

## DISTRICT INFO :: THE COMMITTEE ON SPECIAL EDUCATION

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The Committee on Special Education (CSE) services children from ages 5-21. Students may be referred by their parents, CSE, teachers, physicians, etc. Evaluations are conducted by district staff. A parent/guardian may choose to have a child evaluated privately at their own cost. The district has the right to have a district staff member, certified in the area, review the evaluations and the reports. Throughout the process, parent permission and approval are needed in order to continue to the next step. Consent is always obtained in writing. A parent has the right to stop the process at any point by submitting a request in writing.

### **The Referral Process**

All referrals to the Committee on Special Education (CSE) must be made in writing to the Office of Special Services. District staff, making referrals to the CSE, follow the established district procedures. Upon receipt of the referral, a "Consent to Evaluate" and a copy of the Procedural Safeguards are sent to the parent. The Consent to evaluate needs to be signed and returned to the Office of Special Services. When it is received, it is date stamped and approved evaluation sites are contacted. Legally, the entire process can take up to 60 school days from the date of the district receiving the signed "Consent to Evaluate".

The district schedules the in school evaluations.

### **The Evaluations**

All evaluations consist of a Social History Interview, an Educational Psychological, and medical evaluations. As the evaluators begin to learn about the child, other evaluations may be recommended. These include, but are not limited to: Speech and Language; Occupational Therapy; Physical Therapy; Audiological; Augmentative Communication; Assistive Technology; etc. The test and the evaluation are matched to the child's needs. All evaluations are provided at no cost to the family unless they choose to use a private evaluator.

Each evaluator is required to write a report describing the evaluation tools and the child's strengths and needs in that area. Many of the reports include a comparison of where the child is compared to his/her peers. Scores are reported in a number of ways-standard scores (SS), age equivalent (A.E.), and percentiles (%ile). Explanations are provided for the terms as they apply to the specific evaluation.

Prior to the Committee on Special Education (CSE) meeting, the evaluators share their findings and the results of the evaluations with the parents/guardians. The information may be provided through a conference, telephone conference, or copy of the report. All questions regarding the testing should be posed to the evaluator at this time. Unresolved issues will be discussed at the CSE meeting. Evaluators will not be making recommendations of services at this time. Recommendations for services are made by the Committee on Special Education (CSE). However, there should be no surprises at the CSE meeting!

### **The Committee on Special Education (CSE) Meeting**

The Office of Special Services schedules a Committee on Special Education meeting when the evaluations are completed, the reports completed, the information has been shared with the parents/guardians, and the district has received the reports. The purpose of the CSE meeting is to review the findings of the clinicians, speak with the parents/guardians, and to determine if the child is eligible to be classified and if so, the services to be provided.

As stated in the Commissioner's Regulations, the participants/members of each committee on special education includes, but is not limited to, the following:

- ▶ the parents or persons in parental relationship to the student;
- ▶ at least one regular education teacher of the student whenever the student is or may be participating in the regular education environment;
- ▶ one special education teacher of the student, or, if appropriate, a special education provider of the student;
- ▶ a school psychologist;
- ▶ a representative of the school district who is qualified to provide or supervise special education and who is knowledgeable about the general curriculum and the availability of resources of the school district, provided that an individual who meets these qualifications may also be the same individual appointed as the special education teacher or the special education provider of the student or the school psychologist;
- ▶ an individual who can interpret the instructional implications of evaluation results. Such an individual may also be the individual appointed as the regular education teacher, the special education teacher or the special education provider, the school psychologist, the representative of the school district or a person having; knowledge or special expertise regarding the student when such member is determined by the school district to have the knowledge and expertise to fulfill this role on the committee;
- ▶ a school physician, if specifically requested in writing by the parent of the student or by a member of the school at least 72 hours prior to the meeting;
- ▶ an additional parent member of a student with a disability residing in the school district or a neighboring school district, provided that such parent is not a required member if the parents of the student request that the additional parent member not participate in the meeting;
- ▶ other persons having knowledge or special expertise regarding the student including related services personnel as appropriate; as the school district or the parent(s) shall designate. The determination of knowledge or special expertise of such person shall be made by the party (parents or school district) who invited the individual to be a member of the committee on special education; and
- ▶ if appropriate, the student.

If a person cannot physically be present at a CSE meeting, arrangements may be made for a telephone conference.

Under CSE guidelines, a student must be classified as a student with a disability with one of the thirteen classifications as stated in the Regulations of the Commissioner Part 200. The following is from the Regulations:

Student with a disability means a student with a disability as defined in section 4401(1) of Education Law, who has not attained the age of 21 prior to September 1st and who is entitled to attend public schools pursuant to section 3202 of the Education Law and who, because of mental, physical or emotional reasons, has been identified as having a disability and who requires special services and programs approved by the department. The terms used in this definition are defined as follows:

(1) *Autism* means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a student's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined in paragraph 4 of this subdivision. A student who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria in this paragraph are otherwise satisfied.

(2) *Deafness* means a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a student's educational performance.

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

(4) *Emotional disturbance* means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance:

- (i) an inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (ii) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (iii) inappropriate types of behavior or feelings under normal circumstances;
- (iv) a generally pervasive mood of unhappiness or depression; or
- (v) a tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance.

(5) *Hearing impairment* means an impairment in hearing, whether permanent or fluctuating, that adversely affects the child's educational performance but that is not included under the definition of deafness in this section.

