

SPECIAL EDUCATION PARENT HANDBOOK

2018-2019

Dear Parents,

The academy special education parent handbook has been designed for parents/guardians. It is your reference for contacts in the school, helpful websites and for your convenience, a glossary of terms, and support agencies. The parent handbook contains a wealth of resources to help you navigate the world of special education. We want you and your child to feel welcome, to be well informed, and to be knowledgeable of the numerous opportunities that present themselves to the students and families across our districts. In special education, our mission is to empower, not enable. We use, with fidelity, specially designed instruction in order to help your child become more independent in the school setting so that they will become independent adults.

Parents are an important member of our team and we value your input. We invite you to be active, knowledgeable participants in your child's education and IEP meetings. The language acronyms used in special education can often sound like another language. This handbook is a tool to help you navigate through the process. It will provide you with a glossary of acronyms and frequently asked questions as well as information about federal and state laws that were written to protect the rights of students with disabilities. We have included links to many more resources, too. We hope you explore some of those resources and find them useful. This handbook provides some general guidelines and information. All placement and programming decisions are made at the individualized educational planning (IEP) team meeting and are based on individualized student needs.

How do I get connected?

Each county in Michigan has a Parent Advisory Committee (PAC). The first step to staying well informed is to sign up to be on the PAC in your county. If you do not have time to sign up to be an active participant, they have monthly meetings that may be of interest to you. You can find the list of the list of meeting dates on the ISD/RESA website, respectively.

Feel free to contact your child's teacher or principal if you have questions about your child's program or service(s). You may also contact the director of special education at 616-785-8440.

If you have any questions, please do not hesitate to contact or email us. We look forward to hearing from you. We know that every family appreciates a useful network and connections to relevant information, as well as a chance to talk to staff.

Warm regards,



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What do parents do when they suspect a disability?

When parents suspect that their child has a disability, it is helpful to contact the student's teacher to review their concerns and learn what resources the district has to support the student's learning.

Our schools have in place a "multi-tiered systems of support" (MTSS). The teacher presents the student's learning and/or behavior concerns to the building team.

What is special education?

Special education is specially designed instruction, at no cost to the parent, to meet the unique needs of a child with a disability.

Why would my child need an evaluation?

An evaluation is completed to answer these questions: Does the child have a disability that adversely affects his/her educational performance? How is the child currently performing in school? What are the child's educational needs? Does the child require special education programs and/or related services? What accommodations or modifications, if any, are needed to enable the child to meet annual goals in the IEP and participate, as appropriate, in the general curriculum?

What are the steps in the evaluation process?

Anyone who is concerned with a child's educational performance, including parents, teachers, social workers, physicians, or representatives of other agencies, may refer a child for an evaluation if a disability is suspected. Before a child is evaluated for a suspected disability, the school must notify the parent and describe any evaluation the school proposes to conduct. The parent must give informed consent for the child to be evaluated by signing the evaluation review form. The next step involves gathering and reviewing existing information on the child by an IEP Team. The IEP team may include the following: a psychologist, social worker, occupational therapist, speech pathologist, etc. This includes consideration of current classroom assessments, observations, and information provided by parents and school staff. Additional assessments may be given depending on the suspected disability concerns as specified on the evaluation review form. The school has 30 school days to complete an initial evaluation and hold the IEP.

How is a child evaluated for a disability?

A team called the multidisciplinary evaluation team (MET) will conduct the initial assessment of the child's strengths and needs by reviewing and analyzing all available information about his/her suspected disability, including school records, aptitude and achievement tests, teacher recommendations, physical conditions, adaptive behavior, medical history, parent input, and other considerations as appropriate. The testing is done individually in the child's native language. The standardized tests must be used correctly and fairly and be administered by trained, knowledgeable personnel.

Who decides if a child is eligible for programs and/or services?

After the evaluation has been completed, the MET/IEP team, consisting of qualified professionals and the parent, will analyze the written evaluation reports and decide if the child has a disability that adversely affects his/her educational performance, and is eligible for special education services. The MET/IEP team completes a MET form to identify eligibility in preparation for an IEP. Both the MET and IEP are held in conjunction with one another.

Who is a "child with a disability"?

The definition includes the following qualifications: Children from birth through age 25 who have not graduated with a regular high school diploma. Children who have the characteristics for a specific disability

as defined in the Michigan Administrative Rules for Special Education. (See the special education eligibility categories listed on page eight of this handbook.) Children who, because of that disability, need special education and related service support.

After a child/student is found eligible.

