending a professional meeting, these absences are issues of personnel availability. Short-term absences by service providers that result in missed sessions MUST be rescheduled as makeup sessions to ensure the services determined necessary by the student’s IEP team are provided. Makeup sessions may also be provided by a qualified substitute service provider.
A service provider being on extended leave of absence is an issue of personnel availability and most likely will require a substitute service provider, or a plan for compensatory services (see next section) for the services missed, as determined appropriate by the student’s IEP team. The IEP team should meet to review the student’s current IEP and progress to consider the impact of the missed sessions on the student’s progress and performance, and determine if it is necessary to revise the student’s IEP to ensure FAPE. This should be done on a case-by-case basis.

C. Compensatory Services
Compensatory services are those services which must be offered if a significant lapse in the services on a student’s IEP impacted their progress. If an IEP team determines that a significant lapse impacted the student’s progress, the IEP team must address how to remediate (or correct) the absence of those services. Compensatory services are provided to enable the student to reach the level of progress the student would have made had the services on the IEP been provided.

The purpose of compensatory education is to help the child make the progress that she/he would have made if there had been no lapse in service. The specific services provided must be tailored to the child’s needs. Compensatory education can mean extra instruction or related services (such as therapies) provided during the school year or summer. Compensatory services may not be provided during the school day. When considering the amount of compensatory services to provide, the IEP team should consider the amount of services missed in conjunction with how much progress the student has exhibited as related to his/her IEP goal/s. The IEP team is not legally required to provide the exact amount of services missed, but rather an amount which would ensure that the student would be on target to meet his/her IEP annual goal/s.

D. Home and Hospital Teaching
Home and Hospital Teaching (HHT) services provide instructional services to AACPS students, who are unable to attend school due to a physical or emotional condition. HHT services are provided to those students who are staying at home, in a therapeutic center, or in a hospital while convalescing or receiving treatment.

The IEP team must meet to determine appropriate services while the student is on HHT. The team must also consider whether related services must be provided. These decisions must be made by a duly constituted IEP team.

E. Twice Exceptional Students
The twice exceptional population refers to students who have been identified as gifted and talented through the process established by the school district, and as having an educational disability (IDEA or 504). Twice exceptional students may demonstrate exceptional strengths in any area and may be identified as having one or more disabilities. However, it may be challenging to identify and program for students who have superior cognitive potential along with disabilities that impact academic achievement. This includes twice exceptional students with Specific Learning Disability and those with disabilities stemming from diagnoses such as ADHD and Asperger Syndrome. “Twice Exceptional” is NOT an IDEA category; no federal mandate exists to identify or provide services to
this population. Identification of twice exceptional students is necessary to ensure that the unique needs of these learners are addressed in their areas of strength and in their areas of weakness.

F. Extended School Year (ESY) Service
The IEP Team must evaluate and document the discussion regarding the appropriateness of any Extended School Year (ESY) services when developing an Individualized Education Program (IEP). This determination must take place by April 15 of each school year.

G. Students who Transfer from another Jurisdiction (From Within and Out-of-State)
If a student with a disability who had an IEP that was in effect in a county in Maryland other than Anne Arundel County or from another State transfers to Anne Arundel County and enrolls in an Anne Arundel County public school within the same school year, the new school (in consultation with the parents) must provide comparable services to the student until an IEP team meeting is convened to either adopt the student’s IEP (this can be done only for other jurisdictions in Maryland), or develop a new IEP. School staff and the parents will meet to determine what comparable services will look like in AACPS. An IEP team meeting will be convened within 30 days to create an AACPS IEP. For students transferring from outside of Maryland, an IEP team meeting must also be convened to evaluate whether the student meets Maryland eligibility criteria based on the information from the previous school district, or whether additional assessment is needed to determine eligibility.

Please note that comparable services does not necessarily mean that the LRE will be the same as it was in the previous jurisdiction as all LEAs offer different services. AACPS may offer analogous services in a less restrictive environment than was provided in the previous jurisdiction or they may have analogous services in a more restrictive environment. This will be a discussion at the meeting between school staff and the student’s guardians to determine comparable services.

H. Emergency Evacuation Plans
Effective July 1, 2017, all students who require emergency evacuation plans must have the need for the plan referenced on the supplementary aids and services pages of the IEP or Section 504 Plan. This provision applies to all students who require accommodations or services during an emergency evacuation. The supports may include things such as the use noise reducing headphones, adult assistance, or a full physical support plan using specialized equipment. The supports must be individualized to meet the student’s needs.

IV. PARENTAL CONSENT
Beginning on July 1, 2017, parents are required to provide written consent if the IEP team proposes any of the following for the student:

1. Participation in the Alternate Assessment (MSAA);
2. Participation in the alternate curriculum (any class/program that does not implement the Maryland College and Career Ready Standards);
3. Including restraint and/or seclusion on the student’s IEP or BIP (or adding crisis intervention to the supplementary aids and services that includes restraint and/or seclusion).
Consent must be obtained annually, at each annual review or other IEP team meeting where any of the above decisions were discussed and made. The decision and the parent’s response to the decision must be documented in the Prior Written Notice/IEP Team Report.

If you are unable to attend the IEP team meeting or are unsure of whether you want to provide consent for any of the above proposals to be implemented, you will be sent a follow up letter and consent form within 5 days of the meeting. In that letter, you will be informed that if there is no response by 15 business days of the IEP team decision, the proposed changes will be implemented.

If you refuse consent to any of the above proposals, AACPS will make a determination as to whether or not they will access the formal dispute resolution processes included in the IDEA.
Chapter 5
Transition Services

Section

II. Transition Services
   A. When Does Transition Planning Begin?
   B. Who Should Be Invited to the IEP Meeting?
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I. TRANSITION SERVICES

Transition refers to the movement from high school to post-school activities.
With the reauthorization of the Individuals with Disabilities Education Act (IDEA) of 2004, the purposes of IDEA include ensuring that all children with disabilities have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living. [34 CFR 300.1(a)] [20 U.S.C. 1400(d)(1)(A)]

Transition services mean a coordinated set of activities for a student with a disability that:

1. is designed to be within a results oriented process, is focused on improving the academic and functional achievement of the student with a disability to facilitate the student’s movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; and

2. is based on the individual student’s needs, taking into account the student’s strengths, preferences, and interests; and includes:
   ▪ Instruction;
   ▪ Related services;
   ▪ Community experience;
   ▪ The development of employment and other post-school adult living objectives;
- If appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

[20 U.S.C. 1401(34); 34 CFR 300.43(a); COMAR 13A.05.01.03B(80)]

**NOTE:** the school system is required to distribute the MSDE Transition Planning Guide. See H. Transition Planning Guide (under III. The Transition Plan) for additional information.

**A. WHEN DOES TRANSITION PLANNING BEGIN?**

The Code of Maryland Regulations (COMAR) requires that a student’s Individualized Education Program (IEP) includes transition services beginning no later than the first IEP to be in effect when a student turns 14 years old, and younger if appropriate, and updated annually, consistent with Education Article, §21-305, Annotated Code of Maryland.

**B. WHO SHOULD BE INVITED TO THE IEP MEETING IF THE PURPOSE OF THE MEETING WILL BE THE CONSIDERATION OF THE POSTSECONDARY GOALS AND THE TRANSITION SERVICES NEEDED TO ASSIST THE STUDENT IN REACHING THOSE GOALS?**

In addition to required participants:

1. The school must invite the student. If the student does not attend the IEP team meeting the school must take other steps to ensure that the student’s preferences and interests are considered.

2. The *IEP Team Meeting Notice* must include the student. The *Student Invitation* provided in TIENET must be used. Document that the student was invited and whether or not he/she attended the IEP meeting in “Document Basis for Decision(s)” section.

3. Beginning at age 16, to the extent appropriate, with the consent of the parent or a student who has reached the age of majority, the school must also invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services. Consent to invite a representative of the Maryland State Department of Education (MSDE) Division of Rehabilitation Services (DORS) is not required.

4. Parent consent to invite an agency(s) must be obtained for each IEP meeting. If the parent/student has already established a relationship with the agency, consent to invite is not needed. For example, if the parent/student has applied to DDA and has selected a resource coordinator, permission to invite is not needed. If the parent/student do not have a relationship with the agency, consent to invite must be obtained.

5. The *IEP Team Meeting Notice* must include the agency that is being invited.

For students who have been referred to DORS, a DORS representative must be invited to the IEP meeting during their junior and/or senior years. For students who are accessing DDA, the selected resource coordinator should be invited to the IEP meeting(s).

**NOTE:** Students apply to DDA by the age of 14; however, a resource coordinator may not be selected until the student reaches the age of 18. When completing the Agency Linkage section on the Transition Plan, check DDA to indicate the referral has been completed and check NO for agency invite. In the Document Basis for Decision section, insert the following statement: The student has
been referred to DDA; however, a DDA representative was not invited to this IEP meeting since the student has not yet selected a resource coordinator.

For students who are accessing DDA, the selected community resource provider should be invited to the IEP meeting their senior year.

**C. WHAT IS SELF-DETERMINATION & STUDENT CENTERED IEP MEETINGS?**

Self-determination is a concept reflecting the belief that all individuals have the right to direct their own lives. Students need to be given opportunities to learn and practice self-determination skills such as choice making, decision-making, problem-solving, and goal setting/attainment. As appropriate, IEPS should specifically target self-determination skills.

Students are to take active roles in their IEP meetings, including the development of the transition plan and IEP goals. Students should begin attending their IEP meetings in the sixth grade, if not sooner. Instruction should be provided to assist students with participation in their IEP meetings.

**II. THE TRANSITION PLAN**

**A. Interests and Preferences**

1. **Date of Annual Student Interview**
   - The student is to be **actively involved** in planning for his/her secondary program as it relates to postsecondary training and employment, independent living and community participation.
   - In addition to age-appropriate transition assessments, the student is to participate in an annual transition interview.
   - The interview may be formal or informal; however, a brief discussion about post-secondary goals is not considered an appropriate transition interview.
   - The interview must be updated annually.

2. **Discussion of interests & preferences, and age-appropriate transition assessments**
   - Focus on employment/career and independent living (includes living arrangements, transportation, community participation, recreational activities) interests/choices.
   - Avoid personal likes (i.e., likes hanging out with friends, enjoys eating pizza, etc.).
   - Interests and preferences may be based on interest surveys, interviews, observations, parent report, etc.

3. **Age-appropriate transition assessments**
   - Transition assessments are an ongoing process of collecting data on the individual’s needs, preferences, and interests.
   - Multiple sources of age-appropriate transition assessments are to be documented (including name of assessment and date of administration, who administered the assessment and summary of results).
   - Quality transition assessments include multiple evaluations on an on-going basis and should consider areas of need such as communication, self-advocacy, mobility training, vocational competency, self-help/personal management and social competency.
▪ Age-appropriate means a student’s chronological age, rather than developmental age.
▪ Transition assessments lead to the development of measurable post-secondary goals, courses of study, transition services, annual goals, and agency linkages; and serves as the foundation of the entire IEP which is based on new and current transition assessments each year.
▪ The student’s strengths, interests, and preferences must be considered. For some students, this information may be obtained through situational assessment and/or observation. It is not sufficient to interview only the parent(s).
▪ Transition assessments must be comprehensive and more than a single “snapshot”.
▪ Transition assessment data can be gathered through a combination of methods, including computer or web-based assessments; paper and pencil tests; structured student and family interviews; observational school, community or work-based assessments (situational or environmental); and curriculum-based assessments. They can be formal or informal.
▪ Brief student interviews (discussions) do not constitute as an appropriate transition assessment.

B. Post-Secondary Goals
▪ Post-secondary goals are goals the student hopes to achieve after leaving high school.
▪ Post-secondary goals are measurable (observable behaviors) outcomes, indicating what a student “will” do.
▪ A post-secondary goal is not the process of pursuing or moving toward a desired outcome.
▪ Post-secondary goals are to be based on the age-appropriate transition assessments, as well as the student’s strengths &interests.
▪ Post-secondary goals should be attainable activities for the student.
▪ All students with IEPs must have an employment goal and an education or training goal that supports their employment goal.

1. Employment Goal
▪ The employment goal indicates the employment the student will obtain upon exiting high school, post-secondary training program, or college.
▪ The employment goal must relate to the student’s interests, course of study (career path), and age-appropriate transition assessments.
▪ Employment goals articulated by younger students are likely to be less specific than those in their last years of high school (i.e., field of interest).
▪ Beginning at age 16, employment goals should become more specific (i.e., specific job title).
▪ The employment goal must indicate when the outcome will occur (i.e., upon graduating from high school, upon graduating from college).

2. Education or Training Goal
▪ The student must have an education or training goal, the one that appropriately aligns with the employment goal.
- The education or training goal **must align with the required qualifications** of selected career goal.
- **www.onetonline.org** is an excellent resource to investigate the skills, abilities, and education/training required for various occupations.

3. Independent Living Goal
- An independent living goal must be addressed if the student will require assistance in this area.
- Independent living activities may include living arrangements, transportation, community participation, and recreational activities.
- Students participating in an alternate curriculum **must** have an independent living goal.

C. Course of Study
- The state transition plan lists the Maryland Career Clusters as courses of study which is to align with the student’s post-secondary goal.
- Specific courses related to the student’s post-secondary goal should be listed in the academic category on the transition activities page.
- The student is to select a completer program or take courses that will reasonably enable him/her to meet his or her post-secondary goal(s).
- The Functional and Skill Development Activities section is for students participating in the Alternate Curriculum Class. Do not check Job Sampling/Employment Training or Supported Employment until the student is participating in one or both programs.

D. Projected Category of Exit
- The student will exit high school with:
  - Maryland High School Diploma
  - Maryland High School Certificate at age 21
  - Maryland High School Certificate prior to age 21

**NOTE:** The final decision to award a student with disabilities a Maryland High School Certificate of Program Completion will not be made until after the beginning of the student’s last year in high school.

**NOTE:** Students working towards a Maryland High School Certificate of Program Completion have the option to participate in the graduation ceremony after completing four years of high school. Students who choose this option will receive a Certificate of Achievement/Citation and return to their home high school to complete their educational program, aging out the school year the student turns 21. The student can participate in only one graduation ceremony. This option is to be discussed at the IEP meeting.

**NOTE:** Students who are moving on to transition programs such as Project SEARCH or the On-Campus Transition Program (OCTP) will also participate in the graduation ceremony receiving a Certificate of Achievement/Citation. Students participating in OCTP will remain enrolled at their
home high school where their IEP meetings will be held. Students participating in Project SEARCH will be transferred to the nonpublic office.

E. Projected Date of Exit
   ▪ The projected date of exit is the date the student will exit high school.

F. Age of Majority
   ▪ IDEA requires that at least one year prior to reaching age 18, the student be informed of his/her rights under IDEA which will transfer to him/her at age 18, if any, in accordance with state law.
   ▪ Maryland law does not provide for the transfer of educational decision making to a student with a disability at the age of majority.
   ▪ There are very specific and limited circumstances when the rights currently afforded parents of students with disabilities under the IDEA may transfer to a student with a disability at the age of majority.
   ▪ When the student with the disability reaches the age of 18 years, he/she may request transfer of educational rights if he/she has not been ruled incompetent under State law and qualifies for consideration in accordance within one of the limited circumstances:
      ▪ The parents are unavailable or unknown.
      ▪ The parents have not participated in the special education decision-making process for the child after repeated attempts by the local school system.
      ▪ The parents have affirmatively rejected participation in the special education decision-making process.
      ▪ The parents cannot participate in the special education decision-making process due to extraordinary circumstances beyond the control of the parents and the parents have consented to the transfer of rights to the child.
      ▪ The child is living outside of the parents’ home and is not in the care or custody of another public agency.
   ▪ If a student requests that parental rights be transferred and qualifies for consideration within one of the limited circumstances, contact AACPS Transition office for procedures to proceed with the request.

G. Transition Activities
   ▪ IDEA requires annual transition activities. Activities may be on-going. The student must have at least two transition activities per IEP year.
   ▪ Transition activities are designed to facilitate the student’s movement from school to post-secondary goals/activities.
   ▪ Transition activities are based on the student’s needs and are aligned with the student’s post-secondary goals (what the student needs to learn to attain his/her goals).
   ▪ Transition activities are categorized into 5 areas:
      1. Academic
      2. Employment training
      3. Activities of daily living
4. Independent living
5. Transportation
   - Academic, Employment, Independent living and Transportation activities should be addressed for all students.
   - Activities of daily living should be addressed for most students participating in the alternate curriculum.

**NOTE:** All students must have “complete graduation requirements” listed as a transition activity. This activity creates a connection with the IEP.

### H. Transition Planning Guide
- **Transition Planning Guide: Preparing Children with Disabilities to Move from School to Appropriate Postsecondary Outcomes**
- Document the date student and parent were provided a copy of the MSDE Transition Planning Guide in section provided on the Transition Activities page.
- The information in the guide must be reviewed with student & parent (can be brief at age 14, must be discussed in more detail at age 16 & up).
- The guide assists with generating linkages to agencies.
- Parent & student must sign signature page.
- Signature page is to be attached to the IEP.
- If parent does not attend IEP meeting, have the student sign and send home a copy for parent signature(s) to be returned to school. If the signature page is not returned, attach the student signature copy to the IEP.

*The guide is available in the following languages:*
- Amharic | Arabic | Chinese | French | Gujarati | Haitian Creole | Hindi | Korean | Polish
- Portuguese | Russian | Spanish | Tagalog | Urdu | Vietnamese

### I. Agency Linkage
- See the MSDE Transition Planning Guide for information about the various agencies.

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<th>Anticipated Services for Transition:</th>
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**Parent Consent to Invite Outside Agency**
- Beginning at age 16, to the extent appropriate, with the consent of the parent, the school must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.
- Consent to invite a representative of the Maryland State Department of Education (MSDE) Division of Rehabilitation Services (DORS) is not required.
- Parent consent to invite an agency(s) must be obtained for each IEP meeting.
- If the parent/student has an established relationship with the agency, consent to invite is not needed.
- If the parent/student do not have an established relationship with the agency, consent to invite must be obtained.

**Inviting Agency Representatives to IEP meetings**
- In order to maintain compliance with federal/state regulations, the IEP Team Meeting Notice must include the agency that is being invited.
- Agencies must be given adequate notice of IEP meetings.
- If the agency is providing essential transition services, the IEP meeting should be scheduled to accommodate the availability of the agency.
- If the student has been referred to DORS or has a resource coordinator, the representative must be invited to the IEP meeting.
- A DORS referral must be submitted prior to inviting a DORS representative to the IEP meeting.
- For students who are accessing DDA, the selected Community Resource Provider should be invited to the exit year IEP meeting.

**Referring Students to Agencies**
- The assigned transition facilitator is responsible for agency referrals.
- **DORS:** When appropriate, students are to be referred to DORS during the beginning of their next to last year of high school. Parent consent to refer is required. Visit [http://dors.maryland.gov/Pages/default.aspx](http://dors.maryland.gov/Pages/default.aspx) for information about DORS.
- **DDA:** When appropriate, student shall be referred to The Developmental Disabilities Administration (DDA) during the school year in which the student turns 14 years of age. Visit [http://dda.dhmh.maryland.gov/Pages/home.aspx](http://dda.dhmh.maryland.gov/Pages/home.aspx) for information about DDA.
- **BHA:** When appropriate, students shall be referred to The Behavior Health Administration (BHA) prior to the student exiting school. Basic eligibility criteria includes that the individual has a mental health disorder and is a Medicaid recipient. Students with a diagnosed mental health disorder should first be referred to the Division of Rehabilitation Services. Visit [http://bha.dhmh.maryland.gov/pages/Index.aspx](http://bha.dhmh.maryland.gov/pages/Index.aspx) for information about BHA.

**IV. OTHER TRANSITION INFORMATION**

**A. The IEP**
- The transition plan drives the development of IEP goals/objectives.
- The IEP must contain measurable annual goals/objectives that promote and support the student’s transition activities and post-secondary goals.
- The IEP does not need to have a separate annual goal section dedicated to transition. The individual annual goals do not need to be designated as transition goals.
- Every annual goal that is included in the IEP is there to reasonably enable the student to attain his/her post-secondary goal/outcome.
All components of the student’s IEP (i.e., interests/preferences, transition assessments, course of study, transition activities, annual goals/objectives, agency/support linkages, and category of exit) are to connect and support the student’s post-secondary goal(s).
Chapter 6
Discipline

Section
CH 6: Discipline

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   A. Bus Suspension for Students with Transportation Services on their IEP
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   C. Exclusion
   D. In-School Intervention (ISI)
   E. Suspension for Less Than 10 School Days
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VI. Functional Behavioral Assessments and Behavioral Intervention Plans
   A. Functional Behavior Assessment (FBA)
   B. Behavior Intervention Plan (BIP)

I. SUSPENSION OVERVIEW
Students with disabilities whose behavior has prompted disciplinary action may be disciplined in the same way as their peers, however, after 10 school days of disciplinary removal procedural safeguards must take place. Please note, documentation of all suspensions must be maintained in the student’s cumulative file.

State regulations prohibit the suspension or expulsion for students pre-k through second grade unless one of the two following criteria is met:
   1. The student inflicts serious harm to others or self;
   2. The incident requires expulsion based on federal law (typically involving a firearm)

In cases where structured behavioral supports are necessary to support your child, the IEP team will meet to develop a behavior intervention plan.

A. Bus Suspension for Students with Transportation Services on their IEP
If a student has transportation services on their IEP, suspension from transportation services is considered a day of suspension. Therefore, suspension from transportation is counted, for the purposes of the ten-school-day consideration, as a suspension from school unless AACPS provides...
alternative methods of transportation (i.e. parents may be requested to transport their child during the bus suspension and AACPS will reimburse them for mileage).