(6) *Learning disability* means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as dyslexia and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage. A student who exhibits a discrepancy of 50 percent or more between expected achievement and actual achievement determined on an individual basis shall be deemed to have a learning disability.

(7) *Mental retardation* means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a student's educational performance.

(8) *Multiple disabilities* means concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which cause such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

(9) *Orthopedic impairment* means a severe orthopedic impairment that adversely affects a student's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputation, and fractures or burns which cause contractures).

(10) *Other health-impairment* means having limited strength, vitality or alertness, including heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems, including but not limited to a heart condition, tuberculosis, rheumatic fever, diabetes, attention deficit disorder or attention deficit hyperactivity disorder or tourette syndrome which adversely affects a student's educational performance.

(11) *Speech or language impairment* means a communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects a student's educational performance.

(12) *Traumatic brain injury* means an acquired injury to the brain caused by an external physical force or by certain medical conditions such as stroke, encephalitis, aneurysm, anoxia or brain tumors with resulting impairments that adversely affect educational performance. The term includes open or closed head injuries or brain injuries from certain medical conditions resulting in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior; physical functions, information processing, and speech. The term does not include injuries that are congenital or caused by birth trauma.

(13) *Visual impairment including blindness* means an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

Some services to the student are determined by the classification. However, services are not limited to only addressing the specific disability. All of the student's strengths, weaknesses, abilities, and needs are evaluated in order to create an appropriate educational program.

#### Individualized Education Plan (IEP)

The Individualized Education Plan (IEP) is a legal document. The components are mandated by federal and

state law. Included in the document are demographic information; attendees at meetings; the student's strengths, weaknesses, and needs; services; goals and objectives; program modifications; testing accommodations; standardized test scores; participation in general education, etc. The plan is created at the CSE meeting.

All educators who work with the child must adhere to the IEP. They are to have access to the IEP. There is legislation that is mandating that all of a child's educators be provided with a copy of the IEP. Access is provided only to those who work with the child. Providers must maintain IEPs in secured and locked places. In lieu of receiving a printed copy, providers may be equipped with electronic access.

#### Extended School Year (ESY)

Students are eligible to receive extended school year services if there is documentation that the student will exhibit Substantial Regression if services do not continue throughout the summer. Part 200 of the Commissioner's Regulations defines Substantial Regression as, "a student's inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August of such severity as to require an inordinate period of review at the beginning of the school year to reestablish and maintain IEP goals and objectives mastered at the end of the previous school year."

It is necessary for clinicians and teachers to furnish a written statement to the CSE at the time of Annual Review. All of the information is reviewed, and the CSE determines a student's eligibility for extended year services.

Students eligible for CSE services, are not necessarily eligible for extended year services. Students determined to have met the requirements for extended school year services, often attend a school summer program. The program may or may not be in the district.

The majority of CSE students do not meet the requirements for extended year services.

#### Annual Review

A student's Individualized Educational Plan (IEP) is reviewed at least once each year. This is the Annual Review. A Committee on Special Education (CSE) is convened to review and discuss the student's progress for the past year and to make plans for the coming year. A child's parents, teachers, and service providers are invited to the meeting. Educators are required to submit written reports with both anecdotal information and discrete data. Summer is part of the next school year. It is at this time that Extended School Year (ESY) services are discussed and possibly added to the IEP.

#### Re-Evaluation/Triennial Review

Both federal and state law mandates that each classified student be re-evaluated every three (3) years. Evaluations include, but are not limited to a psychological, educational, social history, and medical updates. In addition, if a child is receiving other services, evaluations are performed in these areas as well. Prior to any testing, the parent/guardian is asked to sign a "Consent to Evaluate". Parent/guardian permission is required for each phase of the process. Evaluations are completed by the appropriate clinician or service provider. A CSE is convened to discuss the results and to ensure that the child is receiving the appropriate services. If the re-evaluation is completed in the second part of the school year, the re-evaluation meeting is combined with the Annual Review meeting.

#### Other CSE Meetings

A child's parent/guardian, clinician, service provider, or teacher may request that a CSE meeting be held at any time throughout the year. Written requests must be submitted to the Office of Special Services. Special Services will schedule the meeting and send out invitation letters.

The CSE meeting may discuss the overall progress of the child, or a specific service. The format and process for the meeting is the same as Initial, Re-evaluation, and Annual Review meetings.

#### Declassification

Students who no longer require services are declassified. The process entails a full evaluation, written reports, and a CSE meeting. It is a CSE and not an individual decision.

Students who are declassified are often provided with declassification accommodations. These include, but are not limited to testing accommodations and program modifications. Students who still require more in depth services, but no longer qualify for CSE services, are referred to the school's 504 Committee.

#### If A Parent/Guardian Disagrees with the CSE Decision

If a parent/guardian disagrees with the outcome(s) of a CSE meeting, there are a number of legal means to contest the decision.

1. The parent/guardian requests another meeting and submits to the CSE additional information to support the reason for the disagreement. The parent/guardian has the right to invite clinicians, physicians, specialists, and others with knowledge of the child and the discipline to provide this information.
2. If the parent/guardian is not satisfied with the outcome of additional CSE meetings, the case can go to Mediation or an Impartial Hearing. Information on both of these processes is available in the Office of Special Services.

It should be noted that although the process is often slow and arduous, the procedures and safeguards are there to protect the child's rights and confidentiality.