Another role of the MET/IEP team is to develop the student's IEP. After the initial IEP is developed, and signed by the parent, the student begins to receive special education and related services per what was agreed upon by the IEP team and identified on the IEP. Eligibility is required to be reevaluated every three years.

What is an Individualized Education Plan (IEP)?

An IEP is a written plan for a student with a disability that specifically identifies the special education programs and/or related services the student will receive. The IEP is developed at a meeting that is scheduled at a mutually agreeable time. The written document is a record of the IEP team meeting. The IEP must be reviewed annually (at least every 12 months).

Who are the members of the IEP team?

The parent(s) of the child; At least one general education teacher of the student (if the student is, or may be, participating in the general education environment); The special education teacher and/or provider of the student; A MET representative if an eligibility evaluation was given (initial or three-year); The student, when appropriate; Anyone else the school or parent deems necessary.

Should the student be involved in the IEP meeting?

Absolutely. Students often provide valuable insights regarding their strengths, interests, and needs. When they are involved in determining their own goals and objectives, they are more committed to achieving them. Each student should have the option to be a part of the IEP team process as early as possible. Students should participate in their own transition planning by age 14, or younger if appropriate. These plans are updated annually with the IEP. When students turn 17 years of age, they are notified that their rights will be transferred to them upon reaching the age of majority, 18. At age 18, both the student and parents are notified that the rights are transferred to the student.

How to participate in the IEP process.

Parents are encouraged to be involved in a variety of ways: Parents are key members in all decision-making meetings such as meetings that determine the identification, evaluation, educational placement, re-evaluation, and the appropriate education of their child. Parents give consent for initial evaluations, initial placements, and re-evaluations. Parents will receive reports on their child's progress at least as often as non-disabled students. Parents must notify the school district if they intend to remove their child from the school, or plan to request a due process hearing. Parents are encouraged to be involved in parent groups at their local school or at their ISD/RESA. Information on the ISD/RESA Parent Advisory Committee (PAC) information can be found on the ISD/RESA website. The Michigan Department of Education also involves parents in planning, implementing, and reviewing activities.

What is a least restrictive environment (LRE)?

The IEP team determines what setting is most appropriate for the student with a disability to receive a free and appropriate public education (FAPE). The law presumes that students with disabilities are most appropriately educated with their non-disabled peers in the general education setting. Attending special classes or separate schools, or removing students with disabilities from the general education environment occurs only when the nature or severity of the disability prevents the student from achieving satisfactorily even when supplementary aids and services are used.

What if I disagree with the IEP?

If there are differences of opinion at the IEP team meeting, it is not necessarily a bad sign. Differences of opinion may reflect that all participants are sincerely concerned about the child's education. Any official member of the IEP team (including parents) may indicate his/her dissent with the IEP determinations by checking the appropriate box on the signature page of the eligibility recommendation form. If you do not agree with the IEP determinations, you can: Request that the meeting be adjourned and reconvened at a later time; Check the box on the IEP form that indicates your disagreement, but allow the IEP to be implemented; File a signed, written dissenting report to attach to the IEP; Check the box that indicates disagreement and request mediation (see procedural safeguards for more information on mediation); Check the box that indicates disagreement and appeal the recommendation through a due process hearing (see procedural safeguards for more information on due process hearings).

What is included in the IEP?

The requirements include:

- A statement of the student's Present Level of Academic Achievement and Functional Performance (PLAAFP).
- A statement of measurable annual goals and short-term objectives that address:
 - How to help the student be involved in and make progress in the general education curriculum.
 - How the student's progress toward the annual goals will be measured.
 - How the parents will be regularly informed of that progress.
- A statement of how special education programs/services and supplementary aids will be provided to the student, and any accommodations, modifications, or other supports by the school personnel.
- The projected starting date for services as well as the duration, anticipated frequency, and location of where programs and services will be delivered.
- An explanation of the student's least restrictive environment (LRE).
- A statement of any accommodations the student will need to take the state-and/or district-wide assessment. If the IEP Team determines that the assessment is not appropriate for the student, a different assessment might be used.
- A statement of transition services is to be considered during the school year of his/her 16th birthday. Some schools begin to look at transition planning when the student is 14 years of age.

Minor changes to a current IEP may be made through an amendment process. Minor changes include, but are not limited to:

1. Adding, modifying, or deleting instructional goals and objectives.
2. Modifying the amount of time in the current programs
3. Adding, modifying, or deleting related services or provisions related to supplementing aids/services assessment, or transportation.

