Oklahoma Parents Center

Statewide Parent Training and Information

Advocating for Children with Disabilities to Build a Better Future

This workshop is funded in part by the U.S. Department of Education, Office of Special Education Programs (OSEP) and the Oklahoma State Department of Education (OSDE) . Views expressed in this workshop do not necessarily reflect the opinions of the funders.

Oklahoma Parents Center

Building Relationships
Creating Successful Change…

A New Focus of the Oklahoma Parents Center…

WHAT ARE PARENT CENTERS?

PTI's are funded by the United States Department of Education under the Individuals with Disabilities Education Act

There are approximately 105 parent centers in the United States and Territories

Each state has at least one parent center, large populations have more

Staff are likely to be parents or siblings of children/adults with disabilities or have disabilities themselves

Resolve problems between families and schools or other agencies

Oklahoma Parents Center…

(OPC) is a 501 (c)(3) non-profit agency that operates the statewide federally funded Parent Training and Information Center (PTI) in Oklahoma. We are funded in part under the Parent Training and information Centers Grant Competition. (CFDA 64.3) The new project began October 1, 2007.

Mission Statement…

Oklahoma Parents Center is dedicated to the inclusion and equality of children and adults with disabilities. Our mission is to train, inform, educate, and support parents, families, professionals and consumers in building partnerships that meet the needs of children and youth with the full range of disabilities ages birth through twenty-six.

Building Bridges…

Building Relationships to Create Successful Change

Accessing Special Education Services

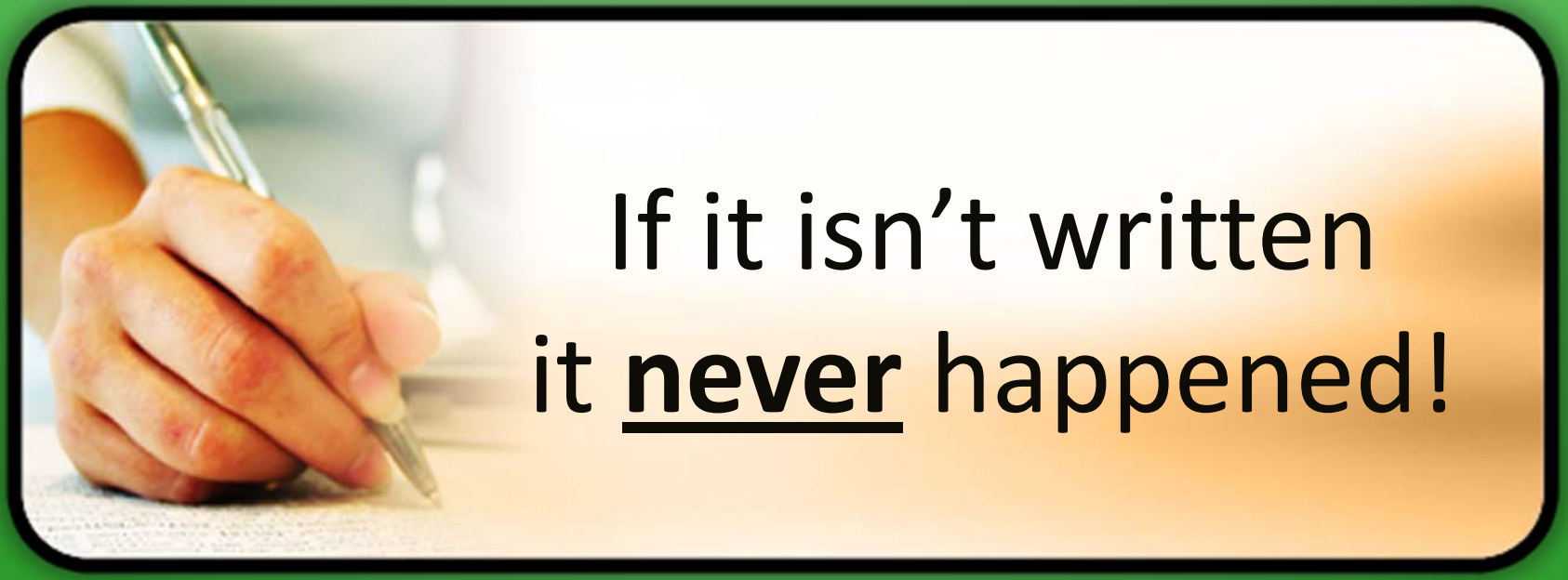
The key is understanding and following the process

Process of Accessing Special Education

- Requesting Initial Evaluation
- Review of Existing data (REDS)
- Signing consent for testing
- Eligibility Process (MEEGS)
- IEP or 504
- Problem solving as obstacles arise during the process

Requesting Initial Evaluation

Always put your request in writing


If it isn’t written
it **never** happened!