B. In-School Suspension (ISS)
Maryland’s Code of Maryland Regulations (COMAR) defines in-school suspension as “the removal within the school building of a student from the student’s current educational program for up to but not more than 10 school days in a school year for disciplinary reasons by the school principal” [COMAR 13A.08.01.11B(4)]. In-school suspensions count towards the total of 10 days of suspension in a school year for students with educational disabilities before procedural safeguards are implemented.

During an in-school suspension:
- The student may not receive an in-school suspension unless the student has been informed of the reasons of the suspension and has been given an opportunity to respond before the suspension becomes effective. This requirement is the same for all students receiving suspension within Anne Arundel County Public Schools.
- The principal must inform the parent in writing, on the day the decision is made to suspend, of the in-school suspension action taken by the school. Please note, Procedureal Safeguards must be provided with the suspension letter.
- After a total of 10 days of in-school suspension for a student, the principal must confer with the parent. Confer is defined as a discussion or dialogue which could include telephone, email and/or a face to face meeting with the parent.

C. Exclusion
Exclusion means the removal of a student to a supervised area for a limited period of time during which the student has an opportunity to regain self-control and is not receiving instruction including special education, related services or support. If a student is removed from instruction and sent to the school counselor, or other school personnel, for a cool down period, that would be considered exclusion. Exclusion is limited to 30 minutes.

D. In-School Intervention (ISI)
When the decision is made to remove the student from their regular educational setting for disciplinary reasons, but the student continues to receive educational services and their IEP is being implemented in the alternative setting within the school building, this is not considered an in-school suspension but rather an in-school intervention. In-school interventions do not count towards the 10 days of suspension in a school year for students with educational disabilities before procedural safeguards are implemented. However, a student is limited to 10 cumulative in-school-interventions days per school year.
During an in-school intervention:
- The principal must inform the parent of the in-school intervention action taken by the school.
- The student must be able to progress appropriately in the general curriculum. Essentially, the general curriculum must be accessible to the student while attending the in-school intervention.
- Instruction must be provided during an in-school intervention.
- The student must receive the special education and related services specified on the student’s IEP.
- Instructional assignments must be commensurate with the assignments afforded to the student as if he/she were in the classroom.
- The student receiving an in-school intervention must be allowed to participate with peers as they would in their current education program to the extent appropriate. In some cases, partial days of in-school intervention may be utilized.
E. Suspension for Less than 10 School Days
In any disciplinary action determined to require a suspension for less than 10 school days (cumulative during a school year), a student with an educational disability may be treated as any non-disabled student in accordance with the procedures set forth in Education Article §7-304, Annotated Code of Maryland.

NOTE: An IEP team meeting should be convened when a student has five (5) cumulative days of suspension to consider positive behavior supports (FBA/BIP/other) to ensure that there is not a reoccurrence of the behavior.

F. Suspension for More than 10 School Days (Cumulative or Long Term)
Any student with an educational disability suspended for more than 10 school days in a school year constitutes a change of placement. For purposes of removals of a child with a disability from the child’s current educational placement under the IDEA federal regulations, a change of placement occurs if:

- The removal is for more than 10 consecutive school days; or
- The child has been subjected to a series of cumulative removals for over 10 school days in one school year.

Beginning on the 11th day of suspension in a school year, the student must receive appropriate special education and related services based upon the student’s individualized education program (IEP) that permit the student to participate in their educational curriculum (within an alternative educational setting) and to progress toward meeting the goals stated in the student’s IEP. For students who do not receive services beginning the 11th day of removal, an IEP team meeting must convene to determine whether compensatory services are warranted.

NOTE: It is impermissible to request parents to take their child home prior to the end of the school day for behavioral or disciplinary infractions without processing it as an out of school suspension.

NOTE: If a parent decides to keep their child home beyond the determined suspension days, those days do not count as suspension days.

NOTE: Students moving into AACPS may have prior days of suspension during the current school year. These days DO count toward the cumulative 10 days. Ensure that administrative staff is aware of previous suspensions during the current school year.

II. MANIFESTATION DETERMINATION
When a student with an educational disability has been suspended for over 10 cumulative school days or one long term suspension of over 10 days in one school year, an IEP team must convene prior to the 10th day of removal to determine whether or not the behavior resulting in suspension was a manifestation of their educational disability.

When the parents are invited to a manifestation meeting, it is essential that the purpose of the meeting be made clear to them at the beginning of the meeting. Often parents have difficulty understanding that the
meeting is neither to determine the facts of the alleged offence nor to determine the punishment. The IEP team will not discuss the truth of the allegations or the veracity of the allegations against the student. The sole purpose of the meeting is to determine if the alleged behavior is a manifestation of the student’s disability, and if not, to determine appropriate services while the discipline sanction continues.

THE MANIFESTATION MEETING

A Notice of IEP Team Meeting Manifestation Determination must be given to the parent(s)/guardian(s). The IEP meeting attendees must include the Administrator/Administrator’s Designee, the parent, school psychologist, special educator and general educator of the student, and other relevant members of the student’s IEP team (as determined by both the parent and the student’s school). It is not possible to provide families with notice of a manifestation meeting 10 days in advance.

The following forms must be reviewed by the IEP team during the meeting:

- All relevant information in the student’s file including
  - anecdotal or other records of the student’s behavioral history;
  - most recent assessment/behavior reports including discipline referrals and outside agency reports;
  - the student’s current IEP; and
  - any relevant information provided by the parent(s)/guardian(s)
- Functional Behavioral Assessment (if the student has one)
- Behavior Intervention Plan (if the student has one)

To determine:

- If the conduct in question was caused by, or had a direct and substantial relationship to, the student’s disability; or
- If the conduct in question was the direct result of the school’s failure to implement the IEP.

NOTE: The IEP team must consider all the information and not rely simply on the disability designation.

If the manifestation decision is challenged, the burden of proof falls on the party challenging the decision. When an appeal has been requested by the parent:

- The student shall remain in the interim alternative educational setting pending the decision of the hearing officer or until the expiration of time period provided for discipline.
- The hearing will be expedited and shall occur within 20 school days of the date of request and result in determination within 10 school days after the hearing.
MEETING DECISION

Behavior WAS NOT a Manifestation of the Disability

If the IEP Team determines that the behavior which prompted the disciplinary action was not a manifestation of the student's disability, the student may be suspended or expelled in accordance with the procedures in Education Article §7-304, Annotated Code of Maryland. The parent may appeal the determination.

For drugs, weapons, or inflicting serious bodily injury violations, the student may be removed from his/her last approved educational program/placement for up to 45 calendar days over parental objection and pending a parent-initiated appeal even if the violation was a manifestation of the disability.

The IEP Team must provide the IEP Team Meeting Report Manifestation Determination to the parent within five (5) business days following the meeting.

Services to be provided to the student with disabilities in the event of a suspension exceeding ten school days per school year, or expulsion, may not include home teaching services. The team may consider itinerant services, or identification of a more appropriate setting in which to provide services.

Behavior WAS a Manifestation of the Disability

If the IEP Team determines that the behavior which prompted the disciplinary action was a manifestation of the student's disability, the student must return to school as soon as practicable, unless the school and the family agree that a different placement is appropriate.

NOTE: If the student was removed for a drug or weapons violation, or for causing serious bodily injury, the student may be excluded from the last approved educational program/placement for up to 45 school days, regardless of the manifestation decision.
Students with Educational Disabilities:
Procedures for Suspension for More than 10 School Days (Cumulative or Long Term)

Behavioral Incident

Provide “Notice of IEP Team Meeting Manifestation Determination” to parent/guardian

Manifestation Determination Meeting
1. Review Procedural Safeguards, especially discipline issues
2. Complete IEP Team Meeting Report Manifestation Determination

At the IEP Meeting the IEP Team Shall Consider:
1. All relevant information in relation to the behavior that resulted in the disciplinary action
2. Diagnostic results and evaluations
3. Observations
4. Information supplied by the parent
5. The student’s current educational placement
6. The student’s IEP

Questions the Team Must Ask
1. Was the conduct in question caused by or had a direct and substantial relationship to the child’s disability? Yes No
2. Was the conduct in question a direct result of the school’s failure to implement the IEP?

If any questions above are answered “yes” then the behavior is automatically considered a manifestation of the student’s disability.

If all questions above are answered “no”, the behavior is not a manifestation. The IEP team must determine appropriate services to enable the student to progress in the curriculum and on their IEP goals. Services must begin prior to the 11th day of suspension. Transportation services must be considered and documented.

In Response, the IEP Team must:
1. Review the student’s IEP
2. Review, revise or develop the student’s BIP to address the behavior
3. Review the student’s services and placement
4. Implement services as soon as possible.
**NOTE:** Investigators from Safe and Orderly Schools will conduct the investigation after the manifestation determination is made if the behavior was NOT a manifestation of the student’s disability.

**III. 45 DAY REMOVALS**
The information in this section applies only in situations where a weapon* or illegal drugs are found on or brought on to school grounds, to school functions, or school sponsored activities. This includes school-provided transportation (i.e., bus, taxi, etc.), or when the student has inflicted serious bodily injury upon another person while at on school premises, at a school function, or at school sponsored activities. This includes school sponsored transportation.

If a student with a disability, receiving services under an IEP, possesses or brings a weapon or illegal drugs onto school property, to a school function, or school sponsored activity, the building principal may decide to seek removal to an interim alternative education setting (IAES) for up to 45 school days.

The manifestation meeting must occur within 10 days of the decision to remove the student from his/her current educational setting. At the manifestation meeting the team will determine appropriate services to be provided at the IAES. The student may be removed regardless of the manifestation determination.

If the student’s parents or the eligible student appeal the placement change by requesting a due process hearing, the student will remain in the IAES pending the decision of the Administrative Law Judge or until expiration of the up to 45 school day removal, whichever occurs first, unless the parents and the school can agree on another placement. If appeal proceedings continue beyond the 45-day placement limit, and the school believes that it is dangerous for the student to return to the school (i.e., the student’s placement prior to the removal), the building principal will contact the Manager of Compliance and Legal Issues to discuss obtaining injunctive relief from a court or a hearing officer.

*Weapon: device, instrument, material or substance, animate or inanimate, that is used for, or is readily capable of, causing death or serious bodily injury except that such term does not include a pocket knife with a blade of less than 2 1/2 inches in length.

*Serious Bodily Injury: bodily injury which involves:
   A. a substantial risk of death;
   B. extreme physical pain;
   C. protracted and obvious disfigurement; or
   D. protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

**IV. INJUNCTIONS**

**A. 10-Day Injunctions through District Court**
If the school documentation indicates that maintaining a student in his/her current placement would probably result in injury to the student or to others, the school system may request an injunction through the Compliance Office. The purpose of an injunction is not punishment but an attempt to maintain a safe learning environment.
B. 45-Day Interim Alternative Placement by an Administrative Law Judge (ALJ)
In the event that extreme or serious behavior occurs that may result in injury to the child or to others, the building administrator should contact the Manager of Compliance and Legal Issues who may request a hearing for the purpose of considering an interim alternative setting. An Administrative Law Judge may order a change in the placement of a child with a disability to an interim alternative educational setting for not more than 45 days if the ALJ, in an expedited due process hearing:

▪ determines that the building administration has demonstrated by substantial evidence (beyond a preponderance of the evidence) that maintaining the current placement of the child is substantially likely to result in injury to the child or to others;
▪ considers the appropriateness of the child’s current placement;
▪ considers whether the building administrator has made reasonable efforts to minimize the risk of harm in the child’s current placement; including the use of supplementary aides and services; and
▪ determines that the proposed interim alternative educational setting is appropriate.

C. Referral to Law Enforcement
If a student is suspected of committing a crime, the building administrator may report the crime to the appropriate authorities as they would if a like offense were committed by a student without disabilities. Local and state law enforcement officials and judicial authorities may exercise their duties and responsibilities and apply all applicable federal and state laws to crimes, which may have been committed by a student with a disability.

The building administrator reporting the crime should seek written consent from the student’s parents (or from the student if aged 18 or older) to provide copies of the student’s special education and disciplinary records to the law enforcement authorities. These records may include, but are not necessarily limited to, IEPs, assessments, behavior intervention plans, and discipline paperwork. If consent is not provided, the building administrator should contact the Manager of Compliance and Legal Issues to determine whether the records may be provided without consent. Absent prior written consent or authorization from the Manager of Compliance and Legal Issues, the building administrator reporting the crime should not provide copies of records or disclose that the student is receiving special education services.

V. PROTECTIONS FOR CHILDREN NOT YET ELIGIBLE FOR SERVICES
A student who has not been determined to be eligible for special education and related services and who has engaged in behavior that violated any rule or code of conduct of AACPS, (including weapons, illegal drugs, controlled substances, or causing serious bodily injury) may assert any of the protections provided if AACPS had knowledge that the student was a student with a suspected disability before the behavior that precipitated the disciplinary action occurred.
A. Having Knowledge by School Personnel of a Suspected Disability
AACPS is deemed to have knowledge that a student is suspected of having a disability if:

1. the parent of the student has expressed concern in writing (or orally if the parent does not know how to write or has a disability that prevents a written statement) to personnel of AACPS that the student is in need of special education and related services;
2. the parent of the student has requested an evaluation of the student; or
3. the student’s teacher or other school personnel have expressed specific concern about a pattern of behavior demonstrated by the student, directly to the director of special education or other supervisory personnel of AACPS.

B. Not Having Knowledge by School Personnel
AACPS would not be deemed to have knowledge that the student is a “student with a suspected disability” if AACPS:

1. conducted an evaluation, determined that the student was not a “student with a disability”, and provided notice to the parents of its determination; or
2. determined that an evaluation was not necessary; and provided notice to the parents of its determination.

AACPS would not be deemed to have knowledge that the student is a “student with a suspected disability” if the parent of the child with a disability:

1. has not allowed an evaluation of the student; or
2. has refused special education services.

If AACPS does not have knowledge that a student is a student with a disability prior to taking disciplinary measures, the student may be subjected to the same disciplinary measures applied to students without disabilities who engaged in comparable behaviors.

C. Request for Evaluation and Assessments
If a request is made for an evaluation of a student during the time period in which the student is subjected to disciplinary measures, the evaluation and assessment(s) must be conducted in an expedited manner. Until the evaluation/assessment(s) are completed, the student attends the educational placement determined by school authorities.

If there is reason to believe that the student may be disabled, then the student shall be immediately referred to the IEP team. Within 10 days of the incident, the IEP team shall initiate an evaluation to determine which areas additional information is needed to determine if the student is a student with a disability. The disciplinary action can be implemented before the IEP team reaches its decision. If the student is kept out of school, the evaluation process shall be completed within 30 days of the IEP meeting.

If, based on AACPS evaluation and information provided by parents, the student is determined eligible for special education, special education and/or related services will be provided and all procedural safeguards regarding discipline will be followed from this point forward.
Discipline Procedures for Students Not Yet Found Eligible for Special Education or 504

Parent Requests Evaluation during Disciplinary Action

No

Determine “Knowledge” or “No Knowledge” of Disability Prior to Incident

Yes

Currently suspect a disability regardless of previous educational decisions or suspicions

To Determine “No Knowledge,” team must ask:

• Has the parent not allowed an evaluation of the child?*
• Has the parent refused to give consent to provide services to a child?
• Has the child been evaluated and is determined ineligible for Part B services?
• After reviewing the record, is there another reason to suspect a disability?

Yes

To Determine “Knowledge,” team must ask:

• Has the parent expressed concern in writing that the child is in need of Special Education related services to supervisory or administrative personnel of the appropriate educational agency or a teacher of the child?*
• Has the parent requested an evaluation of the child before the incident?
• Has the teacher of the child, or other personnel of the LEA, expressed specific concerns about a pattern of behavior demonstrated by the child, directly to the director of special education of the LEA or to other supervisory personnel of the agency?

No

Yes to any question, school establishes Knowledge OR parent asks for assessment after the incident.

No to all questions

Student Found Not Eligible

Team treats student as a non-disabled student for disciplinary matters.

UNLESS: Parent invokes hearing, then student remains in alternative educational setting until decision rendered.

Student Found Eligible

School must provide all disciplinary protections for a disabled child and provide FAPE.
VI. FUNCTIONAL BEHAVIORAL ASSESSMENTS AND BEHAVIORAL INTERVENTION PLANS

A. Functional Behavior Assessment (FBA)
If a student’s behavior results in suspension or demonstrates a pattern of inappropriate behavior, a functional behavior assessment (FBA) must be conducted. If the school did not conduct an FBA and implement a behavioral intervention plan (BIP) for the child before the behavior that resulted in suspension, the school shall convene an IEP meeting to develop a BIP to address that behavior. This meeting will be before or not less than 10 days after the disciplinary action. If the child already has a BIP, the IEP team shall review the plan and modify it as necessary to address the behavior that resulted in suspension.

B. Behavior Intervention Plan (BIP)
The school staff and parents may design a variety of behavioral intervention options based on analysis of problematic behavior. It is the intent of the BIP to outline intervention strategies that address specific behavioral objectives in order to enhance student performance.
Chapter 7
Confidentiality and Educational Records

Section
I. Confidentiality and Record Management
   A. Public Documents
   B. Protection of Personally Identifiable Information
   C. Authorized Personnel for Access of Student Records
   D. Persons who are not required to sign the "Record of Access"
   E. Training in Confidentiality
   F. Annual Notice of FERPA Requirements
   G. FERPA Notice as Part of Special Education
   H. Educational Records
   I. Emails
   J. Test Protocols
   K. Special Education Records

II. Inspection and Review of Education Records
   A. Parent Rights and Timelines
   B. Copies of Records
   C. Amendment of Records
   D. Destruction of Obsolete Information
   E. Release of Records - Without Parent Consent
   F. Release of Records - With Parent Consent
   G. Transfer of Records

I. CONFIDENTIALITY AND RECORD MANAGEMENT
A. Public Documents
   All public documents regarding special education are available to interested parties through a formal written request pursuant to the Freedom of Information Act (FOIA). All FOIA requests may be submitted to the Public Information Officer of the Anne Arundel County Public Schools (AACPS) during regular business hours. Public documents may include:
   - Local Application for Federal Funds (including the comprehensive plan and updates);
   - all policies and procedures governing special education and approved by the Maryland State Department of Education (MSDE); and
   - all program evaluations, correspondence (including electronic), program plans, and reports.

B. Protection of Personally Identifiable Information
   Special education records are maintained for each identified student in a special education folder within the cumulative file, including all documents associated with identification, evaluation, educational placement, and the provision of a free, appropriate public education (FAPE). The
records are kept in a secure location in the building attended by the student. The records are confidential and access to special education records is limited.

C. Authorized Personnel for Access of Student Records
Each building administrator, or designee, in AACPS will develop and maintain a list of employees who may have access to special education student records and will be considered "authorized employees" for this purpose. The "Special Education List of Authorized Personnel" should contain the following:

- central office administrative staff;
- building administrator and assistant principals;
- school psychologist;
- school guidance counselor;
- teacher(s) and related service personnel who work with a particular student;
- pupil personnel worker (PPW);
- director of school health and school nursing staff;
- secretary;
- identified agents of the Maryland State Department of Education (MSDE); and
- identified agents of the federal Office of Education.

D. Persons who are not required to sign the "Record of Access" include: parents, building administrators, special education teachers, and related service personnel who are responsible for delivering services delineated in the IEP and the person responsible for the daily maintenance of the file. All others (see above) who are permitted access to the file are required to sign the "Record of Access".

Upon request, parents should be provided with the specific names of individuals fulfilling the roles, for their child, on the above list, where possible (i.e., it is not possible to identify specific agents of the state or federal Office of Education). Names of all building personnel should be available to parents, upon request.

Any person not included on the "Special Education List of Authorized Personnel" may, in the judgment of the building administrator who is the custodian of the record, demonstrate a legitimate educational need to access the record (i.e., a receiving teacher who requires planning information in advance of becoming "current instructional personnel"). Individuals who are granted access by the building administrator under such conditions must record their inspection and review on the "Record of Access".

E. Training in Confidentiality
See Board of Education Administrative Regulation (Policy 907) JH – Student Records

F. Annual Notice of FERPA Requirements
The AACPS annually develops and disseminates a letter to all parents, eligible students, and interested citizens. A general student records notice is printed in the letter and addresses the Family Education Rights and Privacy Act (FERPA) of 1974.
G. FERPA Notice as Part of Special Education
The Special Education "Procedural Safeguards - Parental Rights" booklet contains a section on confidentiality. Parents are given this booklet when a student is referred to the IEP Team, at annual review meetings, on parent request and during the discipline process. Documentation of provision to parents of the booklet and explanation is indicated on the IEP Team Meeting Report Prior Written Notice.

H. Educational Records
Educational records are all records personally identifiable to a student that are maintained by the school system. These records include special education records, discipline, health, counseling notes, assessment reports, etc. Educational records do not include “personal notes”. Personal notes are notes taken by a staff member that have not been shared verbally or in writing with any other staff member or used as a basis to develop the student’s IEP.

I. Emails
Our operational standard for e-mail retention is currently 30 days. Mailboxes for individual users are backed up to tape media each night. The tape rotation covers a 30-day period. Individual mailboxes can be restored from tape backup for that time period only. A restored mailbox would contain any information in that mailbox (Inbox, Outbox, Sent Items, Deleted Items, etc.) on the date that the tape was created, even if those documents were created or modified outside the 30-day window.

J. Test Protocols:
Protocols are considered part of a student record and are maintained separately from the student’s cumulative folder. Anyone authorized to have access to a student record, may have access to the protocols. Copying of test protocols may be limited by copyright and security concerns by the test publishers, however, parents may have access to testing protocols on request.