Categories of Disabilities

The following definitions are included in this handbook to help familiarize you with requirements for each area of understanding. Specific definitions can be found in the Michigan Administrative Rules for Special Education (MARSE). A student with a disability is defined as a person, age birth through 26 years old, who is determined by an IEP team to have one or more impairments necessitating special education programs and/or services.

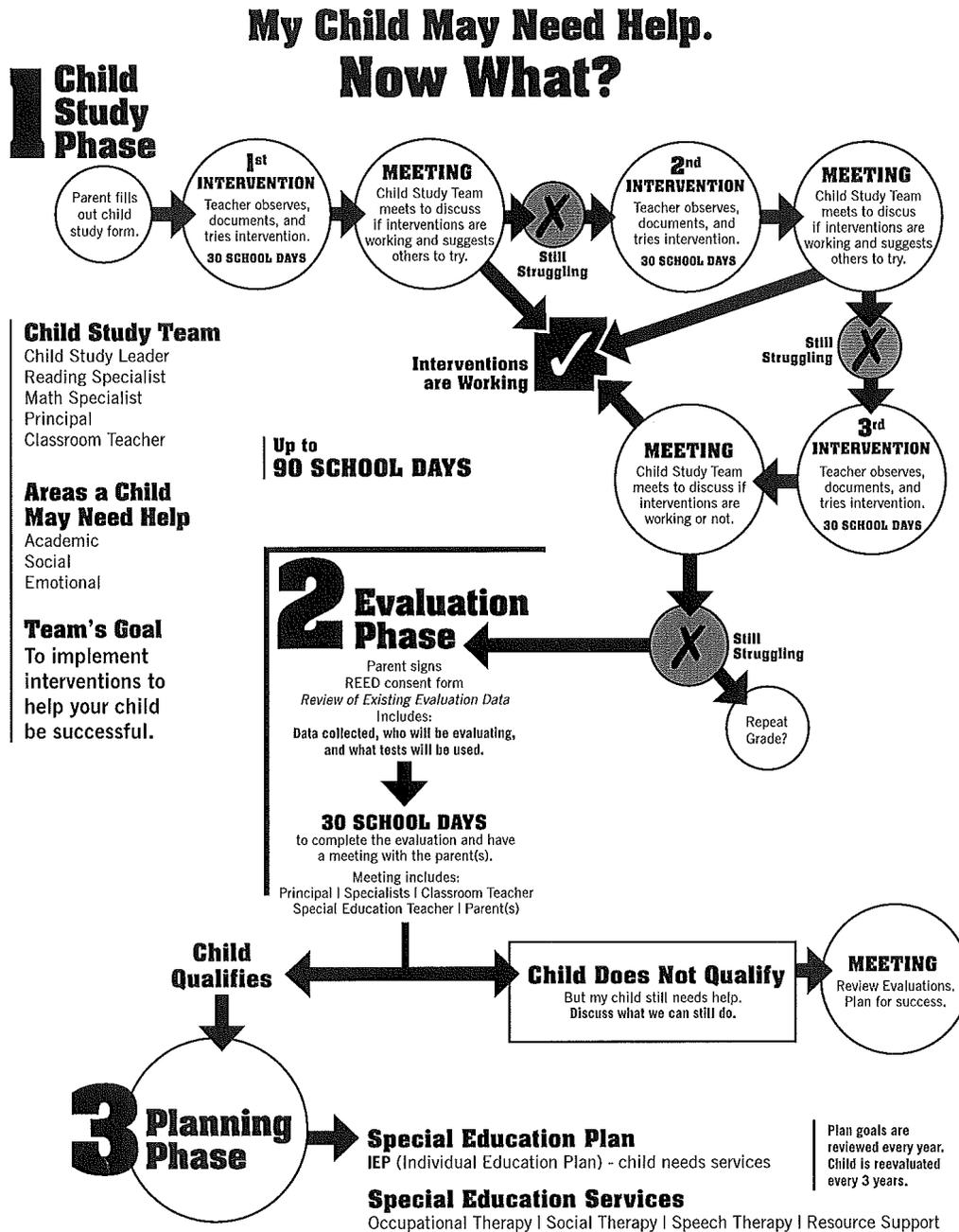
<p>Autism Spectrum Disorder (ASD): Students identified with ASD have a lifelong developmental disability that adversely affects a student's educational performance academically, behaviorally, and socially. Children with ASD have varying degrees of difficulty with reasoning, social interactions, and communication.</p>	<p>Early Childhood Developmental Delay (ECDD): Students identified with an early childhood developmental delay must be between the ages of birth through seven years 11 months. The child must have a developmental delay in one or more areas equal to, or greater than, half of the expected development of their chronological age. (For example, a four-year-old may function at or below a two-year-old level.)</p>
<p>Cognitive Impairment (CI): Students with a cognitive impairment have a mild (miCI), moderate (MoCI), or severe (SCI) impairment in cognitive functioning. Cognitive impairment becomes evident in the early developmental period and is apparent in several areas including adaptive and cognitive functioning</p>	<p>Emotional Impairment (EI): Students identified with an emotional impairment exhibit behavioral problems, over an extended period of time, which interfere with the student's ability to profit from learning experiences. The student may be unable to build or maintain relationships or to exhibit appropriate behavior and feelings.</p>
<p>Deaf or Hard of Hearing: Students who are Deaf or Hard of Hearing include those who have varying types and degrees of hearing losses which interfere with development or adversely affect the student's educational performance in the general education setting.</p>	<p>Other Health Impairment (OHI): Students with a health impairment have a chronic or acute health-related challenge which adversely affects their ability to learn. These health impairments may significantly limit strength, vitality, or alertness due to problems such as ADD/ADHD, Diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, or Tourette's Syndrome.</p>
<p>Physical Impairment (PI): Students identified with a physical impairment have</p>	<p>Speech and Language Impairment (SLI): Students identified with a speech and</p>