What to include in your request

- Explain *what* you would like done. i.e. evaluations to consider special education services
- Explain *why* you think this is needed
- Offer copies of any testing or other pertinent information
- Include your contact information
- Include a time frame to hear back from school
- cc to key individuals

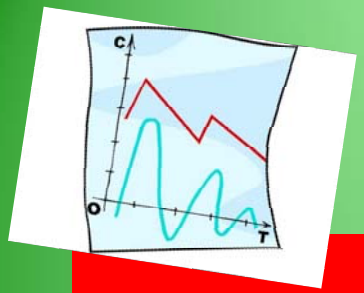
Review of Existing Data (REDS)

After you request evaluation for special education services, "a group of qualified professionals and the parent(s) must review existing **evaluation** data" to determine if additional testing is needed

(OSDE P&P, 67)

Types of data reviewed

- Page 66 OSDE Policies and Procedures
  - Evaluations and information provided by the parents of the child
  - Current classroom-based, local, or State assessments, and classroom based observations
  - Observations by teachers and related service providers



What is data?

Data is	Data is not
• Factual information, especially information organized for analysis or used to reason or ***make decisions.***	• A personal opinion
• Factual information (as measurements or statistics)	• A values statement
• information in numerical form	• A guess
	• Stating a child is lazy
	• Stating a child is willfully neglecting work

Signing Consent for Testing

If additional testing is needed the school will have the parent sign a "Parent Consent for Evaluation" OSDE form 4

PARENT CONSENT FOR EVALUATION

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

ACTION PROPOSED

☐ **Initial evaluation** of your child is proposed. An individual, multidisciplinary evaluation is recommended to determine your child's educational needs and to assist in possible identification of suspected disabilities, which may require special education and related services. The evaluations for your child are listed on this form. No actions will be taken with respect to the initial provision of special education and related services to your child before conducting the preplacement evaluation. If your child is identified as requiring special education and related services, you will have the opportunity to participate in the development of an Individualized Education Program (IEP) for your child. Parental consent is required for initial placement of your child.

☐ **Additional assessment for reevaluation** of your child is proposed. Additional assessment for reevaluation is recommended to obtain information needed to determine:

- ☐ Whether your child has or continues to have a particular disability;
- ☐ Present levels of performance and educational needs;
- ☐ Whether your child continues to need special education and related services; or
- ☐ Whether any additions or modifications are needed in your child's special education and related services in order to meet the measurable annual goals in the IEP and to participate, as appropriate, in the general curriculum.

Existing evaluation data and information are reviewed to determine what additional evaluations or assessments are needed. Upon completion of the evaluation, parents have the opportunity to participate in a team meeting to determine whether a child is eligible as a child with a disability and needs special education and related services. Parents will receive copies of the evaluation results and documentation of the determinations.

REASONS FOR PROPOSING THIS EVALUATION

Specific referral concerns/questions to be addressed in this evaluation _____

_____

_____

OPTIONS CONSIDERED AND REJECTED/BASIS FOR RECOMMENDATION

Describe any options considered, rejected, and reasons/basis for recommendations, including other relevant factors (e.g., approaches, interventions, supplementary aids, services, existing evaluations, information from the parent, observations, records).

_____

_____

PARENTS:

I have received an explanation of the proposed evaluation and the evaluation procedures to be utilized. I am aware of the protections provided under the procedural safeguards. I have received a copy of ***Parents Rights in Special Education***. _____ (Parent Initials)

Evaluation procedures to be utilized in assessing these areas of functioning are explained on this form. Qualified professionals will conduct evaluation procedures to provide a multidisciplinary assessment of your child's educational needs in your child's native language or other mode of communication. If you have further questions regarding these evaluation procedures, please contact the person indicated on this form.

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/ AGENCY TELEPHONE DATE

_____
STREET ADDRESS/POST OFFICE BOX CITY STATE ZIP

SCHOOL USE ONLY: Notice sent by: ☐ U.S. Mail Date Mailed_____
☐ Personal Delivery Date Delivered_____

Translation/interpretation needed? ☐ Yes ☐ No If yes, specify how and when provided._____

School/public agency official's signature verifies that parents have received an explanation in their native language or other mode of communication to accommodate the parents understanding their rights.

DESCRIPTIONS OF EVALUATION PROCEDURES
Check additional evaluation areas proposed for this child. Check only areas that need to be gathered. (Parental permission is not needed for screenings that are administered to all children in a class, grade, or school.)