K. Special Education Records
The accuracy and completeness of special education records is the responsibility of the case manager of the student in the building where services are being implemented. All records must be dated (month-day-year) and properly filed. Confidentiality in record keeping is critical. An individual’s student record cannot contain personally identifiable information about any other student unless parents of the other students included (e.g., in cases where disciplinary records must include more than one name) have been informed, in writing. Minimally, the special education record must contain:

- a “Record of Access” which must be signed whenever the record is accessed, except as delineated in “Authorized Personnel” above;
- a “Contact Log” which is used to document telephone calls or personal visits regarding the student’s program (i.e., with representatives of private schools, representatives of agencies involved with transition, etc.);
- documentation of parent notification on Meeting Notices for all IEP Team meetings;
- written consent to evaluate or notices of re-evaluation.
II. Inspection and Review of Education Records

A. Parent Rights and Timelines

Parents have the right to inspect and review the education records of their child only upon request to the building administrator in accordance with Board of Education Administrative Regulation (JH-RA). In addition, authorized representatives of the parent must be granted access to inspect and review the student’s education records. The representative must sign the "Record of Access".

Building administrators may assume a representative is authorized if:

- they present a signed note from the parent granting access (maintained in the student's special education file);
- the person accompanies the parent when the parent obtains access; or
- the administrator has been contacted by the parent in advance (the administrator notes the contact on the "Contact Log") and the representative presents proper identification prior to gaining access.

Any request for access must be honored without unnecessary delay and before any meeting or hearing related to the identification, evaluation, or educational placement of the student with disabilities, or the provision of a free, appropriate public education (FAPE) to the student with disabilities. All requests must be honored within 30-45 days after the request has been made (see Board of Education Administrative Regulation (JH-RA)).

The parent may obtain a list of the types and locations of education records collected, maintained or used by the agency upon request to the building administrator. In addition, the parent is entitled to a response to any reasonable request for explanation and interpretation of the records. Such requests should be made to the building administrator. A request for a list of records or an explanation should be recorded on the "Contact Log" and a copy of the response maintained in the student's file.

Additionally, parents or authorized agents of parents MUST be accompanied and in the presence of a school representative when inspecting or reviewing educational records.

B. Copies of Records

The building administrator must provide a copy of a student's education record to the parents or eligible student, upon request, if failure to provide the copy would effectively prevent the parent or eligible student from exercising the right to inspect and review the records. Contact the Public Information Office for the per page copy charge. The per page fee should be waived if charging the fee prevents the parent from exercising the right to inspect or review the student record.

Test protocols are NOT subject to copying requests. Parents or their agents may review and inspect protocols but may not receive copies of the protocols due to copyright laws and test security.
C. Amendment of Records
A parent or eligible student may request that an education record be amended if he/she believes that information in the education records collected, maintained, or used by the AACPS for the identification, evaluation, or educational placement or provision of a free, appropriate public education (FAPE) to a student with disabilities is inaccurate, misleading or violates the privacy or other rights of the student.

If the school system refuses to amend the records, the parent/guardian or adult student can request an administrative hearing through the Superintendent’s Office.

D. Destruction of Obsolete Information
Individual student records not required or specifically regulated by other State or local regulations shall be destroyed when they no longer serve legitimate education purposes, subject to the following exceptions:

1. The Local Education Agency (LEA) or educational institution may not destroy any student record if there is an outstanding request to inspect and review them under FERPA/ COMAR 13A.08.02.13;
2. Explanations placed in the education record under COMAR 13A.08.02.15 shall be maintained as provided in FERPA/COMAR 13A.08.02.15D; and
3. The record of disclosure required under FERPA/COMAR 13A.08.02.20 shall be maintained for as long as the education record to which it pertains is maintained.

Records Retention Schedule for Records Prescribed by the Maryland State Department of Education for Students with Disabilities

<table>
<thead>
<tr>
<th>Record Title or Description</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) (Including progress reports)</td>
<td>6 Years</td>
</tr>
<tr>
<td>Special Service Information Systems (SSIS) Form</td>
<td>6 Years</td>
</tr>
<tr>
<td>Assessment Reports</td>
<td>6 Years</td>
</tr>
<tr>
<td>IEP/IFSP Team Meeting Summary Sheets and Notes</td>
<td>6 Years</td>
</tr>
<tr>
<td>Medical Assistance Records</td>
<td>6 Years</td>
</tr>
</tbody>
</table>

E. Release of Records - Without Parent Consent
The building administrator, or other custodian of records (i.e., the pupil personnel worker), may release education records without the written consent of parents or eligible students to other public schools. Refer to Board of Education Administrative Regulation (JH-RA) for specifics.
F. Release of Records - With Parent Consent
Written consent is obtained from the parents or eligible student before personally identifiable information is released as delineated in Board of Education Administrative Regulation (JH-RA).

If a parent or eligible student refuses to provide consent and the student is determined to be in need of supervision or assistance, or is delinquent, the building administrator or designee will contact the Director of Student Services. In conjunction with the school's attorney, a decision will be made regarding the need to pursue procedures in Maryland Juvenile Court. If the decision is to pursue these procedures, the attorney will file a petition with the courts, as soon as possible, requesting a court order to release/obtain the records. All documentation of such action will be maintained in the student's cumulative file.

G. Transfer of Records
When a student transfers within the AACPS from:
- preschool to an elementary school;
- one elementary school to another;
- an elementary school to a middle school;
- a middle school to a high school; or
- to or from a separate special school,

it is the responsibility of the building administrator, who is the custodian of the record, to ensure that all parts of the record are complete prior to the transfer of records. For students with disabilities, this includes the student record cards along with all special education records.

When a student transfers to another school system within Maryland or out-of-state, records will be transferred in accordance with Board of Education Administrative Regulation (JH-RA).

When notified that a student is transferring to another jurisdiction, AACPS has two days to transfer the student record. Similarly, for incoming students, AACPS staff should contact the sending school immediately to request records. All requests for records should be documented and filed in the student’s cumulative folder. In the event that complete student records are not received within 5 business days, a follow-up request must be made and documented.

Parental consent is not required when transferring records between public schools. Parental consent is required when transferring records between public and private schools.
Chapter 8
The Grievance Process

Section
I. Facilitated IEP Meetings
   I. Mediations
   II. Hearings
   III. Resolution Meetings
   IV. MSDE Complaints/Investigations
   V. Office of Civil Rights (OCR) Complaints

I. FACILITATED IEP MEETINGS
The goal of the facilitated IEP meeting is to help IEP team members communicate effectively and work towards developing an educational program to meet the student’s need. Facilitated meetings may be helpful for any IEP team, and may be particularly helpful when:
   ▪ there is a lot of new information to be processed;
   ▪ team members would like to create better understanding;
   ▪ team members want help staying focused on an agenda; or
   ▪ there is a particular disagreement that the team wants to make progress on.

The benefits of facilitated IEP meetings include:
   ▪ assistance in the development of a mutually agreed-upon IEP and other team decisions;
   ▪ the chance for team members to develop and keep good working relationships;
   ▪ building the foundation for on-going communication and collaboration between the family and the school throughout the year;
   ▪ the service is offered at no cost as a service of the local community mediation center; and
   ▪ having someone who is not an advocate for the parent or school system assist in the communication.

An independent IEP Facilitator:
   ▪ Talks to the parents and the IEP Chair in advance to support the development of an agenda.
   ▪ Ensures that all IEP team members have a chance to speak and be heard at an IEP meeting.
   ▪ Keeps the discussion focused.
   ▪ Focuses on the process, while the team members make all the decisions.
   ▪ Helps the team to resolve disagreements.
   ▪ Uses communication skills to help IEP team members work together to develop an appropriate IEP and make other decisions about the IEP student’s program.

The independent Facilitators are:
   ▪ highly trained volunteers from the Anne Arundel Conflict Resolution Center;
   ▪ neutral participants who are not members of the team and do not have a relationship with the school or the parent; and
• professionals who remain neutral and will not place blame, take sides, or recommend actions.

Who May Request IEP Meeting Facilitation?
• Parents, including guardians and surrogate parents of a child with a disability (or a child suspected of having a disability)
• An adult student with a disability
• A school representative (with parental consent)

II. MEDIATIONS
Mediation is a voluntary process that can be used to resolve disagreements between parent(s)/guardian(s) of a child with or suspected of having a disability. Mediations are requested by completing a Request for Mediation and Due Process Complaint form found on the AACPS website. A mediator, an employee of the Maryland Office of Administrative Hearings (OAH) who is trained in mediation skills and techniques, conducts the mediations. Mediations may be requested by the LEA, parent(s), advocate(s) and/or attorney(s). Mediation requests may be individually requested or accompanied by a request for a due process hearing. The Manager of Compliance/Legal Issues will invite school staff members to the mediation who can assist in resolving the case. A request for specific documents and records may be identified by the Compliance Office for production to be sent prior to the mediation.

NOTE: For additional information regarding Mediations, see the Maryland State Department of Education (MSDE) publication “A Parent’s Guide to Frequently Asked Questions About Special Education Mediation” and the Anne Arundel County Public Schools Division of Special Education Procedural Safeguards Parent Rights Notice.

III. HEARINGS
“A due process complaint is a formal complaint regarding the identification, evaluation, educational placement, or the provision of a free appropriate public education for a student with a disability or suspected of having a disability, which may result in a due process hearing.” The parent(s)/guardian(s) or an LEA may file for a due process hearing. A Due Process hearing is requested by completing a Request for Mediation and Due Process Complaint form.

NOTE: For additional information regarding Due Process Complaints and Hearings, see the Maryland State Department of Education (MSDE) publication “A Parent’s Guide to Frequently Asked Questions About Special Education Due Process Complaints” and the Anne Arundel County Public Schools Division of Special Education Procedural Safeguards Parent Rights Notice.

A parent may request mediation or hearing within 2 years of when the issue was known or should have been known. Exceptions to this time limit exist and will be made known if applicable by OAH and/or Anne Arundel County Public Schools Compliance Office.

IV. RESOLUTION MEETINGS
A resolution meeting is required when a parent/guardian files for due process. A resolution meeting is an opportunity for the LEA and the parent/guardian to resolve a disagreement prior to the initiation of a due process hearing by discussing the issues related to the complaint and identify possible solutions. A resolution meeting does not involve a mediator and in almost all cases, is scheduled at the Board of
Education with staff from the Compliance and Legal Issues Office who will facilitate the resolution meeting. Staff from the Compliance and Legal Issues Office will invite school staff members to the resolution meeting who can assist in resolving the complaint. An attorney may be invited to represent Anne Arundel County Public Schools by the Manager of Compliance and Legal Issues only if the opposing party brings an attorney with them to the resolution meeting. Whenever a due process hearing is filed by the parent, a resolution meeting must be scheduled by the Compliance Office within 15 days of written receipt of receiving the due process hearing request unless:

- Both parties agree to waive the resolution meeting and go directly to a hearing. Anne Arundel County Public Schools will refuse to a waiver unless mediation has already occurred.
- The parties have attempted to resolve the issue through mediation.

V. MSDE COMPLAINTS/INVESTIGATIONS
A State Complaint is a written letter filed by anyone outside the Maryland State Department of Education (MSDE) on behalf of a student or group of students that alleges that the local education agency (LEA) violated IDEA 2004 statute and/or accompanying state and federal regulations. MSDE will investigate the complaint and determine whether or not the LEA violated any of the special education procedures. If violations are determined, MSDE may require the LEA to take actions such as:

- “student specific corrective action;
- school-wide corrective action; and
- system-wide corrective action.”

If an MSDE investigation is scheduled, members from the Compliance Office will come to your site to support your staff through the investigation.

Once a determination is made in writing by MSDE as a result of the investigation, a copy of that report will be made available to the involved parties. If any corrective actions are required, the Compliance Office will schedule a meeting with the involved school/s and staff to outline steps to fulfill the corrective action/s.

NOTE: For additional information regarding MSDE Complaints/Investigations, see the Maryland State Department of Education (MSDE) publication “A Parent’s Guide to Frequently Asked Questions about Special Education State Complaints”.

VI. OFFICE OF CIVIL RIGHTS (OCR) COMPLAINTS
An Office of Civil Rights Complaint is a written letter filed by an individual on behalf of a student or group of students alleging that the local education agency (LEA) discriminated against the student or students based on their disability. OCR will investigate the complaint and determine whether or not the LEA did in fact discriminate against the student. If violations are determined, OCR may require the LEA make corrective actions.
Chapter 9
Seclusion, Exclusion, Restraint

Section
I. Seclusion, Exclusion, and Restraint
   A. Seclusion
   B. Exclusion
   C. Restraint

I. SECLUSION, EXCLUSION, RESTRAINT
   A. Seclusion
   Seclusion is the confinement of a student alone in a room from which the student is physically
   prevented from leaving. Seclusion may not exceed 30 minutes, may not be used to restrict the
   student’s ability to communicate distress, and must be appropriate to the student’s developmental
   level and severity of the behavior. **The use of seclusion is prohibited in Anne Arundel County Public
   Schools (AACPS).** If a student becomes a danger to himself or others, a teacher may remove the
   other students from the class, but a staff member must remain in the room with the disruptive
   student. The use of seclusion may be used for AACPS students placed in MSDE approved, nonpublic
   settings when documented in the student’s IEP.

   B. Exclusion
   Exclusion is the removal of a student by school personnel to a supervised area for a limited period
   of time during which the student has an opportunity to regain self-control and is **not receiving**
   instruction including special education, related services, or support. The utilization of exclusion may
   be upon student request or if supported by the student’s behavior intervention plan. Putting a
   student anywhere where they cannot be observed by a staff member is not allowed, including
   placing a student in the hallway for a time out or placing a student in an empty room. School
   personnel must ensure that the exclusion is appropriate to the developmental level of the student
   and the severity of the behavior. **Exclusion may not exceed 30 minutes.**

   Provision of an intervention such as: support, related services (counseling, crisis intervention,
   proximity control, deep pressure, etc.), or special education to a student when they are in “time-
   out”, is not considered exclusion.

   Exclusion is permitted only if the student’s behavior:
   - Interferes with student’s learning or learning of others
   - Is an emergency and is necessary to protect a student or other person from harm

   Staff must consider the use of Positive Behavioral Interventions when a student exhibits a behavior
   that does not meet the above criteria such as coming to class unprepared or lateness to class.
Exclusion Setting
  ❑ School personnel must be able to see the student at all times
  ❑ Must provide adequate lighting, ventilation, and furnishings
  ❑ Be unlocked and free of barriers

Exclusion Provisions:
  ❑ Provide explanation of the behavior that resulted in removal
  ❑ Explain the behaviors required to return to the learning environment

When the teacher is excluding a student, they must do the above at a developmentally appropriate level of the child.

School personnel and parents may request a meeting regarding exclusion to:
  ❑ Address the use of exclusion
  ❑ Conduct a Functional Behavioral Assessment
  ❑ Develop, review or revise a student’s Behavioral Intervention Plan

Excessive Exclusions
  ❑ If a child has experienced an excessive period of exclusion school personnel are required to schedule an IEP meeting to review the IEP and appropriateness of the services.
  ❑ If a non-disabled student has experienced excessive exclusion, school personnel must initiate a referral to the appropriate problem-solving team.

**NOTE**: Both the COMAR regulations and AACPS policy require the use of positive interventions, including verbal and non-verbal techniques, prior to the use of physical interventions.

**C. Restraint**

1. **Physical Restraint** is the use of physical force, without the use of any device or material, that restricts the free movement of all or a portion of a student’s body. Restraint should end as soon as the student is deemed calm. The restraint is **NOT** to exceed 30 minutes in duration. Only restraints approved by the Crisis Prevention Institute (CPI) may be utilized in AACPS and only staff trained in CPI may participate in a restraint on a student.

Physical restraint does **NOT** include:
  ❑ Briefly holding a student to calm or comfort the student;
  ❑ Holding a student’s hand or arm to escort the student safely from one area to another;
  ❑ Moving a disruptive student who is unwilling to leave the area if other methods such as counseling have been unsuccessful; or
  ❑ Intervening in a fight

The use of physical restraint is prohibited in public agencies and nonpublic schools, unless:
  ❑ There is an emergency situation and physical restraint is necessary to protect a student or others from harm;
  ❑ The student’s BIP or IEP describes the behaviors in which physical restraint may be used; or
☐ The parents of a non-disabled student have provided written consent to use physical restraints while a BIP is being developed. Documentation of restraints must be maintained in the student’s cumulative record and be available for inspection by the student’s parents. Parents must be notified in writing within 24 hours of the incident involving restraint. When restraint is used for a student with a disability, and the student’s IEP or BIP does NOT include the use of restraint, the IEP team must meet within 10 business days of the incident to consider the need for an FBA, a BIP, or a review of the BIP.

2. Mechanical Restraint includes any device or material attached or adjacent to a student’s body that restricts freedom of movement or normal access to any portion of the student’s body and that the student cannot easily remove. Mechanical restraint does not include a protective or stabilizing device.

Anne Arundel County Public Schools prohibits the use of mechanical restraints except as stabilizing or protective devices or to prevent self-injurious behavior.
## Abbreviations/Definitions

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<tr>
<td>AACPS</td>
<td>Anne Arundel County Public Schools</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<td>ADD</td>
<td>Attention Deficit Disorder</td>
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<td>ADHD</td>
<td>Attention Deficit/Hyperactivity Disorder</td>
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<td>ARC</td>
<td>Association for Retarded Citizens</td>
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<td>CA</td>
<td>Communication Assistant</td>
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<td>CDM</td>
<td>Collaborative Decision Making</td>
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<td>COMAR</td>
<td>Code of Maryland Regulations</td>
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<td>DDA</td>
<td>Developmental Disabilities Association</td>
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<td>DHMH</td>
<td>Department of Health and Mental Hygiene</td>
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<td>DORS</td>
<td>Division of Rehabilitative Services</td>
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<td>ECI</td>
<td>Early Childhood Identification</td>
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<td>ESY</td>
<td>Extended School Year</td>
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<td>FAPE</td>
<td>Free, Appropriate Public Education</td>
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<td>FERPA</td>
<td>Family Education Rights and Privacy Act</td>
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<td>HI</td>
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<td>IA</td>
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<td>Individuals with Disabilities Education Act</td>
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<td>IEP</td>
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<td>IFSP</td>
<td>Individualized Family Service Plan</td>
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<td>ITP</td>
<td>Infants and Toddlers Program</td>
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<td>LRE</td>
<td>Least Restrictive Environment</td>
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<td>MCIE</td>
<td>Maryland Coalition for Inclusive Education</td>
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<td>MDLC</td>
<td>Maryland Disability Law Center</td>
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<tr>
<td>MSB</td>
<td>Maryland School for the Blind <em>(Baltimore, MD)</em></td>
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<td>MSD</td>
<td>Maryland School for the Deaf <em>(Columbia or Frederick, MD)</em></td>
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<td>MSDE</td>
<td>Maryland State Department of Education</td>
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<td>NICHCY</td>
<td>National Information Center for Handicapped Children/Youth</td>
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<td>NHIF</td>
<td>National Head Injury Foundation</td>
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<tr>
<td>OCR</td>
<td>Office of Civil Rights</td>
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<td>OHI</td>
<td>Other Health Impairment</td>
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<td>OI</td>
<td>Orthopedic Impairment</td>
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<td>O&amp;M</td>
<td>Orientation and Mobility</td>
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<td>Occupational Therapy</td>
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<td>PT</td>
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<td>RtI</td>
<td>Response to Intervention</td>
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<td>Section 504</td>
<td>of the Rehabilitation Act of 1973</td>
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<td>SLD</td>
<td>Specific Learning Disability</td>
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<td>TA</td>
<td>Teaching Assistant</td>
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<td>TBI</td>
<td>Traumatic Brain Injury</td>
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<tr>
<td>VI</td>
<td>Visually Impaired</td>
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DEFINITIONS FOR COMMONLY USED TERMS

Accommodation – A practice or procedure that provides a student with a disability equitable access during instruction and to assessments in the areas of: presentation response; setting; and scheduling. Accommodations do not reduce learning expectations.

Adaptation – A change in something to meet a specific need (i.e., pencil grip, utensil holder, extra supports in a chair, accepting verbal rather than written response, etc.)

Adaptive Behavior – The effectiveness and degree to which an individual meets age-related standards of self-sufficiency and social responsibility for his/her cultural group.

Age of Majority – IDEA requires that at least one year prior to reaching the age of majority in accordance with State law, the parents and student are to be informed of his or her rights under IDEA, which will transfer to him/her, if any. Rights under IDEA do not transfer to students with disabilities under Maryland State law. In certain limited circumstances, all rights accorded to the parents under IDEA shall transfer to a student with a disability. This transfer occurs when the student reaches the age of 18 years, if the student has not been adjudged incompetent under State law and there is documentation that:

- The parents are unavailable or unknown, and the student requests that the parental rights be transferred to the student rather than have a parent surrogate appointed;
- The parents have not participated in the special education decision making process for the student after repeated attempts by the public agency to involve the parents over the previous year;
- The parents have affirmatively rejected participation in the special education decision making process;
- The parents cannot participate in the special education decision making process due to prolonged hospitalization, institutionalization, or serious illness or infirmity of one or both of the parents and the parents have consented to the transfer of rights to the student;
- The parents cannot participate in the special education decision making process due to extraordinary circumstances beyond their control, and the parents have consented to the transfer of rights to the student; or
- The student is living outside of the parents' home and is not in the care or custody of another public agency.

If the parents of a student with a disability, with whom the student resides, do not consent to the transfer of rights to the student at the age of 18, and the student has not been adjudged incompetent under State law, either party may file for due process to determine whether the rights should be transferred.

Alternate Assessment Based on Alternate Academic Achievement Standards (AA-AAS) – Students with the most significant cognitive disabilities participate in the AA-AAS if through the IEP process it has been determined they cannot participate in the MSA even with accommodations (see participation guidelines below). The AA-AAS assesses and reports student attainment of individually selected indicators and objectives from the reading, mathematics, and science content standards. Students participate in THE AA-AAS in grades 3 through 8, and grade 10. The AA-AAS results are reported in three proficiency levels (Basic, Proficient, and Advanced) as part of the State Accountability program. Results from the AA-AAS are aggregated with those from the PARCC for accountability purposes, but the number of AA-AAS students reported as “proficient” or above will be capped at 1% of the total number of assessed students at each
grade and content. Refer to the “Maryland Accommodation Manual,” 2012 for additional information regarding the guidelines for AA-AAS.