<p>medically diagnosed severe orthopedic impairment that adversely affects their educational performance.</p>	<p>language impairment (language or articulation) have communication disorders that affect their educational performance.</p>
<p>Severe Multiple Impairment (SXI): Students identified with severe multiple impairments have more than one disability. This involves a cognitive impairment, as well as any combination of the following: a hearing impairment, a visual impairment, a physical impairment, or a health impairment.</p>	<p>Visual Impairment (VI): Students identified with a visual impairment may have partial sight or blindness. The visual impairment, even with correction, interferes with development or adversely affects educational performance.</p>
<p>Specific Learning Disability (SLD): Students identified with a specific learning disability exhibit a pattern of strengths and weaknesses in performance and/or achievement relative to the student's age, state approved grade level standards, or intellectual development. Findings are not due to a visual, hearing, motor, cognitive, or emotional impairment, cultural factors, environmental or economic disadvantage, or limited English proficiency. Students may have a significant learning problem in one or more of the basic processes involved in understanding or using spoken or written language. These problems adversely affect the student's listening comprehension, oral expression, basic reading, reading comprehension, reading fluency, written expression, math calculation, or math reasoning.</p>	<p>Traumatic Brain Injury (TBI): Students identified with a traumatic brain injury have acquired an injury to the brain through physical force resulting in significant problems with learning, social functioning and physical functioning. Educational performance.</p>
<p>Deaf-blindness Deaf-blindness means concomitant hearing impairment and visual impairment, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs without additional supports to address the unique needs specific to deaf-blindness.</p>	

Child Find Programs and Services

What is Child Find?

It is a legal requirement that schools find all children who have disabilities and who may be entitled to special education services. Child Find covers every child from birth through age 21. The school must evaluate any child that it knows or suspects may have a disability.



Special Education is not a place. It is a resource to help a student succeed.

Design courtesy of Nicole Fleminger, Kole Creative

Special Education Programs and Services

Services

Psychology Services

School psychologists help students across the age and grade levels to succeed academically, socially, and behaviorally. They also work with their fellow educators and parents to create a safe, healthy, and supportive learning environment for all students. School psychologists work with students and their families as part of the school community to identify and address learning/behavior /emotional problems that can interfere with school success. They are part of the multidisciplinary team that evaluates students who may be eligible for special education programs and/or services. They participate in gathering and interpretation of relevant academic and behavioral data which can guide general education interventions.

Speech and Language Services

The speech and language pathologist provides services that will meet the communication needs of the students. They are involved in identification, assessment, and delivery of services to speech and language eligible students. They may receive services in a small group setting. Services are provided through a variety of models.

School Social Work Services (SSW)

School social workers play a primary role in assessing, evaluating, and observing a student's social, emotional, and behavioral state that may be interfering with success at school. School social workers provide services to students eligible for special education in need of direct support for social, emotional, or behavioral problems. They can also provide support for general education students, when appropriate, through short-term direct supports, groups, crisis intervention, and resources to parents and staff. School social workers work with staff on problem solving techniques, behavior intervention, consultation and training, and act as a liaison between home and school. School social workers also help with functional behavior assessments and positive behavior intervention plans.