☐ **HEALTH/MEDICAL:** Health and medical history, information about a child's health and medical status or medical diagnostic evaluation to determine a medically related disability

☐ **VISION:** Assessment of visual acuity, field of vision, and vision functioning as necessary to determine a vision-related disability

☐ **HEARING:** Assessment of hearing functioning and extent of hearing impairment as necessary to determine a hearing-related disability

☐ **MOTOR:** Assessment of gross and/or fine motor skills and abilities in relation to educational needs

☐ **COMMUNICATION/LANGUAGE:** Speech skills (including articulation, voice, fluency, and oral-motor) and/or receptive and expressive language skills and abilities (including phonology, morphology, syntax, semantics, and pragmatics)

☐ **ACADEMIC ACHIEVEMENT:** Assessments to measure academic achievement in such areas as listening comprehension, oral expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, mathematics problem solving, and written expression skills

☐ **INTELLECTUAL/COGNITIVE:** Assessment of child's ability to learn, including overall mental ability and cognitive functioning

☐ **PERCEPTUAL/PROCESSING:** Child's abilities to perceive and/or process information through visual, auditory, and sensorimotor means

☐ **DEVELOPMENTAL:** Assessment of child's developmental history, skills, and abilities in relationship to expectations for the age group.

☐ **PSYCHOLOGICAL, SOCIAL/EMOTIONAL:** Information collected and assessments of the child's social skills/emotional status, psychological concerns, behavior (may include data collection, rating scales, behavior observations, interviews, personal inventories, and projecti- tests)

☐ **FUNCTIONAL BEHAVIOR:** Information collected and assessments of the child's functional behavior (may include data collection, rating scales, behavioral observations, interviews, and personal inventories)

☐ **ADAPTIVE BEHAVIOR:** Assessment of child's general behavior in the school and home settings (may include adaptive behavior skills and activities in the community)

☐ **SOCIOCULTURAL:** Collection of information and procedures to consider potential influence of sociocultural background or cultural, linguistic diversity

☐ **OBSERVATION IN CLASSROOM/OTHER ENVIRONMENT:** Observations of child's performance and functioning in the classroom and/or other appropriate settings

☐ **VOCATIONAL:** Assessment of vocational interests, aptitudes, and skills

☐ **ASSISTIVE TECHNOLOGY:**

☐ **OTHER CONCERNS AND ASSESSMENTS:**

Suspected disability(ies) of the child (Must be one of the disability categories as listed in the *Policies and Procedures for Special Education in Oklahoma* manual.)_____

Based on this information, my signature indicates that I understand what is proposed and my rights concerning this proposal.

☐ **I give consent for the evaluation.** ☐ **I do not give consent for the evaluation.**

_____ _____

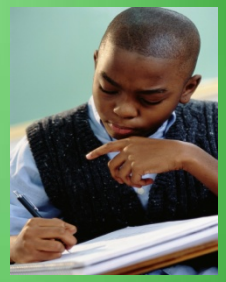
SIGNATURE OF PARENT **DATE**

Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS)

The school must complete testing within **45** school days, after parents sign Form 4

(OSDE P&P, pg. 71)

Evaluation Procedures



- Must use a variety of assessment tools
- Must NOT use a single tool to determine eligibility
- Use technically sound instruments
- Administered by trained and knowledgeable personnel
- Assessed in all areas of suspected disability
- Must be comprehensive enough to identify ALL potential needs.

(OSDE P&P, 69-70)

Eligibility group Meeting

- Must include (pg 77 OSDE P&P)
  - Parents
  - At least one regular education teacher
  - At least one special education teacher certified in the area of suspected disability
  - Specific qualified examiner knowledgeable about the MEANING of evaluation data
  - Others who may be knowledgeable about the child or disability

If the Child is Eligible

Must be

Found to be a child with a disability under IDEA

And require special education services

Then

The IEP team must meet and develop an IEP within **30** school days

If the Child is NOT Eligible

- **The parent can disagree**
  - Ask to reconvene
  - Ask for IEE
  - Ask for Mediation
  - File a State Complaint
  - File Due Process
- **The parent can ask for a 504 plan under ADA**

Written Notice

The parents should receive a OSDE Form 9 Written Notice from the school if their child is found *eligible* or *ineligible* for services.

WRITTEN NOTICE TO PARENTS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE _____ AGE _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

To: _____
PARENT

This notice is to inform you of the school district's intent as follows:

DESCRIPTION OF ACTION: ☐ PROPOSED OR ☐ REFUSED
To ☐ initiate or ☐ change the following:

- ☐ Identification of your child as having a disability which requires special education services
- ☐ Reevaluation to determine disability and nature, extent of special education and related services needed
- ☐ Educational placement
- ☐ Provision of Individualized Education Program (IEP)
- ☐ Other _____

Explanation of the proposal or refusal:

_____

Reason(s) for the proposal or refusal:

_____

Description of any options considered and reasons refused:

_____

Description of each evaluation procedure, test, record, or report used as a basis for the proposed or refused action:

_____

Description of any other factors relevant to the proposal or refusal:

_____

Written notice of these actions is required at least 10 calendar days prior to implementation unless agreed otherwise.