Each student’s IEP team makes the decision as to which assessment is appropriate for an individual student. A student with a significant cognitive disability will participate in AA-AAS if he or she meets each of the following criteria:

▪ The student is learning (at emerging, readiness, or functional literacy levels) extended Maryland reading and extended Maryland mathematics content standards objectives.

AND

▪ The student requires explicit and ongoing instruction in functional skills.

AND

▪ The student requires extensive and substantial modification (e.g., reduced complexity of objectives and learning materials, and more time to learn) of the general education curriculum. The curriculum differs significantly from that of their non-disabled peers. They learn different objectives, may use different materials, and may participate in different learning activities.

AND

▪ The student requires intensive instruction and may require extensive supports, including physical prompts, to learn, apply, and transfer or generalize knowledge and skills to multiple settings.

AND

▪ The student requires extensive support to perform and participate meaningfully and productively in daily activities in school, home, community, and work environments.

AND

▪ The student cannot participate in the MSA even with accommodations.

Students not meeting the criteria above will participate in MSA, with or without accommodations, as appropriate, based on their IEP.

[Maryland Accommodations Manual, July 2012; COMAR 13A.03.02; State Performance Plan Indicator 3]

Assessing Comprehension and Communication in English State-to-State for English Language Learners (ACCESS for ELLs and Alternate ACCESS for ELLs) – ACCESS for ELLs® is an English language proficiency test; as such, it is a tool used to assess the construct of ELs’ receptive and productive skills in English. Because it focuses on language rather than content area knowledge and skills, some accommodations that might be appropriate for the classroom or content area tests should not be used with ACCESS for ELLs® or Alternate ACCESS for ELLs® as they will invalidate the construct. In other words, students would be taking a test that is no longer measuring just their English language proficiency, making any interpretation or inferences from the scores invalid. Refer to Maryland Accommodations Manual Appendix P: MD State Assessment and ACCESS for ELLs® Accommodations Crosswalk for additional information.

[Maryland Accommodations Manual, July 2012]

Assessment – The process of collecting data for an evaluation to be used by an Individualized Education Program (IEP) team to determine a student’s need for special education and related services.

[COMAR 13A.05.01.03B(2)]

Assistive Technology Device – Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve
functional capabilities of a student with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.
[20 U.S.C. §1401(1); 34 C.F.R. §300.5; COMAR 13A.05.01.03B(4)(a)]

**Assistive Technology Service**—Any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device.

Such term includes:

▪ The evaluation of the needs of such student, including a functional evaluation of the student in the student’s customary environment;
▪ Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by such student;
▪ Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
▪ Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
▪ Training or technical assistance for such student, or, where appropriate, the family of such student; and
▪ Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of such student.
[20 U.S.C. §1401 (2); 34 C.F.R. §300.6 COMAR; 13A.05.01.03B(5)(b)]

**Audiology**—Identification of students with hearing loss;

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

Auditory Training Systems—Amplification devices used to improve listening and comprehension skills; can include hardwire systems, induction-loop systems and FM (frequency modulation) systems. The most-used is the FM system, which makes maximum use of the student's residual hearing through improved signal-to-noise ratio, better sound quality (less distortion) and flexibility in using extended inputs.

**Behavior Intervention Plan (BIP)**—A proactive plan designed to address problem behaviors exhibited by a student in the educational setting through the use of positive behavioral interventions, strategies, and supports.
[COMAR 13A.08.04.02B(1)]

**Bridge Validation Program (Bridge Plan)**—The Bridge Plan for Academic Validation is for students failing to meet the passing score on any one HSA at least twice. Eligible students would also have to meet additional
local and state criteria—such as minimum GPA, satisfactory attendance, passing grades in all HSA subjects, and participation in academic remediation. Students meeting the eligibility criteria would be permitted to complete an Academic Validation project that demonstrates the content and skills of each HSA they failed to pass. To be eligible for the Bridge Plan, students must have failed an HSA at least twice, passed the HSA-related course, and completed an assistance program offered by their school or school system—for example, tutoring or after-school instruction. Students must also have an acceptable attendance record and be making satisfactory progress toward graduation. Local school systems will determine when a student may begin work on the Bridge Plan. A local review panel, established by your school district, will evaluate the Academic Validation Project(s) at the end of the assigned work period, and your local superintendent will give final approval. For additional information, see: http://mdk12.org/share/pdf/Bridge_Final.pdf

[COMAR 13A.03.02.09B(d)(2)]

Communicate – Convey information verbally or nonverbally. “Communicate” includes, but is not limited to: speech, gestures, symbols, and American Sign Language.

Consent –
- The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication; Maryland State Department of Education (MSDE) Process Guide w/ AACPS comments March 9, 2007
- The parent understands and agrees, in writing, to the carrying out of the activity for which her or his consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom; and
- The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. [34 CFR §§300.9, and 300.300]

COMAR – Code of Maryland Regulations. Title 13 of COMAR includes all regulations adopted by the State Board of Education for the provision of public education to students in the State of Maryland. Within Title 13A, the following chapters are specifically applicable to students with disabilities:
- COMAR 13A.05.01 Provision of a Free Appropriate Public Education
- COMAR 13A.05.02 Administration of Services for Students with Disabilities
- COMAR 13A.08.03 Discipline of Students with Disabilities
- COMAR 13A.08.04 Student Behavioral Interventions

Consultation Services – Services provided to a teacher, parent, or other service provider, regarding a specific student, designed to support and enhance the implementation of student’s IEP documented on the Supplementary Aids page of the IEP.

Crisis Intervention – An intervention which is implemented during a crisis event. The term "crisis" is defined as an unanticipated event in which the safety of a student or others is in immediate jeopardy.
**Critical Life Skill** – Any skill considered by an IEP team to be critical to the student’s overall educational progress. Critical life skills* are skills students require across environments to 1.) Increase independence from caretakers, e.g., toileting, feeding, dressing, personal hygiene, mobility; 2.) Increase independence in school or community, e.g., basic communication, social interaction, reading; 3.) Decrease or eliminate behaviors that interfere with functioning in the school or community, e.g., aggression, self-injury and impulsivity.

Critical life skill areas include Muscular Control & Physical Mobility, Self-Care/Self-Help, Impulse Control, Basic Communication, Social Interaction, and Basic Cognition.

**Discussion to Support Decision(s) (optional)** – A text field available to an IEP team to provide additional information relative to an area within the student’s IEP where decisions are made. If an IEP team intends to use the student’s IEP to satisfy the requirements for prior written notice (PWN), this text field provides space for that purpose. Please refer to the definition of prior written notice (PWN) below.

[20 U.S.C. §1415; 34 C.F.R. §300.503; COMAR 13A.05.01.12]

**Document Basis for Decision(s) (required)** – A required text field for an IEP team to provide additional information to document the basis of the IEP team’s decision. If addressed properly, documentation will meet requirements of prior written notice (PWN). PWN includes:

- A description of the action proposed or refused;
- An explanation of why the public agency proposes or refuses to take the action;
- A description of the options the public agency considered and the reason the options were rejected;
- A description of each assessment procedure, test, record, or report the public agency uses as a basis for the proposal or refusal; and
- A description of any other factors relevant to the proposed or refused action;
- A list of sources a parent may contact to obtain assistance in understanding the provisions of this chapter; and
- Maryland State Department of Education (MSDE) Process Guide w/AACPS comments March 9, 2007
- If an action proposed by a public agency also requires parental consent, a public agency may provide notice at the same time it requests consent.

[20 U.S.C. §1415; 34 C.F.R. §300.503; COMAR 13A.05.01.12]

**Early Childhood Transition** – Children referred by the Local Infants and Toddlers Program (LITP) prior to age 3, who are found eligible for IDEA Part B preschool services, have an IEP developed and implemented on or before their third birthday.

[20 U.S.C. §1412(a)(9); 34 C.F.R. §300.124; COMAR 13A.05.01.08A(2); 13A.13.01.09;]

To ensure a smooth transition for toddlers receiving early intervention services under IDEA Part C to preschool or other appropriate services, the LITP shall notify the local school system of the jurisdiction in which the student resides that the student will shortly reach the age of eligibility for preschool services under IDEA Part B. In the case of the student who may be eligible for IDEA Part B preschool services, with the approval of the family of the student, convene a Transition Planning Meeting among the LITP, the family, and the local school system at least 90 days and at the discretion of all parties, not more than 9 months before the student is eligible for the preschool services, to discuss any services that the student may receive.
In the case of a student who may not be eligible for preschool services, with the approval of the family, make reasonable efforts to convene a Transition Planning Meeting among the LITP, the family, and providers of other appropriate services for children who are not eligible for preschool services under IDEA Part B, to discuss the appropriate services that the student may receive.

[20 U.S.C. §1416(a)(3)(B); 34 C.F.R. §§300.101(b); 300.124; 300.323; 34 C.F.R. §303.209; COMAR 13A.05.01.08A(2); COMAR 13A.13.01.09]

**Evaluation** – The review of information from parents; existing data; and results of assessment procedures at a meeting of the IEP team and other qualified professionals, as appropriate, to determine whether a student has a disability, and the nature and extent of the special education and related services that the student needs.

[20 U.S.C. §1414(a); 34 C.F.R. §§300.301-300.311; COMAR 13A.05.01.06C(1)]

**Extended Individualized Family Service Plan (IFSP) Option** – Prior to a child’s third birthday, if a child with a current IFSP is determined eligible for special education and related services, the child’s family may choose to continue to receive early intervention services with an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy through an IFSP until the beginning of the school year following the child’s fourth birthday.

[20 U.S.C. §1435(c); 1437(a)(11); 34 C.F. R. §303.211; Education Article §8-416; COMAR 13A.13.01.09C]

**Extended School Year Services (ESY)** – the individualized extension of specific special education and related services provided to a student with a disability beyond the normal school year of the public agency, in accordance with the IEP, at no cost to the parents of the student; and which meet the standards of the Maryland State Department of Education. A student’s need for ESY services is made annually on an individual student basis by the student’s IEP team.

[34 C.F.R. 300.106; COMAR 13A.05.01.03B(26)]

**Fine Motor Skills** – Ability to use hands and fingers (or small muscles) in activity.

**Free Appropriate Public Education (FAPE)** – Special education and related services that are provided at public expense, under public supervision and direction, and without charge; meet state and federal requirements; include preschool, elementary school, or secondary school education; and are provided according to an IEP.

[20 U.S.C. §1412(a)(1)(A); 34 C.F.R. §300.101-113; COMAR 13A.05.01.03B(27)]

**Functional Behavioral Assessment (FBA)** – The systematic process of gathering information to guide the development of an effective and efficient behavior intervention plan for the student’s identified problem behavior. An FBA includes the identification of the functions of the problem behavior for the student; a description of the problem behavior exhibited in the educational setting; and identification of environmental and other factors and settings that contribute to or predict the occurrence, nonoccurrence, and maintenance of the behavior over time.

[COMAR 13A.08.04.02B (5)]

**Gross Motor Skills** – Ability to use large muscles in activity.
**Habilitative Services** – Habilitative services are therapeutic services that are provided to children with genetic conditions or conditions present from birth to enhance the child’s ability to function. Habilitative services are similar to rehabilitative services that are provided to adults or children who acquire a condition later on. The difference is that rehabilitative services are geared toward reacquiring a skill that has been lost or impaired, while habilitative services are provided to help acquire a skill in the first place, such as walking or talking. Habilitative services include but are not limited to physical therapy, occupational therapy and speech therapy for the treatment of a child with a congenital or genetic birth defect. [Maryland Insurance Administration (MIA) Parents’ Guide to Habilitative Services, 2013]

**High School Assessment** – The Maryland High School Assessments (HSA) are a series of end-of-course tests that extend the expectations of the Maryland School Assessments into high school and currently consists of four core examinations: English, algebra/data analysis, government, and biology. All students taking a core learning goals course in one of these subject areas must take the relevant High School Assessment. [See State graduation requirements in COMAR 13A.03.02; Maryland Accommodations Manual, July 2012;]

**Independent Educational Evaluation** – Assessment procedures conducted by a qualified examiner who is not employed by the public agency responsible for the education of the student in question.

**Indirect Service** – A service provided for or on behalf of the student to ensure implementation of the individualized educational program (IEP) in the least restrictive environment (LRE).

**Individualized Education Program (IEP)** – A written description of the special education and related services for a student with a disability that is developed, reviewed, and revised by the student’s IEP team. [20 U.S.C. §1414(d); 34 C.F.R. §§300.320 - 300.328; COMAR 13A.05.01.03B(34)]

**Individualized Family Service Plan (IFSP)** – a written plan for providing early intervention and other services to an eligible student and the student's family, which shall be consistent with 34 CFR §303.344 and:
- Be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;
- Be based on the multidisciplinary evaluation and assessment of the student, and the assessment of the student’s family; and
- Include services necessary to enhance the development of the student and the capacity of the family to meet the special needs of the student.
  [34 C.F.R. §300.24; 34 C.F.R. §303.211; COMAR 13A.13.01.06 – .08]

**IEP Team** – The group of individuals responsible for identifying and evaluating students with disabilities; developing, reviewing, or revising an IEP for a student with a disability; and determining the placement of a student with a disability in the least restrictive environment (LRE). The team may also include, at the discretion of the parent or the local school system, other individuals who have knowledge or special expertise about the student. [20 U.S.C. §1414(d) (1) (B) – (d)(1)(D); 34 C.F.R. §§300.321; COMAR 13A.05.01.03B(35)]

**Identification** – The decision that a student is eligible for special education and related services as a student with a disability in accordance with the Individuals with Disabilities Education Act (IDEA).
**Least Restrictive Environment (LRE)** – An educational environment which meets the needs of a student requiring special education and related services as set forth in the student’s IEP and which, to the maximum extent appropriate to the student’s needs, ensures that the student will be educated with nondisabled peers. To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a student is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

[20 U.S.C. §1412(a)(5); 34 C.F.R. §§300.114 - 300.120; COMAR 13A.05.01.10]

**Limited English Proficient** – An individual who does not speak English as his or her native language and who has a limited ability to read, speak, write, or understand English.

[20 U.S.C. §1401(18); 34 C.F.R. §300.27; COMAR 13A.05.01.03B(37)]

**Maryland School Assessment (MSA)** – The Maryland School Assessment Program (MSA) measures higher order thinking processes. The MSA in Science is for students enrolled in grades 5 and 8. The MSA in Science is administered in April of each year.

[See Maryland Accommodations Manual, July 2012; State Performance Plan Indicator 3]

**Maryland State Department of Education (MSDE)** – The State education agency responsible for administration and supervision of local education agencies to ensure the provision of a free appropriate public education is made available to all students with disabilities.

[34 C.F.R. §300; Education Articles §§8-401 – 8-415, Annotated Code of Maryland; COMAR 13A.05.01; COMAR 13A.05.02; COMAR 13A.08.03; COMAR 13A.08.04]

**Medical Assistance Service Coordination** – Case management services which assist students with disabilities receiving medical assistance to gain access to the services recommended in the student’s IEP. The Medical Assistance Service Coordinator is an individual who meets the requirements specified in COMAR 10.09.52.03C and provides the services specified in COMAR 10.09.52.04. A service coordinator shall be an employee or under contract with a provider, be chosen by the IEP team or waiver multidisciplinary team, with the approval of the participant’s parent or parents, taking into consideration the primary disability manifested by the student, the student’s needs, and services recommended in the IEP. The Service Coordinator is to:

▪ Participate in the IEP team to develop, review, or revise the student’s IEP, as appropriate, as in gaining access to the services recommended in the IEP;

▪ Assist the student in gaining access to the services recommended in the IEP; and

▪ Collect and synthesize evaluation reports and other relevant information about the student that might be needed by an IEP team.

[COMAR 10.09.52]

**Modification** – A practice or procedure that changes, lowers, or reduces learning expectations. Modifications can increase the gap between the achievement of students with disabilities and expectations.
for proficiency at a particular grade level. Using modifications may result in implications that could adversely affect students throughout their educational career. [Maryland Accommodations Manual, June 2012]

**Modified High School Assessment (Mod-HSA)** – The Modified High School Assessments (Mod-HSAs) are Modified Assessments based on course level core learning goals and modified academic achievement standards designed for students receiving special education services and who meet specific participation requirements. The MSDE will discontinue the administration of the Modified High School Assessments (Mod-HSA) by the end of the 2014-2015 school year. The last year for first time test takers to take a Mod-HSA will be during the May 2014 test administration. In 2014-2015, the Mod-HSAs will only be available for second-time test-takers. The last administration of Mod-HSAs will be during the May 2015 administration.

**National Assessment of Educational Progress (NAEP)** – The National Assessment of Educational Progress (NAEP) produces the Nation’s Report Card, to inform the public about the academic achievement of elementary and secondary students in the United States. The NAEP collects and reports academic achievement at the national level, and for certain assessments, at the state and district levels. The results are widely reported by the national and local media and are an integral part of our nation’s evaluation of the condition and progress of education.

The NAEP program has always endeavored to assess all students selected as a part of its sampling process. In all NAEP schools, accommodations will be provided as necessary for students with disabilities (SWD) and/or English language learners (ELLs). Participation of an SWD or ELL student is encouraged if that student:

- Participated in the regular state academic assessment in the subject being tested; and
- If that student can participate in NAEP with the accommodations NAEP allows.

Examples of accommodations not allowed in NAEP are giving the reading assessment in a language other than English, or reading the reading passages aloud to the student. Also, extending testing over several days is not allowed for NAEP because NAEP administrators are in each school only one day.)

**Nonacademic And Extracurricular Services And Activities** – Counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the school system, referrals to agencies which provide assistance to students with disabilities, and employment of students, including both employment by the school system and assistance in making outside employment available.

**Occupational Therapy (OT)** –
- Improving, developing or restoring functions impaired or lost through illness, injury or deprivation;
- Improving ability to perform tasks for independent functioning when functions are impaired or lost; and
- Preventing, through early intervention, initial or further impairment or loss of function.

**Orientation and Mobility Services** – Services provided to blind or visually impaired students by qualified personnel to enable them to attain systematic orientation to and safe movement within their environments in their school, home, and community.
Parent/Guardian – Parent/Guardian means a student’s natural parents; a student’s adoptive parent; a guardian; a person acting as a parent of a student such as a grandparent, stepparent, or other relative with whom the student lives, or an individual who is legally responsible for the student’s welfare. Parent also includes a foster parent, with whom the student lives if the foster parent has been granted limited guardianship for educational decision-making purposes by the court that has placed the student in foster care. A parent includes a parent surrogate who has been appointed. The term “parent” does not include a social worker or other employee of a public agency who is responsible for the education or care of the student.

Parent Surrogate – A person who is appointed by the local school superintendent to act in place of a parent of a student in the educational decision making process when a student is a ward of the State, or the student’s parents or unknown or unavailable.

Partnership for Assessment of Readiness for College and Careers (PARCC) – The Partnership for Assessment of Readiness for College and Careers (PARCC) is a group of states working together to develop a set of assessments that measure whether students are on track to be successful in college and their careers. These high quality computer-based K–12 assessments in Mathematics and English Language Arts/Literacy give teachers, schools, students, and parents better information whether students are on track in their learning and for success after high school, and tools to help teachers customize learning to meet student needs. The PARCC assessments will be ready for states to administer during the 2014-15 school year.

Physical Therapy (PT) – Services provided by a qualified physical therapist.

Postsecondary Transition – A coordinated set of activities for the student with a disability that is designed within a results-oriented process that will facilitate and support the student’s postsecondary goal(s).

Prior Written Notice (PWN) – An IEP team shall provide prior written notice (PWN) to the parent of a student with a disability before the public agency proposes or refuses to initiate or change the identification, evaluation, educational placement of the student, or the provision of FAPE to the student. PWN content includes:

- A description of the action proposed or refused;
- An explanation of why the public agency proposes or refuses to take the action;
- A description of the options the public agency considered and the reason the options were rejected;
- A description of each assessment procedure, test, record, or report the public agency uses as a basis for the proposal or refusal;
- A description of any other factors relevant to the proposed or refused action;
- A statement that the parent has protections under the procedural safeguards of the Act and the manner in which the parent may obtain a copy of the procedural safeguards;
- A list of sources a parent may contact to obtain assistance in understanding the provisions of this chapter;
- A statement informing a parent of the State written complaint procedures of this chapter; and,
If an action proposed by a public agency also requires parental consent, a public agency may provide notice at the same time it requests consent.

[20 U.S.C. §§1415(b)(3) and (4), 1415(c)(1), and 1414(b)(1); 34 C.F.R. §300.503; COMAR 13A.05.01.12]

**Psychological Services** –

- Administering psychological and educational tests and other assessment procedures;
- Interpreting assessment results;
- Obtaining, integrating and interpreting information about student behavior and conditions relating to learning;
- Consulting with other staff members in planning school programs to meet the special needs of students as indicated by psychological tests, interviews and behavioral evaluations; and
- Planning and managing a program of psychological services, including psychological counseling for students and parents.

**Recoupment** – Length of time required to relearn critical skills following extended interruptions of service delivery. Failure to recoup or a lengthy period of recoupment (generally, more than 60 school days) would make it unlikely for a student to attain long-range educational goals without extended programming.

**Re-evaluation** – A review of a student’s IEP by an IEP team at least once every three years, unless the public agency and student’s parents agree otherwise. On the basis of the review, and input from the student’s parents, the IEP team shall identify what additional data, if any, is needed, to determine:

- Whether the student continues to be a student with a disability;
- The educational needs of the student;
- The present levels of academic achievement and related developmental needs of the student;
- Whether additions or modifications to special education and related services are needed to enable the student to meet the measurable annual goals in the student’s IEP and to participate in the general curriculum; and
- Whether the student continues to need special education and related services.