Occupational and Physical Therapy (OT/PT)

The occupational and physical therapists evaluate and provide services to students whose level of functional fine and gross motor abilities impede them from maximizing their participation in the educational process.

They provide direct or consultative support to students, family, and staff. Their services include:

- Defining the impact of certain physical limitations may have in the classroom.
- Development of reasonable performance expectations
- Helping staff use adaptive equipment
- Developing exercise training
- Activities of daily living

Teacher Consultant (TC)

The teacher consultant is a teacher with expertise in one of more areas of special education. The TC may participate on the diagnostic team. They also provide services to students who have consult on their IEP. The TC also consults with the general education staff.

Programs

Resource Program-Elementary and Secondary

Resource program teachers provide interventions to students with academic disabilities. Resource teachers provide specially designed instruction in reading instruction, mathematics, and writing. These interventions

might take place in the general education classroom in a co-taught model or in a resource program.

What is a “Free Appropriate Public Education” (FAPE)?

FAPE means that education and related services are provided at public expense, under public supervision and direction, and without charge. The services provided must meet the standard of the department of education for all students and be designed to meet the student’s IEP goals and short-term objectives.

What is Least Restrictive Environment (LRE)?

LRE looks at the setting in which the student will be receiving an education. The law presumes that students with disabilities are most appropriately educated with their same-aged, non-disabled peers in the general education setting.

Attending special classes or separate schools, or removing students with disabilities from the general education classroom, occurs only when the nature or severity of the disabilities prevents the student from achieving satisfactory progress even when supplementary aids and services are used.

What are Accommodations and Modifications?

Accommodations are a change in the way students access instruction and demonstrate understanding. Accommodations do not change content, benchmarks, or performance criteria.

Example: extended time, alternate test format (oral or written). Students who have accommodations are generally working towards a diploma.

Modifications change what students are expected to learn. Modifications change the contents, benchmark or performance criteria. Example: content at instructional level instead of grade level, reduction in the number of benchmarks or new ideas. Students who have modifications are usually working towards a certificate of completion.

What is a Certificate of Completion?

A certificate of completion is not an academic credential. There are no state, course or grade requirements for receiving a certificate of completion. Credits are not earned towards a certificate of completion. Generally, students concentrate on their IEP goals and objectives. The student’s IEP team will decide with the parents, if the student will receive a certificate of completion or a diploma. Students who do not receive a high school diploma are eligible to continue receiving special education services until age 26 or per rule 340.1702. The student who accepts a certificate of completion is still able to participate in senior graduation activities if they choose.

Functional Behavior Assessment (FBA) and Positive Behavior Support Plan (PBSP)

The term functional behavior assessment (FBA) refers to an assessment process for gathering information to develop a positive behavior support plan (PBSP). FBA is not a single test or observation; it is a collection of methods including observations, informal tests, interviews, and review of records (Witt, Daly, & Noell, 2000). The purpose of a FBA is to identify a target behavior(s), identify the context in which it most often occurs (i.e., antecedents (what causes the behavior to occur) and consequences (what is the behavior getting the student).), and from this information, to identify the reason(s) for that behavior. It is important to identify the reason(s) for a behavior before selecting an intervention because if you understand why the child is performing the behavior, you can teach the child other, more appropriate behaviors (replacement behaviors) that will achieve the same outcome as the target behavior. A PBSP is an individualized support plan carried out by teachers and other school professionals that is based on a FBA. A PBSP is not simply a plan to reduce a target behavior; rather it should also include strategies to increase appropriate replacement behaviors. Research

literature clearly shows that the PBSPs reduce behavior.