Parents have protection under the procedural safeguards. If you have any questions regarding this notice or your rights, please contact the person listed on this form.

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

SCHOOL USE ONLY:
NOTICE SENT BY: ☐ U.S. MAIL Date Mailed _____ ☐ Personal Delivery Date Delivered _____ ☐ Other Date Sent _____

Translation/interpretation needed? ☐ Yes ☐ No
If yes, specify how and when provided. _____

Written Notice to Parents

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Reevaluation procedures to be utilized in assessing these areas of functioning are explained on this form. Qualified professionals will conduct evaluation procedures to provide additional information, to the extent appropriate, on the basis of a review of existing evaluation data and input from the parents. Additional information may be needed to determine whether a child has or continues to have a particular disability; present levels of performance and educational needs; whether the child continues to need special education and related services; or whether any additions or modifications to the special education and related services are needed to meet the annual goals in the IEP and to participate as appropriate in the general curriculum. The appropriate extent of the reevaluation has been reviewed by the IEP team, with opportunity for parent participation and input.

Descriptions of Reevaluation Procedures (Check additional areas proposed for this child)

- ☐ **HEALTH/MEDICAL:** Health and medical history, information about child's health and medical status or medical diagnostic evaluation to determine a medically related disability
- ☐ **VISION:** Assessment of visual acuity, field of vision, and vision functioning as necessary to determine a vision-related disability
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- ☐ **MOTOR:** Assessment of gross and/or fine motor skills and abilities in relation to educational needs
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- ☐ **ACADEMIC ACHIEVEMENT:** Assessments to measure academic achievement in such areas as listening comprehension, oral expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, mathematics problem solving, and written expression skills
- ☐ **INTELLECTUAL/COGNITIVE:** Individually administered assessment of child's ability to learn, including overall mental ability and cognitive functioning
- ☐ **PERCEPTUAL/PROCESSING:** Child's abilities to perceive and/or process information through visual, auditory, and sensorimotor means
- ☐ **DEVELOPMENTAL:** Assessment of child's developmental history, skills, and abilities in relationship to expectations for the age group
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- ☐ **VOCATIONAL:** Assessment of vocational interests, aptitudes, and skills
- ☐ **ASSISTIVE TECHNOLOGY**
- ☐ **OTHER CONCERNS AND ASSESSMENTS:**

Getting Appropriate Services

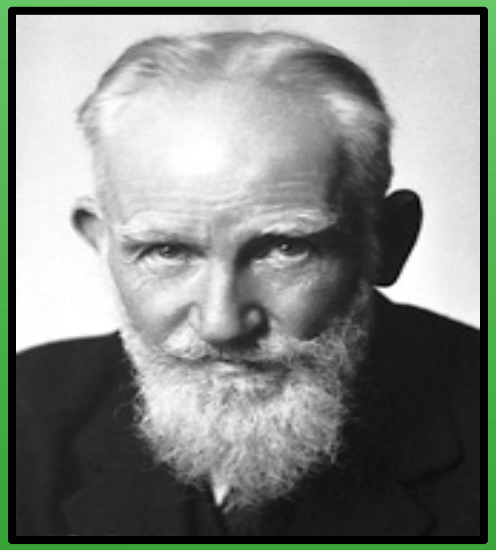
- Always ask in writing
- Needs to be Data driven
- IEP Team determines the services received
- Parent is part of the IEP Team
- Parent can disagree
- If parent disagrees, follow procedures in Parents Rights

Problem Solving During the Process

- Expect to problem solve during process
- Use effective communication tools
- Control emotions
- Pick your battles

“The single biggest problem in communication is the illusion that it has taken place”

George Bernard Shaw



"A person who has good problem solving skills, is resourceful and has emotional control can usually find a way around obstacles they encounter"

Contacting OPC…

Oklahoma Parents Center
PO Box 512
Holdenville, Oklahoma 74848
877-553-4332 Toll Free Fax 405-379-0022

405-485-8660 Blanchard
405-254-3094 Edmond
405-379-6015 Holdenville
580-208-2208 Idabel
918-919-0681 Miami
405-601-1599 Oklahoma City
918-943-6688 Tulsa

Email: info@oklahomaparentscenter.org
Web Site: www.oklahomaparentscenter.org

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