If the IEP team believes additional data is needed, the IEP team shall review the student’s IEP and the additional data within 90 calendar days of the IEP team meeting when the team determined the need for additional data.

This timeline allows 60 days to complete and report on the testing, and 30 days after that in which to review the IEP.

[20 U.S.C. §§1401(30); 1414(b)(6); 34 C.F.R. §§300.15; 300.303—300.305; COMAR 13A.05.01.06E].

**Rehabilitation Counseling** – Services provided by a qualified rehabilitation counseling professional, in individual or group sessions, that focus specifically on career development, employment preparation, achieving independence and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to students with disabilities by vocational rehabilitation programs funded under the Rehabilitation Act of 1973, as amended.

**Related Services** – Services as are required to assist a student with disabilities to benefit from special education, and includes: speech pathology and audiology; psychological services; physical and occupational
therapy; recreation; counseling services; medical services for diagnostic or evaluation purposes; school health services; orientation and mobility services; rehabilitation counseling; social work services in schools; transportation; and parent counseling and training. This list is not exhaustive and may include any developmental, corrective, or supportive services.

**School Health Services** – Services provided by a qualified school nurse, trained health assistant, or other qualified person.

**Screening** – Procedures utilized periodically or continuously with entire groups, grades or classes, for the purpose of identifying potential learning problems.

**Sensorimotor Development** – Motor development that uses sensory information from within the body (touch, gravity, movement) for motor performance.

**Sensory Integration** – Ability to feel, understand, and organize sensory information from the body and the environment.

**Service Plan** – A service plan is a written statement developed and implemented that describes the special education and related services a local school system shall provide a parentally placed private school student with a disability designated to receive services including the location of the services and any transportation necessary.

[20 U.S.C. §1412(a)(10)(A); 34 C.F.R. §§300.130 – 300.144; COMAR 13A.05.01.03B(69)]

**Social Work Services in Schools** –
- Preparing a social or developmental history on a student with disabilities;
- Group and individual counseling with the student and family;
- Working with those problems in a student’s living situation (home, school, and community) that affect the student’s adjustment in school;
- Mobilizing school and community resources to enable the student to receive maximum benefit from his/her educational program; and
- Assisting in the development of positive behavioral intervention strategies.

**Special Education** –
- Classroom instruction, home instruction, and instruction in hospitals and institutions, provided at no cost to the parents, which is specially designed to meet the unique needs of a student with disabilities. Instruction is provided without charge, but does not preclude incidental fees which are normally charged to students without disabilities, or their parents, as part of the regular education program;
- It may include physical education for the development of physical and motor fitness, fundamental motor skills and patterns, and skills in aquatics, dance, and individual and group games and sports, including intramural and lifetime sports. It includes adaptive physical education, movement education, and motor development;
It may include vocational education directly related to the preparation of students with disabilities for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree;

- It includes speech pathology if the service consists of specially designed instruction to meet the unique needs of a student with disabilities; and

- Under IDEA, a student does not have a disability unless he/she needs special education. The definition of "related services" also depends on this definition, since a related service must be necessary for a student to benefit from special education; therefore, if a student does not need special education, there can be no related services and the student is not eligible under IDEA.

**Specialized Instruction –**

Specialized instruction is instruction a child with a disability receives based upon the child’s unique, individualized needs to accomplish IEP goals and objectives.

Specially designed instruction means adapting, as appropriate to the needs of an eligible child, the content, methodology, or delivery of instruction to address the unique needs of the child that result from the child’s disability; and to ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

**Speech-Language Pathology –**

- Identifies students with speech, language or feeding/swallowing disorders through administration, analysis and interpretation of tests and other assessment procedures impacting attainment of educational goals;

- Provides direct and/or indirect speech and/or language services for the intervention of communication disorders;

- Consults with colleagues, medical professionals, outside providers and families to provide guidance and recommendations regarding safe intake of nutrition and hydration in school to support learning;

- Designs and implements therapy programs individualized to student needs; and

Counsels, guides, collaborates, and supports parents, students, teachers and other providers regarding speech, language and feeding/swallowing disorders.

**Students with Disabilities** – Students who have been evaluated in accordance with AACPS procedures and identified as having temporary or long-term special educational needs arising from cognitive, emotional or physical factors, or any combination of these. The ability to meet general education objectives is impaired to a degree whereby the services available in the general education program are inadequate for preparation to achieve educational potential. Included are students having [Code: Disability]:

<table>
<thead>
<tr>
<th>Code</th>
<th>Disability</th>
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<tbody>
<tr>
<td>01</td>
<td>Intellectual Disability</td>
</tr>
<tr>
<td>02</td>
<td>Hearing Impairment</td>
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<tr>
<td>03</td>
<td>Deafness</td>
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<tr>
<td>04</td>
<td>Speech or Language Impairment</td>
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<td>05</td>
<td>Visual Impairment</td>
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<tr>
<td>06</td>
<td>Emotional Disability</td>
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<td>07</td>
<td>Orthopedic Impairment</td>
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<td>08</td>
<td>Other Health Impaired</td>
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<td>09</td>
<td>Specific Learning Disability</td>
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<td>10</td>
<td>Multiple Disabilities</td>
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<td>12</td>
<td>Deaf/Blindness</td>
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<td>13</td>
<td>Traumatic Brain Injury</td>
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<tr>
<td>14</td>
<td>Autism</td>
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<tr>
<td>15</td>
<td>Developmental Delay -</td>
</tr>
<tr>
<td></td>
<td>includes students ages 3.0 through 7.0</td>
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</tbody>
</table>
Supplementary Aids, Services, Program Modifications, and Supports – Supports and services that enable a student with a disability to be educated within general education settings alongside nondisabled peers. Appropriate supplementary aids, services, program modifications, and supports may include, but are not limited to the services of various personnel that provide instructional support, indirect consultation, related supportive services, special scheduling, materials, devices, and instructional adaptations as determined appropriate for the individual student.

[20 U.S.C. §1401(33); 34 C.F.R. §§300.42, 300.320(a)(4), 300.324(a)(3)(ii); COMAR 13A.05.01.03B(79); COMAR 13A.05.01.16B]

Transition Services – a coordinated set of activities for a student with a disability, designed within an outcome-oriented process that promotes movement from school to post-school activities.

Transportation – included is transportation to and from school and between schools, travel in and around school buildings, and specialized equipment (such as special or adapted buses, lifts, and ramps) if required to provide special transportation for a student with disabilities.

Travel Training – Instruction to students with disabilities, as appropriate, to enable them to: develop an awareness of the environment in which they live; and learn the skills necessary to move effectively and safely from place to place within that environment.

[20 U.S.C. §1401(29); 34 C.F.R. §300.39(a)(4); COMAR 13A.05.01.03B(83)]

Vocational Education - organized educational programs, which are directly related to the preparation of students for:

- Paid or unpaid employment, or
- Additional preparation for a career requiring other than a baccalaureate or advanced degree.
**Parental Rights - Maryland Procedural Safeguards Notice**

Infants and Toddlers Early Intervention, Preschool Special Education and Special Education

The procedural safeguards notice includes a full explanation of parental rights in an easily understandable manner and in a parent’s native language. The procedural safeguards notice applies to children and families receiving services through an Individualized Family Service Plan (IFSP) and to children and youth with disabilities receiving services through an Individualized Education Program (IEP).

For children receiving services through an IEP, parents are to receive a copy of the procedural safeguards document one time a year, except AACPS is to give parents another copy of the document:
- Upon initial referral or parent request for evaluation;
- Upon receipt of the first written State complaint in a school year;
- Upon receipt of the first due process complaint in a school year;
- When a decision is made to take a disciplinary action; and
- Upon parent request.

A copy of the Parent Rights - Procedural Safeguards Notice may be found on the AACPS website (www.aacps.org ➔ Parents ➔ Parents/Community ➔ Forms ➔ Special Education ➔ Procedural Safeguards /Parental Rights).

Included at the back of the Notice are the following additional resources:
- Contacts for Receiving Additional Information Regarding Formal Dispute Resolution Including the Mediation Process
- Free or Low-Cost Assistance for Special Education Disputes
- Maryland State Department of Education (MSDE) Parent’s Guides to Frequently Asked Questions About Special Education Mediation
- MSDE Parent’s Guides to Frequently Asked Questions About Special Education Due Process Complaints
- MSDE Parent’s Guides to Frequently Asked Questions About Special Education State Complaints
- MSDE Parent’s Guides to Frequently Asked Questions About Facilitated IEP Team Meetings in Maryland

The Notice (without the above additional resources) is also available in many languages:

Amharic | Arabic | Bengali | Burmese | Chinese | French | Gujarati | Haitian Creole | Hebrew |
Hindi | Korean | Nepali | Polish | Portuguese | Russian | Spanish | Tagalog | Turkish | Urdu | Vietnamese

They may be downloaded by clicking on the above language links to the Maryland State Department of Education (MSDE) website.
I. INTRODUCTION
State and federal law specify definitions of all disabilities recognized under the Individuals with Disabilities Education Act (IDEA). A student must be "eligible" to receive services under IDEA: he/she must be evaluated in accordance with state and federal regulation, demonstrate a categorical impairment as defined in state and federal regulation, and who, because of those impairments, needs special education and related services. In order for multidisciplinary teams to determine a student's eligibility under IDEA for special education and related services, it is necessary to "translate" the definitions into criteria. The purpose of defining "eligibility criteria" is to ensure that it is applied consistently to all students by the wide variety of teams making the decision. In addition, it provides guidance to teams when dealing with information from sources outside the school system, including students who transfer into the Anne Arundel County Public Schools (AACPS) from other school systems.

Each set of criteria recognizes that students are individuals and that no single student may exactly fit each requirement. A standard set of documentation is required for each disability category and the provision is made that if a particular criteria cannot be documented for good and sufficient reason, alternatives are available for the team in making its determination.

In determining eligibility, each team must ensure that all related components of a disability are documented, and that the disability has an adverse impact on the student's educational performance. This determination can only be made by looking at various aspects of the school environment (social interaction, academic performance, peer relationships, etc.) and analyzing any problems the student presents, to determine whether the problem(s) is indeed caused by the disability.

In addition, it is important to consider the effect of economic or environmental disadvantage or cultural differences on the student and/or on the disability. For example, it is required that these factors be excluded as causal factors in learning disabilities. It would logically extend, then, to determinations of serious emotional disability, intellectual disability, and speech or language impairments, which could be erroneously diagnosed if these factors are part of the student's extended environment.

The final determination rests with the multidisciplinary team. Each area related to the suspected disability must be evaluated, analyzed and addressed through some action by the team.

**NOTE:** IEP teams legally retain the right to conduct their own testing and should not waive any testing for special education purposes.
**Autism**

**Definition**

"Autism" means a developmental disability:

- significantly affecting verbal and non-verbal communication and social interaction;
- generally evident before age three;
- adversely affects educational performance;
- does not include emotional disability.

Characteristics of autism include:

- engagement in repetitive activities and stereotyped movements;
- resistance to environmental change or change in daily routines; and
- unusual responses to sensory experiences.

**Eligibility Criteria**

- Documentation is present that assessment in the following **four** areas is in terms of difference from those appropriate for the child's cognitive ability levels:
- Documentation of cognitive ability by a licensed clinical psychologist or an LSS-employed, certified school psychologist
- This may be through norm-referenced, standardized tests; structured clinical tasks; and/or structured observations comparing cognitive tasks and developmental levels to same-age peers

**AREA I:** Documentation of disturbance of developmental rates/sequences in one or more of the following areas:

- delay OR arrest OR regression
  - physical skills OR social skills (appropriately relates to people, objects and events) OR learning skills (including language/communication and cognition); [This may be through norm-referenced, standardized tests; structured clinical tasks; and/or structured observations comparing the relevant skills to same-age peers]

**AREA II:** Documentation of disturbance in response to sensory stimuli in one or more of the following areas:

- visual, auditory, olfactory, gustatory, tactile, kinesthetic, and
- type of response is: inappropriate, repetitive, non-meaningful, etc. [This may be through structured, clinical tasks and/or structured observations comparing the relevant area to same-age peers]

**AREA III:** Documentation of disturbance in at least one of the following areas:

- speech, language-cognition, nonverbal communication, and
- this documentation demonstrates a basic deficit in the capacity to use language for social communication, **BOTH** receptively **AND** expressively; and/or
  - structured observation comparing developmental levels to same-age peers

**AREA IV:** Documentation of disturbance in the capacity to relate appropriately to one or more of the following:

- people, events, or objects, and
- this documentation demonstrates a basic deficit in the capacity to form relationships with people. [This may be through structured, clinical tasks; structured observations
comparing abilities to same-age peers; and/or documented history of behaviors over time as reported by parents, physicians, significant others in the student’s life, etc.]

- Documentation by a certified special education teacher of a comprehensive educational evaluation and a language evaluation by a speech/language pathologist, as determined by the evaluation plan, indicating educational problems caused by the disability which cannot be ameliorated successfully without special education and related services.
- Documentation is present that the multidisciplinary evaluation team included a person with experience and expertise in the area of autism through formal educational credentials or working experience;
- Documentation is present of developmental history (compiled by school personnel) including:
  - information from family, and
  - medical information;
- Documentation is present of behavioral observations conducted by school personnel:
  - on different days...
  - ...in multiple environments including school settings; and
- Documentation is present of written and dated anecdotal records of a behavioral nature compiled by school personnel based on direct observation or reports of parents, physicians, significant others in the student’s life, etc.
**Deaf-Blindness**

**Definition**
"Deaf-Blindness" means concomitant visual and hearing impairments, the combination of, which causes such severe communication and other developmental and educational problems that the students cannot be accommodated in special education programs solely for deaf or blind students.

**Eligibility Criteria**
- Documentation (clinical report(s) is present of comprehensive evaluations by a qualified licensed or certified audiologist AND a licensed optometrist or board-certified ophthalmologist which document both a hearing impairment and a visual impairment;
- Documentation of a comprehensive educational evaluation by a certified teacher, as determined by the evaluation plan, demonstrating educational impact caused by the disabilities;
- The evaluation must provide documentation of significant educational impact caused by the combination of impairments and includes a statement of the relationship of the impairments to educational/school functioning in one or more of the following areas:
  - development;
  - orientation and mobility;
  - communication; and/or
  - self-help.
Deafness and Hearing Impairment
Definitions and terminology used in identifying and defining hearing loss may vary. However, IDEA has two disability categories (deafness or hearing impairment) for which students with hearing loss may be identified.

Definition
"Deafness" is a hearing loss so severe that it precludes processing linguistic information through hearing even with amplification. The loss is 90dB or greater or less than 90dB with the presence of complicating factors, which make it impossible to utilize the auditory channel as, defined above.

"Hearing Impairment" is a permanent or fluctuating hearing loss, which is less severe than deafness, which allows for acquisition of speech and linguistic skills through the auditory channel.

Eligibility Criteria
- Documentation of a recent audiological evaluation by a qualified licensed or certified audiologist, which identifies deafness or hearing impairment;
- Documentation of a comprehensive educational evaluation by a certified teacher as determined by the student evaluation plan
- The educational evaluation documents that the hearing loss interferes with the student's ability to perform in an educational program using traditional instructional materials and techniques;
- Documentation is present that the IEP Team considered, in consultation with a speech/language pathologist and teacher of deaf and hard of hearing, the effect of the hearing loss on the student's development of communication and language and
- The IEP Team has ensured that any amplification device required by the student was in proper working order during all screening and evaluation procedures.
Developmental Delay
Definition
The Individuals with Disabilities Education Act [IDEA] gives states the option of using the disability code “developmentally delayed” for young children who are experiencing at least a 25 percent delay in one or more of the developmental areas, instead of one of the categorical disability codes. This has been done so that school teams can provide special education intervention for children with delays and disorders before evaluation information clearly delineates the type of disability that the child may have. While federal law permits states to use the developmental disability code until age nine, most states have chosen to require that a categorical disability be used by the age of six or seven. Maryland has permitted the counties to determine if they wish to use this code and they have also permitted the counties to establish the age cut-off for use of the code.

Eligibility Criteria
Documentation is present that the student is experiencing at least a 25% delay in one or more of the following areas:
- cognitive development
- physical development, including vision and hearing
- communication development
- social or emotional development
- adaptive development

Documentation of the delay may be through norm-referenced, standardized tests, structured clinical tasks, and/or structured observations comparing cognitive tasks and developmental levels to same-age peers and has been made by:
- an LSS employed, certified school psychologist;
- a licensed psychologist;
- a licensed occupational therapist;
- a licensed physical therapist;
- a certified special educator; or
- a certified speech/language pathologist.

OR

Documentation of a manifested atypical development or behavior which is demonstrated by abnormal quality of performance and function in one or more of the above specified developmental areas, interferes with current development, and is likely to result in subsequent delay (even when diagnostic instruments or procedures do not document a 25% delay).

Documentation of the atypical development or behavior may be through norm-referenced, standardized tests, structured clinical tasks, and/or structured observations comparing cognitive tasks and developmental levels to same-age peers and has been made by:
- a LSS employed, certified school psychologist;
- a licensed psychologist;
- a licensed occupational therapist;
- a licensed physical therapist;
- a certified special educator; or
• a certified speech/language pathologist.

OR

Documentation by a licensed physician of a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (examples of these conditions include chromosomal abnormalities, generic or congenital disorders, severe sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome, and severe detachment disorders).
**Emotional Disability**

**Definition**
"Emotional disability" refers to a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, and which adversely affects educational performance:

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

The term includes students who are schizophrenic. The term does not include students who are socially maladjusted, unless it is determined that they have an emotional disability.

**Eligibility Criteria**

- Documentation of the existence of a condition which is manifested in one or more of the characteristics as listed above through an evaluation by one of the following:
  - an LSS-employed, certified school psychologist, who certifies and states the educational implications of the disability;
  - a licensed psychologist; or
  - a licensed psychiatrist.
- Documentation by school personnel that the disability exists over an extended period of time, including:
  - age/grade of onset;
  - duration, based on anecdotal records, indicating at least 6 months; and
  - a statement that the condition is not transient.
  If duration is not met, justification must include information that the condition represents a sudden and significant change from previous behavior and is not transient;
- Documentation by school personnel that the condition exists to a marked degree.
  Information should relate the condition to similar or like behaviors of age/grade peers including any differences in frequency and degree; and
- Documentation by school personnel that the student’s severe emotional disability adversely affects his/her school functioning.
  - Information should include any formal or informal assessment information describing the impact on academic and/or adaptive functioning within the school setting of the student’s emotional disability.
  - The determination must certify and state the educational implications of the disability. Specific behaviors and their relationship to academic/adaptive functioning should be addressed.

**Intellectual Disability**
Definition
"Intellectual Disability” means general intellectual functioning, adversely affecting a student’s educational performance, which:

- is significantly sub-average;
- exists concurrently with deficits in adaptive behavior; and
- is manifested during the developmental period.

Eligibility Criteria
Documentation is present that the student performs 2.0 Standard Deviations below his/her peers of equivalent age and ethnic and cultural background when measured by standardized instruments of cognitive ability (i.e., on a cognitive measure with a mean of 100 and a standard deviation of 15, the approximate level of functioning would be 70 plus or minus the standard error of measure);

- Cognitive assessment has been made by:
  - an LSS-employed, certified school psychologist; or
  - a licensed psychologist.
- Documentation by school personnel that adaptive behavior is consistent with cognitive abilities;
- Documentation by the IEP Team that it considered other areas of the student's functioning when interpreting the IQ score, including:
  - achievement;
  - speech;
  - language; and/or
  - social skill development.

- Documentation from screening and evaluation demonstrates that the student's functioning in all areas is consistent with what one would expect based on measured cognitive ability.

If information is not consistent, there must be justification for the diagnosis in spite of discrepancies;

[This may be through norm-referenced, standardized tests; structured clinical tasks; and/or structured observations comparing adaptive behavior to same-age peers.]

Documentation of a comprehensive educational evaluation by a certified teacher, based on the evaluation plan, which demonstrates an educational problem caused by the reduced cognitive ability and adaptive behavior.
**Multiple Disabilities**

**Definition**
"Multiple Disabilities" refers to concomitant impairments (such as intellectual disability-blind, intellectual disability-orthopedically impaired, etc.), the combination of which causes such severe educational problems that the student cannot be accommodated in special education programs solely for one of the impairments. The term does not include students with deaf/blindness.

**Eligibility Criteria**
In determining multiple disabilities MSDE provides the following guidance:

“Under Federal and State regulations multiple disabilities means concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairments), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness 34 C.F.R. § 300.8(c)(7); COMAR 13A.05.01.03B(44).

1. Specify each disability from any of the three categories of disabling conditions the student's IEP team identifies as concomitant that causes such severe educational problems that the student cannot be accommodated in special education instructional services solely for one of the impairments.

   - **Cognitive includes:** Autism, Emotional Disability, Intellectual Disability, Specific Learning Disability, Speech or Language Impairment, and Traumatic Brain Injury.
   - **Sensory includes:** Deaf-Blindness, Deafness, Hearing Impairment, and Visual Impairment including Blindness
   - **Physical includes:** Orthopedic Impairment, and Other Health Impairment.

2. “Concomitant” means happening or existing along with or at the same time as something else.

3. A student is not required to be identified as a student with an intellectual disability as one of the disabilities.

**NOTE:** A student with two or more disabilities is not necessarily a student with multiple disabilities. The combination of the disabilities must affect the student’s educational needs in such a way that the student cannot be served in a special education program focusing on just one of the impairments.”
Orthopedic Impairment

Definition
"Orthopedic impairment" refers to a severe orthopedic impairment, which adversely affects a student's educational performance. The term includes impairments caused by:
- congenital anomaly (i.e., clubfoot, absence of some member, etc.);
- impairments caused by disease (i.e., poliomyelitis, bone tuberculosis, etc.); and/or
- impairments from other causes (i.e., cerebral palsy, amputations, and fractures or burns which cause contracture).