Frequently Asked Questions

- 1.** When does a student need a FBA and PBSP? According to the law, a FBA/PBSP is recommended whenever a student demonstrates significant behavior problems that impede his or others' learning, and initial classroom strategies were not effective. The IEP team must plan for a FBA within ten business days when a special education student has been suspended more than 10 days at one time, and the IEP team must review an existing FBA when a special education student has accumulated more than ten days of suspension within a school year.
- 2.** Can I request a FBA and PBSP for my student? Yes. Write a note to your student's teacher requesting a FBA and PBSP. Be sure to sign and date it.
- 3.** What specifically is involved in a FBA and PBSP?
 - A school support team will collect informal data regarding your student's behavior. This may include classroom observations, review of records, interviews with you and your student, and your student's teacher(s).
 - If the school support team determines that a comprehensive educational evaluation is needed, then an evaluation review meeting will be held to obtain your input and consent.
 - You and the school support team will meet to complete the FBA and PBSP process.
 - The PBSP is then implemented by the school support team.
 - The PBSP is evaluated which includes a summary of progress and the development and implementation of revisions to the plan, if necessary.
 - The PBSP is faded, if possible. This means that in some situations, parts or all of the intervention can be slowly removed so that the student is no longer dependent upon the special strategies.
- 4.** What if the plan doesn't work? It usually takes a few weeks to see if a PBSP is working. If after a few weeks have passed with no improvement, the school support team should consider revising the plan. Most plans need to be revised.
- 5.** How long does the FBA/PBSP process take? The length of time depends on the complexity of the problem and the time it takes to arrange for the PBSP (e.g., gather or develop materials and data sheets, make changes to the classroom, etc.).
- 6.** How can I help? Your participation in the FBA/PBSP process is critical. You can help by participating in meetings, keeping up to date on your child's progress, praising and supporting your child's successes, and if relevant, implementing some or all of the strategies at home.

Glossary

Achievement Test: A test that measures competency in a particular area of knowledge or skill.

Adaptive Assessment: How well a person handles common demands in life and how independent they are compared to others of a similar age and background. During an adaptive functioning assessment, you are asked questions about. Practical skills: how you: • manage your home and personal care.

Adaptive Behavior: Practical, everyday skills required to function and meet environmental demands, including effectively and independently taking care of oneself and interacting with other people. Examples of adaptive skills that individuals use on a daily basis include those related to eating, dressing, expressing needs, taking care of personal possessions, making purchases, interacting with peers, controlling one's behavior, following a schedule and communicating with other people.

Americans with Disabilities Act (ADA): A federal law requiring accommodations/protections for people with disabilities in the community and workplace.

Ancillary Services: See Related Services.

Aphasia: loss of ability to understand or express speech, caused by brain damage.

Assistive Technology: Any service or device that is used to maintain or improve the functional capabilities of a child with a disability. Assistive technology needs are determined by the IEP Team.

Auditory Acuity: The clarity or clearness of hearing, a measure of how well a person hears. Auditory acuity is measured in order to determine a person's need for a hearing aid.

Auditory Discrimination: is the ability to recognize differences between sounds. Particularly, auditory discrimination allows people to distinguish between phonemes in words. Phonemes are the smallest parts of sound in any given language.

Auditory Memory: involves being able to take in information that is presented orally, to process that information, store it in one's mind and then recall what one has heard. Basically, it involves the skills of attending, listening, processing, storing, and recalling.

Cognitive Ability: Refers to general mental capability and involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience.

Comprehension: The ability to process text, understand its meaning, and to integrate it with what the reader already knows.

Continuum of Services: The range of supports and services that must be provided by a school district to allow students with disabilities a free appropriate public education.

Certified Occupational Therapy Assistant (COTA): A trained professional who works under the direction of the occupational therapist and may be responsible for services specified in an IEP.

Depression: A mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life.

Differentiated Instruction: An approach whereby teachers adjust curriculum and instruction to maximize the learning of all students; framework teachers can use to implement a variety of strategies. Differentiated instruction might not be enough to allow some students to succeed.

Dyscalculia: Severe difficulty in making arithmetical calculations, as a result of brain disorder.

Dyslexia: A medical term for disorders that involve difficulty in learning to read or interpret words, letters, and other symbols, but that do not affect general intelligence.

Echolalia: Repetition of speech by a child learning to talk.

Eligibility: The determination that a student is a child with a disability and needs special education.

Employability Skills: Skills one needs to have to be employed.

Evaluation Recommendation Team (ER Team): Part of the evaluation and re-evaluation process the evaluation recommendation team means a minimum of two persons who are responsible for evaluating a student suspected of having a disability. The team shall include at least one special education teacher or other specialist who has knowledge of the suspected disability. MARSE R 340.1710b

Expressive Language Skills: How a person communicates their wants and needs. It encompasses verbal and nonverbal communication skills and how an individual uses language.

Extended School Year (ESY): Services special education and related services provided to a student with a disability beyond the normal school year in accordance with the student's IEP at no cost to the parents. The need for ESY services is determined by the student's IEP Team according to federal and state requirements.

Functional Behavior Assessment (FBA): An assessment process for gathering information to develop a PBSP.

Fine Motor Skills: They involve the small muscles of the body that enable such functions as writing, grasping small objects and fastening clothing. They involve strength, control and dexterity.