Eligibility Criteria
- Documentation is present of a comprehensive evaluation by a licensed physician which includes the diagnosis/prognosis and date of the examination;
- Documentation of a comprehensive educational evaluation by a certified teacher, based on the evaluation plan. A description of any modifications to the assessment procedures used must be documented; and
- Documentation that the team determines that the educational evaluation documents that the orthopedic impairment interferes with the student's ability to function in an educational program using conventional instructional materials and techniques, including a description of any material modifications, special adaptations, equipment or therapies needed.
Other Health Impairment

Definition

"Other health impairment" refers to having limited strength, vitality, or alertness, due to a chronic or acute health problem, which adversely affects a student's educational performance. Such problems may include (but are not limited to):

- heart condition
- rheumatic fever
- asthma
- hemophilia
- lead poisoning
- attention deficit disorder
- attention deficit hyperactivity disorder
- tuberculosis
- nephritis
- sickle-cell anemia
- epilepsy
- leukemia
- diabetes

Eligibility Criteria

- Documentation is present of a comprehensive evaluation by a licensed physician, a school psychologist, or a licensed, clinical psychologist which includes the diagnosis/prognosis and date of the examination;
- Documentation of a comprehensive educational evaluation by a certified teacher, based on the evaluation plan. A description of any modifications to the assessment procedures used must be documented; and
- Documentation that the team determines that this evaluation documents that the health impairment interferes with the student's ability to function in an educational program using conventional instructional materials and techniques, including a description of any material modifications, special adaptations, equipment or therapies needed.
**Specific Learning Disability**

**Definition**

"Specific learning disability" refers to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to students who have learning problems, which are primarily a result of visual, hearing or motor impairments, intellectual disability, emotional disability, environmental or economic disadvantage, or cultural difference.

**Eligibility Criteria**

The student does not achieve adequately for his/her age or does not meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for his/her age or State-approved grade–level standards:

- Oral expression
- Listening comprehension
- Written expression
- Basic reading skills
- Reading fluency skills
- Reading comprehension
- Mathematics calculation
- Mathematics problem solving

The student does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified above when using a process based on the student’s response to scientific, research-based intervention; or the student exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade-level standards, or intellectual development, that is determined by the IEP Team to be relevant to the identification of a specific learning disability, using appropriate assessments; and the IEP Team determines that its findings are not primarily the result of:

- A visual, hearing, or motor disability;
- Intellectual disability;
- Emotional disability;
- Cultural factors;
- Environmental or economic disadvantage; or
- Limited English proficiency.

To ensure that underachievement in a student suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the IEP Team must consider, as part of the evaluation:

- Data that demonstrates that prior to, or as a part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
- Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student’s parents.

The student must be observed in his/her learning environment to document academic performance and behavior in the areas of difficulty.
**Speech/Language Impairment**

**Definition**
"Speech or language impaired" refers to a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a student's educational performance (as determined by a qualified Speech/Language Pathologist).

A communication disorder is an impairment in the ability to receive, send, process and comprehend concepts or verbal, nonverbal and graphic symbol systems. Communication disorders may be evident in the processes of hearing, language and/or speech. Communication disorders may range in severity from mild to profound, may be developmental or acquired, may be evidenced as one or any combination of communication disorders and may result in a primary or be secondary to other disabilities.

**Speech (Articulation)**

An **Articulation** disorder is the atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that may interfere with intelligibility.

**Eligibility Criteria**
- Documentation by a speech/language pathologist, using formal and informal data to indicate that articulation errors adversely affect intelligibility/listener perception;
- Formal testing which examines sound production developmentally is documented by a speech/language pathologist to determine a significant delay of the developmental range in an articulation production error analysis;
  **OR**
- If such delay is not documented, documentation by a speech/language pathologist of the presence of a deviant sound system (phonological process) through formal evaluation.
- Documentation of school performance by appropriate school personnel that demonstrates the adverse impact of the articulation errors on the student's achievement in the academic setting. This documentation may utilize informal testing, speech samples, observations and/or clinical tasks.
- Documentation by school personnel (from screening or evaluation) that the student's articulation deficit is not PRIMARILY caused by:
  - visual or auditory acuity deficits or motor deficits;
  - intellectual disability;
  - emotional disability;
  - environmental or economic disadvantage;
  - cultural difference; or
  - dialectal differences or second language influence.

**Speech (Fluency)** - A **Fluency disorder** is the interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds/syllables/words/and phrases. This may be accompanied by excessive tension, struggle behavior, avoidance and secondary mannerisms.

**Eligibility Criteria**
- Documentation (description) by a speech/language pathologist of at least five percent dysfluencies per minute, OR (if such documentation is NOT present) that significant dysfluency exists (information indicating the criterion is not met and the information used to override the criteria,
such as educational performance impact of the dysfluency or social/emotional problems caused by
the dysfluency);

- Documentation by a speech/language pathologist of the presence of a symptom or symptoms of
dysfluency:
  - repetitions (sound or syllable repetition);
  - prolongations (prolonging sounds);
  - blocks (blocking while attempting to produce speech);
  - hesitations (hesitations in producing speech);
  - inappropriate positioning of the articulators during sound productions; and/or
  - other dysfluencies or associated behaviors

  Associated symptoms may include inappropriate facial or motor/body movements related to the
dysfluency;

- Documentation by a speech/language pathologist of may include:
  - speech sampling... (including a description of the procedures used, such as method of
    elicitation, setting in which sampling occurred, etc. and in) in a variety of contexts (i.e.,
    classroom, small group or individual setting, observation at recess or in the lunchroom,
    etc.);
  - Documentation by a certified teacher is present that the dysfluency adversely affects educational
    performance (oral participation, oral presentations, question and answer format, discussions,
    communication apprehension, etc.);
  - Documentation by school personnel that the dysfluency is distracting to the listener; and
  - Documentation is present (from screening or evaluation) of any effects of environmental or
economic disadvantage, or cultural difference on the student's disability.

**Speech (Voice)**

**Eligibility Criteria**

- Documentation by a physician that a medical condition exists that effects the production of speech.
- Documentation by a physician that therapy is warranted to address the voice issue.
- Documentation by a certified/licensed speech/language pathologist, otolaryngologist/physician,
  etc., is present that the voice is discrepant from the norm for a student's:
  - age;
  - gender; or
  - culture

  Such discrepancy must be specifically described based on same age, gender, and/or culture of peer
  group;

- Documentation by a certified/licensed speech/language pathologist of deviation in one or more of
  the parameters of voice:
  - pitch (descriptors might include: inappropriately high, or low);
  - quality (descriptors might include: breathy, hoarse, harsh, etc.); or
  - volume (descriptors might include: soft, loud, nasal, denasal, etc.);

- Documentation is present that the voice deviation is not the result of temporary problems (e.g.,
normal voice changes, allergies, colds, etc.) or a physiological pathology/health problem (such as;
nodules, cysts, etc.).
• Documentation (a description) is present of procedures used and analysis of procedures used (i.e., inventories, clinical tasks, observation, etc.);
• Documentation is present (from screening or evaluation) that the voice deviation is not PRIMARILY caused by environmental or economic deprivation, or cultural differences; and
• Documentation by a certified teacher is present that the voice deviation adversely affects educational performance (oral participation, oral presentations, discussions, etc.).

Language (Expressive and/or Receptive)
Eligibility Criteria
Documentation by a certified speech/language pathologist is present in a comprehensive language assessment with results reported in equivalent standardized form. Results from the comprehensive language assessment must indicate performance below age expectations for the student’s age in one or more domain(s) of language. In addition to student performance below age expectations in one or more of the language domains, documentation must be provided which indicates the student’s language disorder adversely affects his/her educational performance (oral participation, discussion, verbal rituals, and routines) including classroom observation of communicative interaction, language sample, and information by a certified teacher.

Domains include:
• **Vocabulary**: Selecting words to represent intended meaning and combining words and sentences to represent intended meaning - sometimes referred to as semantic deficits
• **Morphology**: Structuring words from smaller units of meaning
• **Syntax**: Putting words together in phrases and sentences - sometimes referred to as grammar deficits
• **Integrated Language**: The process of discriminating, assigning significance to, and interpreting spoken language to complete a task
• **Verbal Reasoning**: The process of using language to problem solve
• **Pragmatic Language**: The system that combines language components in functional and socially appropriate communication (knowing what to say, how to say it, and when to say it).

  **Note**: Pragmatic language alone is not recognized as a domain which is eligible for speech/language impairment.

Documentation must also be present (from screening or evaluation) that the student’s language deficit is not PRIMARILY caused by:
• visual or auditory acuity deficits or motor deficits
• intellectual disability
• emotional disability
• environmental or economic disadvantage, or cultural difference; nor dialectal differences or the influence of one language on another

OR, if criteria above is not met:
Documentation is present of extensive data to support the conclusion that a significant difference exists between language performance and language ability, which includes a description of the procedures used and an analysis of the procedures used.
Traumatic Brain Injury (TBI)

Definition
"Traumatic brain injury" (TBI) means an injury to the brain caused by:

- an external physical force, or
- an occurrence, such as:
  - tumor;
  - surgery;
  - chemotherapy;
  - radiation;
  - stroke, or
  - aneurysm,
resulting in total or partial functional disability or psychosocial maladjustment that adversely affects educational performance.

The term includes open or closed head injuries resulting in mild, moderate, or severe impairments in one or more areas including:

- Cognition
- Language
- memory
- attention
- reasoning
- abstract thinking
- judgment
- problem-solving
- physical functions
- information processing
- psychosocial behavior
- sensory, perceptual and motor abilities
- speech

The term does **not** include injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Eligibility Criteria

- Documentation is present of a medical report by a licensed physician indicating a diagnosis of traumatic brain injury and a prognosis of mild, moderate, or severe impairments in one or more of the areas listed above (or another documented area of impairment);
- Documentation of a comprehensive educational evaluation by a certified teacher, based on the evaluation plan, of academic difficulties related to the traumatic brain injury; and
- Documentation by an LSS-employed, certified school psychologist, a licensed clinical psychologist, or a neurologist of current cognitive functioning after the injury was sustained. This documentation is to be utilized in determining types of services required as well as identifying any concurrent disabilities based on other criteria listed.
Visual Impairment
Definition
"Visual impairment" refers to a visual impairment, which, even with correction, adversely affects a student's educational performance. The term includes but is not limited to diagnoses of:

- "Legal blindness" - visual acuity is 20/200 or less, in the better eye, after correction, or a field restriction of less than 20ª; and
- "Partial sight" - visual acuity is 20/70 or less, in the better eye, after correction.
- Other visual impairments that adversely affect educational performance (e.g. convergence insufficiency).

Eligibility Criteria
The following documentation may be considered (but is not limited to) when determining the presence of a visual impairment adversely affecting a student’s educational performance:

- A comprehensive visual evaluation by a licensed optometrist or board-certified ophthalmologist;
- A visual evaluation documenting one or more of the following visual impairments:
  - corrected visual acuity of 20/70 or less in the better eye (after correction);
  - a medically documented progressive vision loss; or
  - other diagnosed visual impairment.
- Documentation of a comprehensive educational evaluation by a certified teacher, based on the evaluation plan; and
- The team has determined that the visual impairment adversely affects the student's educational performance and specialized instruction is required for the student to access his educational program.
Adapted Physical Education

Adapted Physical Education (APE) is a service for students with disabilities who require specialized instruction in physical education. Modifications and accommodations are provided for these students so they can meaningfully access and participate in physical education class. The Maryland State Department of Education (MSDE) created “A Guide for Serving Students with Disabilities in Physical Education” for all teachers to use in planning lessons for students with disabilities in their classes. This guide additionally includes an explanation of the laws mandating services and outlines the responsibilities of the teachers.

Students who exhibit problems with motor performance, physical mobility, and functional independence that interfere with their ability to participate in and benefit from their educational programs should receive Adapted Physical Education (APE) service. Program activities should be selected to promote and enhance the skill development of the student. Teaching methods and instructional strategies must be designed to meet each student's unique learning style. Strategies might include:

- Promotion of physical activity as part of an active lifestyle
- Development of fundamental motor skills necessary for participation in sports with peers
- Enhancement of self-esteem and self-image
- Increased physical independence, self-help skills or skills that promote independence and self-sufficiency and/or mobility
- Decreased health-related complications
- For early childhood development of functional and developmentally appropriate motor skills that allow the child to play and participate in an educational environment with typically developing peers

APE Process

Who should receive adapted physical education services?
The criteria for eligibility for APE services should focus on whether the student can participate in and benefit from general physical education in a successful and meaningful way. There is a two-part process to determine if a child qualifies for APE services. First, a student has to be identified as a "student with a disability" according to definitions presented in the IDEA (2004). Once a student is determined to have a disability, then specific motor and fitness testing can take place to determine if the student qualifies for APE services. To qualify a student should be two years behind their peers and are not successful meeting AACPS grade level standards.

Who decides what educational services a student with a disability receives?
Each student's unique needs are discussed during a staff meeting. Participants in this meeting include a representative of the school's administration, regular classroom teacher, special education teacher, physical education teacher, APE Resource Teacher and one or both of the student's parents, the student when appropriate, and other individuals related to the student's education (e.g., speech therapist, occupational therapist, physical therapist, music therapist, etc.). These individuals jointly will decide what educational services are appropriate that includes physical education services a student might receive.
The following questions are considered by the planning and placement team to determine eligibility for APE services:

1. Does the student exhibit substantial delays in the development of fundamental movement skills, fundamental motor skills and patterns and/or skills in aquatics, dance, individual, dual and team sorts, and lifetime physical activities?
2. Is there measurable lack of success in the general PE curriculum or environment despite modification provided by the general physical education teacher?
3. Is the student's physical and motor fitness substantially below (2 years below) that of same age peers?

**Role of the Physical Education Teacher**

The individual providing the adapted physical education should collaborate with the occupational therapist, the physical therapist, the special education teacher and/or the physical education teacher to meet the student’s needs related to:

- Health and safety, including specific medical needs.
- Modifications of equipment or the environment.
- Specific play or leisure needs.
- Activities of daily living related to physical education such as dressing, showering or toileting.
- Positioning during exercises and games.
- Access to the general curriculum.

**Role of Paraprofessionals in APE**

The Role of Paraprofessionals in Assisting Adapted Physical Education Teachers play an important role in assisting students with disabilities in the general physical education setting. These individuals assist in the provision of adapted physical education services under the supervision of an adapted physical education teacher. Support personnel enhance the level of instruction in the physical education setting in numerous ways:

- Providing extra verbal and visual cues for students with disabilities
- Modeling desired movement or behavior
- Providing simplified instructions
- Encouraging involvement of other students/peer buddies during physical education
- Assisting students so they can successfully participate in the general physical education setting
- Monitoring student behavior
- Assisting students with transitions in the classroom

Typically, the physical education teacher is responsible for planning and communicating the role and responsibilities of paraprofessionals. Training and ongoing communication are essential so that paraprofessionals fully understand their specific role in assisting the adapted physical education teacher and supporting the student's PE program.
ADAPTED AQUATICS PROGRAM FOR STUDENTS ATTENDING A SPECIAL CENTER

Rationale
For a student whose physical limitations prevent them from meaningful participation in the Adapted Physical Education (APE) curriculum on land, Adapted Aquatics may provide opportunities to develop motor skills in a water medium. Buoyancy and warm water temperature may promote increased joint range of motion and/or muscle relaxation, making it easier to increase their overall activity level including weight bearing exercises. Providing adapted physical education in a medium that is easier for the student to move can address such as:

- Practice functional activities in a less resistive environment and provide opportunities to gradually progress towards full anti-gravity movements which supports MOVE Program of activities that are completed throughout the student’s educational program.
- Movement efficiency and body coordination- successes in supported environment can impact self-esteem and participation in all areas of student’s program.
- Greater success in volitional movement which facilitates involvement over the entire educational program.

Criteria That May Indicate the Need for Aquatic Adapted Physical Education
- Difficulty moving against gravity
- Limited volitional movements
- Limited range of motion (ROM)
- Weakness
- Pain

Criteria That Aquatic Adapted Physical Education May Be Contraindicated
- Inability to regulate body temperature
- Student’s body has difficulty with transition between the warm water/air and the cooler air of the rest of the school
- Medical contraindications- e.g. open sores, certain respiratory conditions, colds or illnesses
- Inability to control bowel movements in warm water
- Past history of difficulties with adapted aquatics programs
- A student’s negative reaction to the aquatics program outweighs the potential benefits. For instance, student’s consistently communicates dislike of the water either verbally or physically.
Transportation Procedures and Guidelines

Transportation is a related service for special education when it is required in order for a student with disabilities to benefit from special education services. Individual decisions about transportation are made by the Individualized Education Program (IEP) Team during the process of development of the individualized education program (IEP) and placement. Any specialized transportation and specific requirements are to be recorded on the IEP and are to be reviewed, along with the IEP and placement, on at least an annual basis.

A. Definition of Special Transportation
Students who attend their home school use special transportation when the student requires an:
- adapted bus (i.e., lift);
- safety vest;
- bus attendant; and/or
- a stop other than their community stop
Students whose IEP necessitates services in a school other than their home school always access special transportation as a related service.

B. Duties and Responsibilities
1. IEP Team Responsibilities
   The IEP Team has primary responsibility for determining a student’s need for special transportation. The IEP Team, when considering transportation as a related service, is responsible for:
   - determining a need for special transportation and reflecting that need in the student's IEP;
   - requesting representation from the Division of Transportation if, during the screening and assessment process, it appears that there is a likelihood of special transportation needs; and
   - reviewing the student's transportation needs at any IEP review, no less than annually. If special transportation has appeared in the IEP, a representative from the Division of Transportation may be invited to the IEP Team meeting for the review.

If a student has a medical condition which may be impacting education or access to education, the IEP team must recommend that a Nursing Assessment be conducted. The IEP team will review the Nursing Assessment and determine whether the medical condition impacts education or access to education to require related services, including special transportation.

NOTE: The IEP Team must consult with representatives from the Transportation Division before committing to particular bus stop locations or characterizing the nature of services with respect to bus stop locations.
Adequate notice must be given to the Division of Transportation for any transportation needs (i.e., child safety seat, safety vest that are IEP driven) to enable students with disabilities to participate in such events. Lift buses are scheduled at the school level from approved field trip contractor list. Transportation reimburses the differential cost for obtaining a lift bus.

C. Special Considerations
In addition to specific considerations delineated in the IEP process, the following guidelines apply to all students with disabilities:

- All specialized transportation is considered by an IEP team. Decisions are to be made according to the needs of the individual;
- Transportation staff must meet with school staff to discuss specific needs for students who require a behavior intervention plan (BIP) and/or have medical needs;
- Students must be picked up and delivered to their assigned school vehicle stop;
- Generally, five to seven school days should be allowed from the time a completed "Student Transportation Route Work Sheet" is presented to the Division of Transportation until the transportation service will begin. In the event specialized equipment must be installed in a school vehicle, additional time may be needed;
- Students participating in approved off-campus training programs for students with disabilities will have transportation provided to the job site and back to the school when approved through an IEP process. Upon request to, and analysis by, the Division of Transportation, relevant transportation division personnel will make needed arrangements. Administrators requesting services must make all reasonable efforts to minimize expenses by coordinating transportation requirements within existing schedules and routes;
- Transportation includes travel in and around school buildings for students with disabilities, if required for the student to participate in the educational program. Appropriate arrangements are the responsibility of the building administrator;
- If a student has a medical condition which may be impacting education or access to education, the IEP team must recommend that a Nursing Assessment be conducted. The IEP team will then review the information from this Nursing Assessment to determine if the medical condition requires the student to receive the related service of “special transportation”.

**NOTE:** Additional requirements and provisions regarding transportation are included in the annual “Parent Handbook” and “Student Handbook”.
Anne Arundel County Public Schools (AACPS), per The Individuals with Disabilities Act (IDEA) makes available assistive technology (AT) devices and services when needed by a student with an educational disability. AT may be determined to be necessary in order for a student to benefit from special education and/or related services. AT devices and services may also be provided to ensure access to the general education environment and curriculum. The AT Team within the Special Education Department includes trained personnel who assist school teams in determining the appropriate provision of AT devices and services. Involvement of Assistive Technology Team occurs as a result of an AT Referral.

**Using Privately Owned Assistive Technology Tools**

Given the increasing ease of accessibility of assistive technology devices, families sometimes choose to purchase a device for their child’s use. In order to ensure appropriateness of the device for the school setting and ability to access the technology within the school system’s technology infrastructure procedures for allowing use of these devices is as follows:

A. The AACPS Assistive Technology Team has evaluated the student for the need for Assistive Technology and recommended Device X. The family chooses to purchase Device X with their own funds or funds from insurance.
   a. AACPS will allow use of this device in school
   b. AACPS will assume support of this device including programming the device, training the student, parent and staff on use of the device.
   c. Develop a plan for times when the device is not sent to school or is broken.
   d. AACPS will support the family with the repair process.

B. Anne Arundel County Public Schools has evaluated the student for the need for Assistive Technology and recommended Device X. The family chooses to purchase Device Y with their own funds or funds from insurance.
   a. AACPS will not allow use of this device in school
   b. AACPS will not support the use of this device
   c. AACPS will provide the student with Device X
   d. AACPS will assume support of Device X including programming the device, training the student, parent and staff on use of the device.

C. Anne Arundel County Public Schools has not evaluated the student for the need for Assistive Technology or has evaluated the student and determined he/she does not need Assistive Technology at this time. The family purchases a device.
   a. AACPS will not allow the use of this device in school
   b. AACPS will not support the use of this device
   c. AACPS will conduct an IEP meeting to either consider information provided by the parent or determine if additional evaluation is necessary at this time.
The Office of Technology will support the installation of software on non-standard technology devices which are recommended per the guidelines above for students with disabilities who require the use of Assistive Technology. A reasonable attempt to install and support approved, stand-alone licensed products will be made. Licensing restrictions prohibit AACPS from installing district licensed software, including Microsoft products, on these non-AACPS devices. The office of technology cannot support software on any device that does not meet the minimum requirements stated by the publisher.
Early Childhood Services

Early childhood services are designed to provide special education interventions directly to students with disabilities from birth through age five, to the parents, or both. All special education services are available, as appropriate, based on the student's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).

Infants and Toddlers Program (ITP)

Description
The Infants and Toddlers Program (ITP) is designed to provide developmental, educational, and family support services for children with disabilities from birth through age two. Services are multi-agency and rely on coordination among the Anne Arundel County Departments of Education, Health and Social Services.

The ITP is designed to:
- support the family in the process of adjusting to the special needs of the child with disabilities;
- teach techniques to parents to maximize the child's developmental potential; and
- help families coordinate appropriate health and community services through itinerant or consultative services.

Services are generally home-based, but may be community-based, depending on the IFSP. Services may include:
- early cognitive and overall development;
- speech/language therapy;
- physical therapy;
- occupational therapy;
- medical social work;
- psychology; and/or
- nursing.

Child Identification: ITP Criteria
Children are referred to the ITP by public or private health care providers, or parents. Criteria for admission include:
- A documented delay of 25% or more in any developmental domain: cognition; motor; communication; social-emotional; adaptive.
- A medical or genetic condition with a high probability of future developmental delay.
- A child who demonstrates atypical development or behavior in any of the developmental areas listed above.

Procedures outlined in COMAR 13A.01.04.01 are followed.
Other ITP Activities
Other activities sponsored by the ITP include:
- individual and group counseling to assist parents with issues involved in raising a child with disabilities;
- a Parent-to-Parent Network that provides information and support by veteran parents of young children with disabilities; and
- coordination with area hospitals and health care providers.

Transition from ITP to Early Childhood Intervention Services
At least 90 days prior to the third birthday of a child receiving services under Part C of IDEA in ITP, a representative from a Child Find/ITP transition team will arrange a conference designed to plan the student's transition into preschool services.

An IEP Team meeting will be convened consisting of representatives from both service systems and all other appropriate IEP Team members. Parents are invited to participate in all conferences concerning transition. During this meeting, determination will be made as to the appropriateness of developing an IEP or an extended IFSP to facilitate the student's transition.

Transition: Part C to B Procedures
The Child Find transition team conducts evaluation and assessments to determine if the child is eligible for Part B services. The team conducts a developmental screening. If appropriate, the team then conducts a comprehensive evaluation. The team determines whether the child has a disability, outlines goals and objectives to assist the child and recommends services to meet the goals and objectives. Maryland is the only state in the nation that enables a child to be served through an IEP or an IFSP extension until the beginning of the school year in which the child turns four. The choice of whether to pursue an IEP or an IFSP is determined by the family.

Early Childhood Intervention Services (ECIS)
Description
ECIS are designed to provide special education and related services to students from ages three through five who have disabilities and require special education and related services.

Child Identification: ECIS Criteria
Students access ECIS from two sources:
- by recommendation of the Child Find transition team; or
- by recommendation of the Child Find diagnostic team [for children who are referred after their third birthday]

Continuum of Preschool Services
A continuum of placements is available to ensure that each preschool student with a disability receives a free, appropriate public education (FAPE) based on his or her individual needs. Each individually determined placement is in the least restrictive environment (LRE) for that student as delineated in the IEP. All placement decisions must be made on an individual, case-by-case basis by a multidisciplinary team, to meet the unique needs of that student.
Possible Placement Options

Services may be delivered in a variety of settings. The following are options for consideration:

- **Community-Based Services**: Students with an IEP or IFSP extension may receive services in any licensed preschool or childcare centers through Community-Based Services (CBS). CBS is designed to enable preschool students to remain in their natural environment and receive special education and related services as part of their normal school day. Strategies and activities are also shared with teachers and assistants in those settings.

- **Early Childhood Intervention**: Students with an IEP who require intensive intervention. Special education, speech therapy, physical therapy and occupational therapy services may be provided to students whose educational needs can be best met in a structured, specialized setting with a special education teacher and other service providers.

- **Pre-Kindergarten classes**: This program is operated by the AACPS and provides services primarily to students, age four years (by September 1) to five years (by August 31). There are several priority categories for pre-k. Category I includes students who are income-eligible and/or homeless. Category II includes students who are English Language Learners as well as children who have educational disabilities as determined by the IEP team. Category III includes students who do not fit any of these categories. Category I students must be admitted to pre-K.

- **Head Start**: Services are provided to children ages three to five years. By federal regulation, 10% of students in Head Start have a disability. They are enrolled without regard to family income.
Central IEP (CIEP)

Purpose
The CIEP team meets

- to consider referrals made by public schools when the special education needs of a student are more intensive than can be supported within our public-school special education continuum, and
- to monitor the progress and on-going needs of students currently placed in nonpublic settings.
What’s Different about It?
A language dominance screening is conducted to determine the language of any agreed upon assessments. As mandated by state and federal law, students should be assessed in the language or languages that will yield the best results.

Interpreters may be used during scheduled meetings or to assist the school-based team with completion of the Parent/Guardian Questionnaire. If there is a question as to whether or not a parent would benefit from the presence of an interpreter, check the student’s Home Language Survey for parent communication preferences. Whenever possible, verbal and written communication is provided in the parents’ preferred method of communication.

A copy of the Parent Rights –Procedural Safeguards Notice may be found on the AACPS website. Included at the back of the Notice are the following additional resources:

- Contacts for Receiving Additional Information Regarding Formal Dispute Resolution
- Free or Low-Cost Assistance for Special Education Disputes
- Maryland State Department of Education (MSDE) Parent’s Guides to Frequently Asked Questions About Special Education Mediation
- MSDE Parent’s Guides to Frequently Asked Questions About Special Education Due Process Complaints
- MSDE Parent’s Guides to Frequently Asked Questions About Special Education State Complaints
- MSDE Parent’s Guides to Frequently Asked Questions About Facilitated IEP Team Meetings

The Notice (without the above additional resources) is also available in the following languages:

<table>
<thead>
<tr>
<th>English</th>
<th>Arabic</th>
<th>Bengali</th>
<th>Burmese</th>
<th>Chinese</th>
<th>French</th>
<th>Gujarati</th>
<th>Haitian Creole</th>
<th>Hebrew</th>
<th>Hindi</th>
<th>Korean</th>
<th>Nepali</th>
<th>Polish</th>
<th>Portuguese</th>
<th>Russian</th>
<th>Spanish</th>
<th>Tagalog</th>
<th>Turkish</th>
<th>Urdu</th>
<th>Vietnamese</th>
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They may be downloaded by clicking on the above language links to the Maryland State Department of Education (MSDE) website.

Based on the screening, the student will generally be identified as one of the following:

**English Dominant:** All testing will be conducted in English by school-based personnel. The school may contact the BSAT members regarding recommended assessments and procedures.

**Other Language Dominant:** All testing should be done bilingually. Nonverbal cognitive assessments alone are not recommended. The school-based psychologist should refer to the Language Dominance Response Form for specific guidance.

**Mixed Dominant:** Any academic and speech/language testing will be completed by assigned BSAT members. The school-based psychologist completes any assessments in consultation with the BSAT school psychologist.
Student Assessment Team: Diagnostic Prescriptive

The purpose of the Diagnostic Prescriptive Student Assessment Team (D/P SAT) is to assist schools with the special education process, which may include identification of an educational disability and appropriate programming as needed. The D/P SAT consists of a School Psychologist, Speech/Language Pathologist and Special Educator.

There are a variety of reasons why the D/P SAT would be involved in a case: support with difficult cases, dispute resolution, or other unique circumstances. The Special Education Resource Teacher (SERT) or Specialist assigned to your school must be involved in the case prior to involvement from the D/P SAT. The SERT or Specialist will contact the appropriate coordinator to make the request. Participation of the D/P SAT is only through approval from the Program Manager of Compliance and Legal Issues.
Process for Parentally Placed Private, Religious and Home-Schooled Students

Referrals for special education testing for Private and Religious (P/R) and Home-Schooled students must emanate from the Compliance Office at the Board of Education. Parents are directed to contact the Compliance Office Technician at 410-222-5479. The technician will open the case, determine the student’s Anne Arundel County Public School (AACPS), send forms to the parent to be returned to the designated AACPS School, and send the school the referral information.

When a referral for educational testing (due to suspicion of an educational disability) is made for P/R and Home-schooled students, the special education process is followed the same as if it were for a public-school student.

1. Upon receipt of written request for testing, the student’s home school (or in the case of a student residing outside of AACo, the school closest to the P/R School) is to schedule an IEP meeting (to review all available, current screening information and determine if an evaluation is needed).

2. For P/R students, a representative from the P/R school must be invited to the IEP meetings on the IEP Team Meeting Notice if the parent provides consent. In that case, the invitation must be sent to the P/R school.
   a. If the P/R representative declines the invitation or does not attend the IEP meeting, their lack of participation must be noted in the IEP Meeting Report – Prior Written Notice with an explanation.
   b. The P/R representative may participate by phone; however, their input must be documented in the IEP Meeting Report – Prior Written Notice and their name must appear on the List of Attendees indicating they participated by phone.

3. If testing is warranted AND parent consent is granted for testing, the school team completes assessments, writes the assessment reports, schedules the next IEP meeting (to review evaluation information and determine if a disability exists), and sends the IEP Team Meeting Notice to the parent and if a P/R student, to the student’s P/R school (with parent consent).

4. If the student* is found eligible for services, the school team asks the parents if they intend to keep their child in their present location while having AACPS implement a Service Plan (SP) or if they are considering enrolling their child in AACPS, and want an Individualized Education Program (IEP) to be developed for their child to be implemented by AACPS.

5. If the student resides outside of AACo but is educated in a PR school located in AACO, AACPS will not develop an IEP, even at parent request. These students should contact the school district of their residency if they are seeking an IEP.
6. Parentally placed students in a PR school receiving services through a SP are not entitled to the same services they may receive if they were enrolled in an AACPS school. Services they receive are based on a monetary value determined by a formula that the federal government has developed.

*NOTE:* Students that are home schooled will follow the same eligibility process as P/R schooled students for identification purposes, however, eligible home-schooled students will not receive SPs.
Provision of a Free Appropriate Public Education (FAPE) to Eligible Juveniles Detained or Incarcerated in Local Adult Facilities (LACFs)/Detention Centers

Students with disabilities who are detained or incarcerated in Local Adult Facilities (LACFs)/Detention Centers must be provided with FAPE. Anne Arundel County Public Schools provides these students FAPE through the Home and Hospital Teaching Office. Anne Arundel County Public Schools will meet annually, prior to each school year, with the in Local Adult Facilities/Detention Centers in Anne Arundel County (Jessup, Ordinance Road and Jennifer Road) to review the following policies and procedures regarding the provision of special education and related services, including confidentiality requirements in the Family Education Privacy Rights Act.
Identification of students requiring OT and/or PT

Students with disabilities may receive occupational and/or physical therapy as related services to their special education programs, when the unique expertise of an occupational therapist (OT) and/or physical therapist (PT) is required for the student to access, participate, and progress in the learning environment.

Description of Occupational Therapy and Physical Therapy Services
Occupational and physical therapy are among the services that are available to children with disabilities under Parts B and C of IDEA 2004. Occupational and physical therapy practitioners, having skills and knowledge based on sound anatomical, physiological, and theoretical constructs, provide a unique service to children with disabilities and contribute specific expertise to the team responsible for meeting the child’s educational or family service plan needs. The IDEA Part B code of federal regulations [CFR 34 §300.34] defines occupational therapy and physical therapy.

Referral
A referral for an occupational or physical therapy evaluation is initiated when the school team, including the therapist, reviews screening information and the review suggests that a sensory, motor, or physical dysfunction is interfering with the student’s ability to participate in his/her educational program. Therapist observation of the student in the natural learning environment should occur prior to initiating the referral process.

Assessment
The OT and/or PT will select the appropriate assessment procedures. Results from objective testing must be verified by, or compared/contrasted to data gained through observation and other formal or informal assessment procedures before a student may be identified as requiring OT or PT as a related service. This should include observation of performance in school activities and communication with school staff. With parental consent, communication with medical personnel and/or agencies may be appropriate.

As outlined by the American Occupational Therapy Association (AOTA) and the American Physical Therapy Association (APTA) in the MSDE publication, Occupation and Physical Therapy Early Intervention and School-Based Services in Maryland: A Guide to Practice, best practice regarding school-based evaluation supports a top-bottom approach (for definition see page 25, paragraph 2) while ensuring alignment with federal and state laws. In Part B, the IEP team, which includes the parents and the student (as appropriate), identifies the areas of concern, barriers, and supports necessary to achieve the functional outcomes needed to facilitate participation in selected environments and progress in the general education curriculum.

Outside assessments and/or recommendations from medical facilities or private practices must be reviewed and considered by the IEP team; however, because they were completed in a clinical setting, the relevance of the results to student performance in the educational environment needs to be determined. It may be the responsibility of the OT or PT to interpret for the IEP team and parents the results of these outside assessments and discuss the relationship to the student’s ability to access, participate, and progress in his/her educational program.
Determining Need for OT or PT Services

Based on the individual needs of the student, the Present Levels of Academic Achievement and Functional Performance, and the goals and objectives, the IEP team, with recommendations from the OT or PT team member(s), determines necessary related services. The following should be considered when making recommendations:

▪ Supplementary aids, services, program modifications, and supports that require the expertise of the occupational or physical therapist;
▪ The performance skills to be addressed;
▪ The availability of other school team members to implement the student’s program; and
▪ The level of expertise required to provide the services to the student and on behalf of the student.

Implementation of OT and PT Services

Examples of OT/PT Services on Behalf of Students from the *Occupational and Physical Therapy Early Intervention and School-Based Services in Maryland: A Guide to Practice*, (see pages 29-31 for details):

▪ Educating and training other team members
▪ Modifications to environment and curriculum
▪ Equipment and Technology
▪ Communicating with medical professionals, local agencies, and vendors
Identification of students with Visual Impairments

Services Description:
Vision Services provide services to children, ages birth through 21, who have been identified as visually impaired. Teachers of the Blind and Visually Impaired and Orientation and Mobility Instructors deliver itinerant vision services to students in their home school or current school placement.

The population of children identified as blind or visually impaired is extremely diverse. These children display a wide range of vision difficulties and require varying adaptations for their vision loss. With regard to degree of vision, the student population ranges from children who are totally blind or have minimal light perception to varying degrees of low vision. For some students, a visual impairment is their only disability while for others it is one of several identified disabilities that will affect learning.

In addition, students with similar degrees of vision loss may function very differently. Visual functioning is determined by the nature of the diagnosis as well as multiple additional factors (i.e. cognitive ability, physical/motor development, emotional factors, and experiential backgrounds). Therefore, in addition to the nature and extent of the visual loss, a variety of factors need to be considered in designing an appropriate educational program for a blind or visually impaired student and these factors could change over time.

Referral Process
If an educator or parent suspects that a student has a visual impairment, the Vision Resource Teacher (VRT) should be contacted immediately to participate in the referral process. The team, with the assistance of the VRT, will review all available information to determine if a possible visual impairment is indicated. This information may include school vision screening, medical reports, classroom teacher reports, and educational data. Based on the findings of the inquiry, the team, with the assistance of the VRT, will then determine the next appropriate step, which could include school based interventions, referral to the 504 committee, or referral to the Individuated Education Program (IEP) team. The VRT or a Teacher of the Visually Impaired (TVI) must participate in reviewing the screening information to determine if a vision evaluation is needed.

Evaluation
IDEA provides specific guidance in the evaluation of students with visual impairments. An evaluation must assess in all areas related to the child’s suspected disability by trained and knowledgeable personnel. An assessment should include the nature and extent of the child’s visual impairment and its educational impact. This should include how it interferes with the child’s ability to be involved in and progress in the general curriculum. The evaluation must include a review of a current medical report (within one year), a functional vision evaluation and a learning medium assessment. It may also include the evaluation of skills in Orientation and Mobility, assistive technology, and other functional skills.
Vision Services
Vision Services are provided by a certified Teacher of the Visually Impaired (TVI). In addition to mastering skills taught to all children, children with visual impairments must receive instruction in the skills the IEP team determines are necessary for the child to obtain access to information needed to participate in the general education curriculum as well as the development of skills related to future employment, vocational training or postsecondary education. For a student with a visual impairment, these skills are often referred to as the Expanded Core Curriculum. These skills include compensatory skills in communication and listening, Braille, social interaction skills, recreation and leisure skills, visual efficiency skills, use of assistive technology devices, low vision aids, and career education.

Orientation and Mobility
Orientation and mobility (O&M) is defined as a related service provided to blind and visually impaired students by an O&M instructor to enable students to attain systematic orientation to and safe movement within their environments in school, home, and community. It includes the teaching of the following:

- Spatial and environmental concepts and use of information received by the senses to establish, maintain, or regain orientation and line of travel
- To use the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision
- To understand and use remaining vision and distance low vision aids
- Other concepts, techniques, and tools.

Special Considerations in the IEP Development of a Student with a Visual Impairment to be addressed on the IEP:

- In the case of the student who is blind or visually impaired, including students with deafblindness, and multiple disabilities, if one of the disabilities includes a visual impairment, the IEP team shall address the provision of instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the student’s reading and writing skills, needs, and appropriate reading and writing media (including and evaluation of the student’s future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student. On the IEP, the team must answer each of the questions related to this information for a student with a visual impairment.

- Maryland Code/Education/Title 8-307.1 states that parents must be provided with notice of the availability of programs offered at the Maryland School for the Blind (MSB). The Teacher of the Visually Impaired can provide information about the multiple opportunities at MSB, including outreach opportunities, summer programs, teen programs, parent trainings, etc.

- In accordance with Maryland State Law, parents and guardians of students who are blind or visually impaired must be given verbal and written information on the availability of Orientation and Mobility (O&M) as a related service. Individuals who qualify for Special Education services as a student with a visual impairment are eligible to receive O&M as a related service. Recommendations for assessment are determined on an individual basis.
Identification of students with Deafness or Hearing Impairment

Identification
If a school team suspects a student has a hearing loss or has a student with a documented hearing loss, the educational audiologist or the central office resource teacher for deaf and hard of hearing students should be contacted for assistance prior to developing a 504 plan or referring a student to IEP. Documentation of hearing loss can either be obtained from private audiological evaluations or students can be referred for an audiological evaluation through the Referral Process/Student Evaluation Plan. School teams should refer to the “eligibility criteria for students with deafness or hearing impairment” in Appendix D and follow the IEP process outlined in Chapter 2 to determine if a student with an identified hearing loss is eligible for special education and related services.

FM Systems
FM amplification systems transmit the teacher's voice directly to the student at a constant level, ensuring that the teacher's voice is heard above the level of background noise, regardless of the teacher's distance from the student.

If an FM system is being considered for a student, the educational audiologist or central office resource teacher for deaf and hard of hearing students must be consulted to assist the team in determining if an FM trial is warranted and to assist with implementation of the trial.

Interpreter Service
If interpreter service is being considered for a student who is deaf or hard of hearing, the central office resource teacher for deaf and hard of hearing students must participate in the IEP meeting and assist in the final determination of the student’s need for this service.

Maryland School for the Deaf (MSD)
Parents of students who have been identified as deaf or hard of hearing must be informed about the Maryland School for the Deaf (MSD) at the IEP meeting and confirmation of this notification should be indicated on the Special Consideration page of the IEP.

Signs and Symptoms of Hearing Loss
Physical Conditions
- Draining ears
- Ears filled with dried wax or crust from draining ears
- Inflammation of the ear and areas around it
- Mouth breathing
- Skin tags or pits on or near ears

Health History
- Chronic colds
- Ear infections
- Mastoiditis and meningitis
(Also watch for any evidence of hearing loss after measles, mumps, chickenpox, scarlet fever, typhoid, diphtheria and any acute head cold accompanied by a high fever.)

**Complaints**
- Pain in and/or around ears
- Ears feel full
- Ringing in the ears

**Behavior**
- Experiences difficulty with oral directions
- Watches speakers’ mouth intently
- Leans forward when listening
- Withdraws from social situations
- Puzzled expression during conversations
- Speaks loudly

**Audiological Evaluation**
The purpose of an audiological evaluation is to determine if a hearing loss exists, to what degree and to determine what type. The following procedures may be used:

**Tympanometry**
This test is appropriate for those at least 4 months old. It is an objective technique for measuring the mobility of the eardrum as a function of changing air pressures in the ear canal. The results provide information about the status of the eardrum and middle ear system (i.e. no eardrum movement may indicate middle ear effusion/fluid; negative pressure may suggest Eustachian tube dysfunction, etc.).

**Behavioral Testing**
Behavioral Observation Audiometry (BOA), Visual Reinforcement Audiometry (VRA) or Conditioned Play Audiometry (CPA) can be utilized with children from 3 months to 4 years of age. Children are conditioned to respond to tones and speech (i.e. turning toward a test signal, picture pointing, verbally, etc.). Generally, young children do not willingly accept the use of earphones. Therefore, testing is conducted through the speaker system or in the “sound field”. Individual ear information cannot be obtained until the child will wear earphones.

**Routine Audiometry**
Routine audiometry can be performed on children at least 4 years of age who will accept earphones and can be instructed to raise their hand when a sound is heard. Tonal stimuli are presented at specific frequencies to determine the child’s hearing acuity. The patient’s ability to understand the instructions and willingness to cooperate are the only limits to the test’s accuracy.