Full and Individual Initial Evaluation: A variety of assessment tools and strategies used to gather relevant functional, developmental and academic information about a child, including information provided by the parents to determine whether a child has a disability. Such evaluation is focused on the child, and only that child, and is sufficiently comprehensive to identify all of the child's special education and related services needs.

Gross Motor: Involving the large muscles of the body that enable such functions as walking, kicking, sitting upright, lifting and throwing a ball. A person's gross motor skills depend on both muscle tone and strength.

Impulsive: acting or done without forethought.

Independent Educational Evaluation (IEE): An evaluation conducted at public expense by a qualified examiner who is not regularly employed by the school district.

Individualized Team Educational Planning (IEPT): A group of individuals responsible for developing, reviewing or revising an IEP for a child with a disability. The group includes the parents, a representative of the school district, at least one general education teacher, at least one special education teacher or provider, a professional who can interpret any evaluation results, others who have knowledge or special expertise regarding the child if invited by the parent or school district and, whenever appropriate, the student.

Intelligence Quotient (IQ): A statistic indicating how one's mental ability compares with others the same age.

Inclusion: The action or state of including or of being included within a group or structure.

Occupational Therapy (OT): services typically include: an individualized evaluation, during which the client/family and occupational therapist determine the person's goals, customized intervention to improve the person's ability to perform daily activities and reach the goals, and patients and clients.

Orientation and Mobility Therapist (O and M): Specialist provides instruction that can help you develop or re-learn the skills and concepts you need to travel safely and independently within your home and in the community. Using a cane and other devices to walk safely and efficiently.

Perseveration: According to psychology, psychiatry, and speech-language pathology, is the repetition of a particular response (such as a word, phrase, or gesture) regardless of the absence or cessation of a stimulus. It is usually caused by a brain injury or other organic disorder.

Physical Therapist (PT): A trained professional who assists, treats and/or makes recommendations to improve or maintain a student's level of functioning within the school environment. Physical therapists make recommendations for orthotics, range of motion exercises, positioning and mobility.

Positive Behavior Support Plan (PBSP): Interventions and support plan is a way for schools to encourage good behavior. With PBSP, kids learn about behavior, just as they learn other subjects like math or science. This is the second part of a FBA.

Postsecondary: Graduation from high school or completion of special education in a public school.

Present Level of Academic Achievement and Functional Performance (PLAAFP): Statements in the IEP that provide academic and functional performance data, an overview of factors impacting the student and descriptions of how the child's disability affects involvement and progress in the general education curriculum (participation in appropriate activities for preschool children). All other IEP components are developed based on information in the PLAAFP.

Prior Written Notice: A written notice that the school must provide to the parents of a student with a disability within a reasonable time if they wish to evaluate the student, determine whether the student is eligible for special education services, change the student's evaluation or educational placement or educational plan (IEP) or refuse the parents' request to evaluate their child or change their child's educational plan (IEP) or placement.

Related Services: Special education services required to assist an individual with disabilities to benefit from special education, including but not limited to: transportation, OT, PT, speech, and school social work

Resource Program: Special education teacher instructs and assists students identified with a disability. Individual needs are supported in resource rooms as defined by the student's IEP.

School Psychologist: School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. They apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally.

School Social Worker: provides integral and necessary services to educators, community members, students, and parents and families to create the best programs, plans, and partnerships to help all children and adolescents be successful in and out of school.

Sequential Memory: Is the ability to remember visual details in the correct sequence.

Speech and Language Pathologist (SLP): A trained professional who analyzes speech and language comprehension and production to determine communication competencies and provides intervention strategies and services related to speech and language development as well as disorders of language, voice, articulation and fluency.

Standardized Assessments: is a lens into the classroom. It sheds light on why a child might be struggling, succeeding, or accelerating on specific elements of their grade-level standards. Results from standardized tests help inform the next step in learning for our students.

Teacher Consultant (TC): A certified special education teacher who provides support services to children with disabilities and/or provides consultation to the regular classroom teacher.

Traumatic Brain Injury (TBI): Brain dysfunction caused by an outside force, usually an injury to the head.

Visual Discrimination: is the ability to recognize details in visual images. It allows students to identify and recognize the likeness and differences of shapes/forms, colors and position of objects, people, and printed materials.

Visual Memory Skills: Is one part of a large arena known as visual perceptual skills. Visual memory focuses on one's ability to recall visual information that has been seen.

Resolving disputes:

Most problems or concerns about a child’s education are best resolved at the school. Staff members at the school are the most familiar with the child and the child’s services/programs and have the tools available to serve the child’s best interest.