***Auditory Brainstem Response (ABR)**
The auditory brainstem response (ABR) test evaluates the function of the auditory pathways within the central nervous system. It may be performed while the child is sleeping, sedated or awake, but the child must remain still. By placing three patches which contain electric sensors (electrodes) on the child's head and ear, the ABR records electrical responses to sound stimuli as they travel from the inner ear to the brain. The result is a wave with five peaks. Information about the patient’s hearing sensitivity may be deduced
from analyzing the size of the peaks and the time required to form them. An ABR may be recommended if hearing status cannot be obtained through other methods or to confirm a hearing loss.

*Otoacoustic Emissions*

Otoacoustic emissions (OAEs) are weak acoustic signals that occur in ears with normal hearing after the presentation of a stimulus. These signals are emitted from the cochlea (the organ of hearing). A probe placed in the ear canal produces a stimulus and records the response from the inner ear. OAEs test the function of the cochlea and help identify children who are at risk for hearing impairment.

*These tests may be used for the universal newborn hearing screening.

**Audiogram**

An audiogram is a graphic representation of audiometric data. It is a picture of your hearing ability. The audiogram is used because it provides a convenient way to visualize hearing ability on a scale related to the “normal” range of hearing. The vertical lines on an audiogram represent pitch or frequency. Low frequencies start on the left side of the graph and each line to the right represents a higher frequency. Moving from left to right on an audiogram would be consistent with moving from left to right on a piano (low to high pitches). The horizontal lines on an audiogram represent loudness or intensity. The zero decibel (dB) line is located at the top of the audiogram and represents a barely audible sound. Each line below represents a louder and louder sound.

**Audiogram of Familiar Sounds** (Adapted from the American Academy of Audiology and Northern, J. & Downs, M., Hearing in Children, (5th Edition, pg. 18), Lippincott Williams and Wilkins, Baltimore, MD, 2002.)
5 Day Disclosure Rule

As of July 1, 2010 all schools are required by law (Education Article §8-405, Annotated Code of Maryland) to provide parents with an accessible copy of each:

At least (5) business days BEFORE the scheduled IEP meeting
- Assessment Report (to include report/s provided by the parent)
- Draft IEP*
- Data chart(s)**
- Other documents the IEP team plans to discuss at an upcoming IEP meeting

Within 5 business days AFTER the IEP meeting parents must be provided with an accessible copy of:
- Finalized IEP
- Finalized Meeting Report
- Other finalized document(s) that the team discussed at the meeting

Further Clarification
- “Business day” is defined as Monday through Friday, except for federal or state holidays, when the Board of Education is open for business whether or not students and teachers are required to be in attendance for instruction.
- Data should always be incorporated into IEP PLAAFPs and assessment reports. Protocols, raw data, and personal notes should never be disseminated as separate documents. In fact, protocols may not be copied or released unless subpoenaed within Due Process proceedings.
- An assessment report, or other document prepared by a school psychologist or other medical professional that the team plans to discuss at the meeting may be provided orally and in writing prior to the IEP meeting. If school personnel are unable to provide the parent/guardian with accessible copies of the materials at least 5 business days before the scheduled meeting due to an extenuating circumstance, school personnel are to document and communicate to the parent/guardian the extenuating circumstance that prevented school personnel from providing accessible copies of the materials. Specifically, on the IEP Team Meeting Report form, the IEP team must address the 5 Day Disclosure Rule field added to this report which addresses disclosure and extenuating circumstances.

Examples of an extenuating circumstance might include inclement weather causing school closure resulting in an inability to obtain records, unavailability of an interpreter to translate documents, or documented medical emergency for a developer of any document required to be disseminated under the 5 day disclosure rule. A few examples which would NOT be considered extenuating would be testing not completed in time, insufficient time to write the assessment report, and lack of personnel to mail or deliver the documents.
Timeline with Required Forms for Meetings

**TIMELINE**
**DAY 1-90**

**Initial Referral Date**
By Parent: date of receipt of the written request
By Staff: date team suspects a disability
It should never be the same date as the Screening meeting.
The IEP team schedules a meeting within 30 days or less from the date of request.

**Screening**
IEP team meets to review existing data and determine if evaluation is needed

**Consent for Evaluation**
The parent provides written consent for evaluation to proceed, or declines and the process stops

**Eligibility Determination**
IEP team meets to review results of assessments and determine eligibility for special education services

**Day 90-120**
**Initial IEP Development**
If the student is eligible, the team develops an IEP within 30 days of eligibility determination, and obtains written consent for initiation of services from the parent(s)/guardian(s).

**FORMS/Processes**

**Initial Referral and Screening**
Meeting Process
- Meeting notice
- IEP Team Meeting Report (Prior Written Notice)
- IEP Meeting Attendees sheet
- Student Notice (if applicable)

Referral Process
- Referral
- Summary of Student Performance
- Student Evaluation Plan
- Data Consent Granted (only for Tienet purposes)
- Records Release Authorization (if applicable)

**Eligibility Determination**
Meeting Process
- Assessment Report(s) - all areas
- Team Consideration of External Report (if applicable)
- Comprehensive Evaluation Review
- Assessment Observation Checklist and Report(s)

**Initial IEP Development**
Meeting Process
- Draft IEP
Timeline with Required Forms for Meetings

IEP Implementation & Progress Reporting

Annual Review
- Update IEP using assessment results

Annual Review
- (within 364 days of current IEP)

Reevaluation
- Review assessment results

Reevaluation (Screening)
- Review screening information to determine if reevaluation is warranted

Annual Review
- Meeting Process
- IEP
- Progress Reports
- BIP (if applicable)

Develop Reevaluation Plan
- Meeting Process
- Referral Process
- Date Consent Granted

Annual Review
- Meeting Process
- IEP
- Progress Reports
- BIP (if applicable)

Manifestation Meeting Process
- Meeting Notice - Manifestation Determination
- IEP (required)
- Anecdotal or other records of student’s behavioral history
- FBA /BIP
- Attendance Records
- Any relevant assessment or behavior reports including discipline referrals.
- Referral Process (if applicable), Date Consent Granted
Parent Surrogates

The Individuals with Disabilities Education Act (IDEA) requires that state and local education agencies involve parents in decisions regarding their child's special education needs. In specific circumstances, a parent surrogate must be appointed to represent the student and protect the student's rights in matters relating to the identification, evaluation, educational placement, and provision of a free, appropriate public education (FAPE) to the student.

“Parent” means a child’s natural or adoptive parents; a guardian (but not the State if the child is a ward of the State); a person acting as a parent of a child such as a blood relative with whom a child lives; an individual who is legally responsible for the child's educational welfare; or an individual appointed to be the student’s surrogate parent. The state may allow the foster parent to act as a parent, if the natural parent’s authority to make educational decisions on the child’s behalf has been extinguished, and the foster parent has an ongoing, long-term parental relationship with child, is willing to make educational decisions required, and has no interest that would conflict with interests of child. Additionally, although a social worker assigned to the student cannot be considered as a parent (they represent the state), a student’s agency social worker or other agency case worker can determine that a surrogate is needed, even if the parental rights have not been terminated.

Identification/Recruitment of Parent Surrogates

The Compliance Specialist coordinates locating and training individuals to serve as parent surrogates. The Compliance Specialist will recruit parent surrogates through the use of at least two media sources. The Compliance Specialist determines, through review of an application form and investigation of the information provided on that form, that anyone who serves as a parent surrogate:

▪ is at least 21 years of age
▪ has no personal or professional interest that conflicts with the interest of the student she or he represents;
▪ has knowledge and skills that ensure adequate representation of the student (or receive that knowledge and skill through County-sponsored training);
▪ is not an employee of any public agency involved in the education or care of the student (e.g., Maryland State Department of Education, Local Education Agency, Department of Social Services, Department of Juvenile Justice, Department of Mental Health and Hygiene, etc.); and
▪ represents the student in all matters relating to the identification, evaluation, educational placement of the student and the provision of a free, appropriate public education (FAPE) to the student.

A parent surrogate will be appointed to protect the rights of a student with disabilities when:

▪ no parent can be identified by the school or outside public agency such as the Department of Social Services, Department of Juvenile Services, or Developmental Disabilities Administration;
▪ the student’s parents are deceased;
▪ AACPS cannot, after checking with the above-listed agencies or other family members or persons with whom the student resides, discover the whereabouts of a parent (See NOTE on next page); or
the student is a ward of the state, under the laws of the state, and the specific court order rescinding natural parental involvement is made available to the school; and

the student is under the age of 21.

**NOTE:** When a parent cannot be located:

- the public agency must document the reasonable efforts made to identify or locate the parent;
- document the efforts made over the course of 15 business days to identify the parent if unknown, or to locate the parent if unavailable that include, at a minimum:
  - a search of telephone directories; and
  - letters sent by certified mail.

Efforts to locate the parent or parent’s whereabouts must also include contacting the agency with responsibility to care for the child, known relatives of the child, and other persons interested in the child. A social worker’s or a pupil personnel worker’s report of efforts made to contact the parents may be used under these circumstances.

Parent surrogates are generally not appointed for students in foster care whose parents are known and are actively involved with the student. A parent surrogate is not needed when a student is living in the home of a relative if that person is acting as a parent of the student.

**Determining Student Need for a Parent Surrogate**

The building administrator, or designee, is responsible for notifying the Compliance Specialist when:

- a court order terminating parental rights for a student receiving special education services is presented to the school;
- building personnel are unable to identify the parent as outlined above;
- a social worker or other agency worker assigned to the student’s case determines that a surrogate is necessary; or
- the student with disabilities, or suspected disabilities, is in the care and custody of the court.

The Compliance Specialist will conduct an investigation to determine if the student is in need of a parent surrogate. Information collected will be maintained in the student's special education and/or cumulative file.

**Application for Appointment of a Parent Surrogate**

The Director of Special Education, having determined that a student is in need of a parent surrogate, will prepare and submit to the Superintendent of Schools of the AACPS, an application for the appointment of a parent surrogate. The application will include:

- the name, date of birth, gender, legal domicile, and present residence of the student;
- a statement that the student is eligible for the appointment of a parent surrogate based on approved eligibility-determination procedures;
- documentation, as applicable, of the efforts made to identify the parent, if unknown, or to locate the parent, if unavailable; and
▪ the name and qualifications of the proposed parent surrogate who the AACPS considers to be qualified to represent the student in the special education decision-making process.

The Superintendent of Anne Arundel County Public Schools will approve or reject the requested appointment of a parent surrogate within ten days after she/he receives appropriate eligibility documentation. Once the appointment is approved, the student entrusted to the parent surrogate will be represented by that person in the special education decision-making process until the parent of the student resumes responsibility for representing the student or the student no longer receives special education services. A parent surrogate may resign his or her responsibility at any time and should give the Compliance Specialist sufficient notice (at least one month) so that a new parent surrogate can be appointed to represent the student.

Documentation of parent surrogate appointments will be maintained in the special education file of the student involved and in the parent surrogate’s file in the Division of Special Education.

**Request for Termination of Appointment of a Parent Surrogate**

The Individualized Education Program (IEP) Team Chairperson will notify the Compliance Specialist if it is felt that any parent surrogate appointment should be terminated. Such a request is appropriate if the parent surrogate:

▪ is not properly performing the duties of the parent surrogate (i.e., not attending meetings, not participating as an equal partner in the process, not seeking and utilizing current information in the performance of his/her duties); or

▪ has an interest that conflicts with the interests of the student to whom the parent surrogate is assigned. The Compliance Specialist will conduct an investigation to determine that the duties of the parent surrogate are not being adequately performed and collect documentation to support the allegation. If it is found that the parent surrogate is not performing the required duties, the Compliance Specialist will forward a request for the termination of the appointment to the State Superintendent of Schools, including the following information:

▪ the reasons for requesting termination; and

▪ the name and qualifications of another individual proposed as a new parent surrogate.

Documentation of the termination of appointment will be maintained in the special education file of the student involved, and in the parent surrogate’s file in the Division of Special Education.

**Notification to the State Superintendent**

Written notification of the parent surrogate appointment will be provided to the State Superintendent within 30 days of the appointment. The notification includes:

▪ the student’s name and date of birth;

▪ the parent surrogate’s name;

▪ the date of the appointment of the parent surrogate; and

▪ any other information deemed applicable.
Parent Surrogate Training
The Compliance Specialist will provide training for all potential parent surrogates who have not previously acquired needed knowledge and skills, in order to ensure the capability of the parent surrogate to fulfill the following responsibilities:

- becoming thoroughly acquainted with the student, the student's educational history and any other information contained in school files and reports relating to that student's educational needs;
- becoming familiar with the student's current education program and with appropriate alternatives;
- participating in the planning, development and approval or disapproval of the student's individualized educational program (IEP);
- monitoring the student's educational development by attending in person or, in limited circumstances, via communication systems, parent-school planning and evaluation meetings;
- acting as the student's parent/advocate by requesting educational services or making complaints about services or the lack of services, if necessary; and
- representing the student in any due process procedure, including the initiation of complaint and/or appeal procedures, and the seeking of qualified legal assistance when such assistance is in the best interest of the student.

This training may be provided annually but can be provided individually in order to ensure the timely appointment of a parent surrogate. Training information will include:

- orientation to the various disabilities;
- instruction in the process of identification, evaluation, and educational placement in special education;
- instruction in procedural safeguards and parental rights and responsibilities;
- information regarding confidentiality and records management; and
- information regarding the guidelines for appointment, duties, and termination of appointment.

A "Certificate of Training" will be maintained in the parent surrogate files in the Division of Special Education.
Arundel County Public Schools (AACPS) is committed to educational excellence by "Elevating all Students, Eliminating all Gaps." To that end, AACPS offers a full continuum of specialized instruction and related services, as determined by the Individualized Education Program (IEP) team, to meet the unique needs of each student in the least restrictive environment. All special education services are provided keeping our mission of “preparing each child (Birth to 21) to contribute to their communities in meaningful and positive ways, by providing specialized instruction, allowing for individual differences and learning styles, and developing independence,” as the priority for our students. Decisions regarding which service delivery model is appropriate to meet the individual needs of each student is made by the IEP team, including the student’s parents or guardian.

Consultative Services
Consultative services provide the classroom teacher and other staff working with the student with strategies for instruction, implementation of accommodations and supplementary aids and services, behavior and/or social emotional supports, data collection. These services can be provided by the special educator and/or related service providers, using observation, evaluation, and feedback in the general education environment. Consultative services involve ongoing and regular communication between service providers and observation of students.

Direct Services
In the General Education Setting
AACPS is committed to providing specialized instruction in the least restrictive environment through the use of differentiated instruction, flexible grouping, and co-teaching strategies. Direct services may be provided by the special education teacher, general education teacher, related services providers, and/or teaching assistant in the general education setting.

Outside of the General Education Setting
In cases where the student requires a more restrictive learning environment in order to make progress, AACPS provides a full continuum of options. The decision about the appropriate learning environment for a student is made by the IEP team based on individual student needs. Specialized instruction and/or related services may be provided outside the general education classroom for a part of the day or for the full school day, as determined by the IEP team. Services outside of the general education classroom may be provided by AACPS staff members in AACPS school buildings or through partnerships with nonpublic schools co-located in some AACPS schools. Specialty sites, such as Alternative Academic Curriculum classes, Regional Programs serving students with emotional and/or behavioral needs, or Autism Classes, offer services both in and outside of the general education setting, and are located at specific schools throughout AACPS. AACPS also provides specialized instruction in separate special education centers for our students with the most intensive needs.
Services Description

Preschool Services

Services may be provided in a variety of settings. The goals of the IEP and where the child spends the day are the determining factors in where services are provided. The following is the continuum of options for preschoolers:

Community-Based Services (CBS): Services are provided to children with mild to moderate delays in general education, community-based settings. Such settings can include private preschool; childcare; Head Start; and other site-based locations. The idea is for children with delays to be integrated in typical environments and for services to be provided on-site to them and to their teachers. Special educators and therapists (speech, occupational, physical) come to the school or site and provide intervention. For more information, contact the Community-Based Services lead teacher at 410-222-0922.

Single services: Children with only motor or speech delays or disorders [generally for articulation issues] may be seen at their local elementary school by a school system speech-language pathologist, occupational therapist, or physical therapist; typically this is done in a small group setting.

Early Childhood Intervention (ECI) Classes: There are elementary schools throughout the county that have an ECI class. The goal of an ECI program is to provide intensive instruction in relatively small classes with a special education teacher, teacher assistant and speech language pathologist. Children have moderate and severe delays and need to focus on basic language and cognitive concepts as building blocks for academic success. The program is 2.5 hours per day and children can attend for as little as two half days per week or as many as five half days. Sessions are held in the morning and afternoon. The parents and educators determine the amount of time that is needed to achieve developmental goals through an Individual Educational Program (IEP). Bus transportation is provided to and from school. Many schools with an ECI class also have a pre-K class; these co-located classes provide opportunity for integration of children between ECI and pre-K. For more information contact the Early Childhood Intervention Specialists.

Services for School Aged Students Outside of the General Education Classroom

Alternative Academic Curriculum Classes

Profile of Students

- Students have a wide range of disabilities
- Students generally have moderate to significant cognitive disabilities
- Students in grades 3-12 participate in the Alternative State Assessment as indicated on their Individualized Education Program (IEP)

Instruction

- Students participate in all core academic subjects (language arts, math, social studies, and science)
- Teachers utilize an alternate curriculum aligned with College and Career Ready Standards
- Math instruction includes components of the core math program along with alternative activities that align with the student’s needs
- Reading instruction includes utilization of stories from the core reading/language arts program and alternative activities that are modified to meet the student’s needs
Least Restrictive Environment/Integration
- Students participate in cultural arts, lunch, and recess with non-disabled peers
- To the maximum extent appropriate students participate in general education content classes. This is an individualized determination based on the student’s strengths/IEP. High School students may participate in community-based activities.

Specific Program Supports:
- Small group settings for instruction
- Alternative reading programs or interventions, based on student need
- Behavior supports and social skill instruction based on student need

Autism Classes
Profile of Students
- All students have Autism Spectrum Disorders
- Students generally need related services, behavior support, and benefit from a more highly structured learning environment
- Students in grades 3-12 participate in the Alternative State Assessment as indicated on their Individualized Education Program (IEP)

Instruction
- Students participate in all core academic subjects (language arts, math, social studies, and science)
- Teachers utilize the modified curriculum in reading and math
- Math instruction includes components of the core math program along with alternative activities that align with the student’s needs
- Reading instruction includes utilization of stories from the core reading/language arts program and alternative activities that are modified to meet the student’s needs

Least Restrictive Environment/Integration
- Students participate in cultural arts, lunch, and recess with non-disabled peers
- To the maximum extent appropriate students participate in general education content classes. This is an individualized determination based on the student’s strengths/IEP.

Specific Program Supports:
- Small group settings for instruction
- Alternative reading programs or interventions, based on student need
- Behavior supports and integrated social skill instruction
- High level of structure and visual supports

Regional Programs for Students with Behavioral/Social Emotional Needs
These classrooms or centers are located throughout the county at AACPS elementary and secondary schools.
Profile of Students
- Students exhibit behaviors that significantly impact their ability to benefit from instruction in a large group environment
- Students require a highly structured, consistent and intensive behavior management/ modification program to maximize their learning availability and achievement
- Students generally have an Emotional Disability or Other Health Impairment (ADHD)
Students require integrated social emotional/mental health support and services.

Students are diploma bound and participate in state assessments with accommodations as indicated on their Individualized Education Program (IEP). Accommodations are also provided to students as part of their daily instruction.

**Instruction**
- Students utilize grade level curriculum approved for county-wide use
- Students are provided with modifications and accommodations
- Teachers deliver small group instruction with interventions specific to both Reading and Math, as needed

**Least Restrictive Environment/Integration**
- Based solely on the individual’s progress in demonstrating self-regulatory skills. This is reviewed continually to maximize access with non-disabled peers.

**Specific Program Supports:**
- A variety of behavioral supports in a self-contained setting
- Small group settings for instruction
- Counseling and social skills instruction (scheduled and on an as needed basis)
- Highly structured, positive behavior management program
- Crisis intervention services as needed
- Psychiatric consultations/services as appropriate

**The Phoenix Academy**
The Phoenix Academy serves as a model for multi-agency collaboration and cooperation in bringing quality educational, social-emotional, and family support services to student and their families. The Phoenix Academy is designed to house two separate programs. These two programs serve both middle and high school students as follows:
- The Secondary Alternative Academy- Grades 10-12
- The E. D. Regional Program Grades K-12
- The Secondary Alternative Academy will serve students who are experiencing myriad barriers to learning in the comprehensive school environment grades 10-12 with the goal of achieving a high school diploma and/or industry certifications.
- The E. D. Regional Program is intended to serve the students who have not been successful in their home school or regional programs in the county. Elementary and middle school aged students receive specialized instruction in a Separate Public Day School Program. High School students may receive specialized instruction with nondisabled peers, as determined by the IEP team.

**Special Centers**
**Profile of Students**
- Students have a wide range of disabilities, behavioral and/or health needs
- Students generally have significant cognitive disabilities
- Students in grades 3-12 participate in the Alternative State Assessment as indicated on their Individualized Education Program (IEP)
Instruction
- Students participate in all core academic subjects (language arts, math, social studies, and science)
- Teachers utilize a modified curriculum
- Math instruction includes components of the core math program along with alternative activities that align with the student’s needs
- Reading instruction includes utilization of stories from the core reading/language arts program and alternative activities that are modified to meet the student’s needs

Least Restrictive Environment/Integration
There are no opportunities to receive instruction with nondisabled peers within the center, however, students may participate in community and vocational activities outside of the school setting.

Partnerships
AACPS partners with several nonpublic schools by co-locating nonpublic classrooms in AACPS comprehensive schools throughout the county. Partnerships with nonpublic schools provide specialized instruction for elementary, middle, and high school students, as determined appropriate by the central IEP team.

Nonpublic and Residential Schools
Students who an IEP team has determined do not benefit from receiving instruction with their nondisabled peers are referred to a central IEP team, where an appropriate placement is determined. All referrals to nonpublic schools, including residential schools, must be made by the central IEP team.