When problems or questions arise, parents should first contact the child’s special education team. The special education team is able to help you understand each teacher’s schedule and their availability to meet. If problems cannot be resolved after meeting with the teacher/service provider, a meeting can be scheduled with the school principal or a designee from the special education department. Working together with parents, staff can resolve most concerns.

Medicaid Annual Notification Regarding Parental Consent:

Background:

Since 1993, the state of Michigan has participated in a federal program called Medicaid School-Based Services. The program assists school districts by providing partial reimbursement for medically-related services listed on a student’s IEP. Although this partial reimbursement is available for students who are Medicaid eligible, services are provided to all students with disabilities regardless of their Medicaid eligibility status. Federal law permits the public agency to bill Medicaid, with parental consent, for some school-based health services provided to Medicaid eligible children. Personnel, who are employed or contracted by the school district to process information for such billing are authorized employees who will access confidential records to document that reimbursable services are provided.

The Michigan School-Based Services program is under the direction of the Michigan Department of Community Health.

In 2013, the regulations regarding Medicaid parental consent school-based services changed. Prior to accessing a child’s public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification. So what does this mean?

Is there a cost to you?

No-IEP/IFSP services are provided to students while they are at school at NO cost to the parent/guardian.

Will School-Based Medicaid claiming impact your family’s Medicaid benefits?

The school-based services program does NOT impact a family’s Medicaid services, funds, or limits. Michigan operates the school-based services program differently than the family’s Medicaid program. The school-based services program does not affect your family’s Medicaid program. The school-based services program does not affect your family’s Medicaid benefits in any way.

What type of services does the School-Based Services program cover?

- | | | |
|----------------------|-------------------------------|-----------------|
| Evaluations | Psychological/Social Work | Case Management |
| Speech and Language | Orientation and Mobility | Personal Care |
| Occupational Therapy | Assistive Technology Services | |
| Physical Therapy | Nursing | |

What type of information about your child will be shared?

In order to submit claims for school-based services reimbursement, the following types or records may be requested: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the types of service delivered.

Who will see this information?

Information about your child's school-based services may be shared with the Michigan Medicaid agency and its affiliates for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind?

You have the right to withdraw consent to disclose your child's personally identifiable information to the Michigan Medicaid agency and its affiliates at any time.

Will your consent or refusal affect your child's services?

No. Regardless of whether you have Medicaid coverage or not (and whether you provide consent or not) the school district will provide the services to your child pursuant to their IEP.

Procedural Safeguards Notice

Please click on the link below to view the procedural safeguards notice from the Michigan Department of Education, Office of Special Education and Early Intervention Services.

[Click here to learn more!](#)

Support Organizations:

Click links to learn more!

[Michigan Alliance for Families](#)

[The ARC of Michigan](#)

[Michigan Protection and Advocacy Services](#)

[Down's Syndrome Association of Michigan](#)

[1](#)
[2](#)

[Michigan Rehabilitation Services](#)

[Michigan Speech-Language-Hearing Association](#)

[Autism Alliance of Michigan](#)

[Michigan Alliance for Families](#)

[Brain Injury Association of Michigan](#)

[Learning Disabilities Association](#)

**Battle Creek Montessori Academy | Benton Harbor Charter School Academy | Bradford Academy
Creative Montessori Academy | Dove Academy | Four Corners Montessori Academy
Lake Superior Academy | Macomb Montessori Academy
Muskegon Montessori Academy for Environmental Change | New Branches Charter Academy
Second Home | Three Oaks Public School Academy | Will Carleton Academy
West Michigan Academy of Environmental Science**

Support Organizations:

Michigan Alliance for Families
<http://www.michiganallianceforfamilies.org/>

The ARC of Michigan
<https://arcmi.org/>

Michigan Protection and Advocacy Services
<http://www.mpas.org/>

Down's Syndrome Association of Michigan
<http://foundation.dsawm.org/>
<https://www.dsgsemi.org/>

Michigan Rehabilitation Services
<http://www.westmichiganveterans.com/vets-services/michigan-rehabilitation-services-mrs/>

Michigan Speech-Language-Hearing Association
<https://www.michiganspeechhearing.org/>

Autism Alliance of Michigan
<https://autismallianceofmichigan.org/>

Michigan Alliance for Families
<http://www.michiganallianceforfamilies.org/>

Brain Injury Association of Michigan
<https://www.biami.org/>

Learning Disabilities Association
<http://ldaofmichigan.org/>