

Skaneateles Central School District Special Education Information and Guidance

The information in the following pages is intended to help navigate the regulations and best practices for students with disabilities. The document is filled with links to guidance from the New York State Education Department. These guidance documents are what we follow to help guide our decision making in special education.

The best and most reliable source of information comes from the school district and the New York State Education Department. Contact information is included in this document as well. Please reach out with any questions.

Contents

Helpful Links from New York State	3
Referral process	4
Response to Intervention RTI	4
District RTI plan	4
Contact Information	6
Who/what is the CSE & the CPSE	9
What to expect at a CSE/CPSE meeting	11
Eligibility and NYS Special Education Classifications for School Aged Students	12
NYS criteria for using RtI as part of a determination of a learning disability	15
Special Education Eligibility Process for Preschool Students	20
Role of primary service provider/case manager	19
Dyslexia and Eligibility for Special Education in NYS	
Testing and Evaluations	
Understanding and Interpreting Test Scores	29
Types of Testing	32
Continuum of Services	
Guidelines for Speech/Language Services (Link)	35
Definitions	
Acronyms Defined	44
Test Name Acronyms Defined	
Graduation requirements and safety nets	.47
Post Secondary Transition	.52

Helpful Links:

New York State Laws and Regulations Related to Special Education and Students with Disabilities

How do NYS regs differ from Federal Regs?

New York State Law, Regulations and Policy Not Required by Federal Law/Regulations/Policy - Revised May 2012: Special Education

Special Education References:

:Special Education:VESID:Functional behavioral assessment means the process of determining why a student engages in behaviors that impede learning and how the student's behavior relates to the environment:NYSED

Sec. 300.8 Child with a disability

https://www.nysed.gov/sites/default/files/programs/special-education/blueprint-students-disabilities-special-education.pdf

A Parent's Guide: Special Education in New York State for Children Ages 3-21

Part B PROCEDURAL SAFEGUARDS NOTICE

IDENTIFICATION OF STUDENTS WITH LEARNING DISABILITIES flowchart

Blueprint for Improved Results for Students with Disabilities

Mid-State Partnership - Center on Disability and Inclusion

Referral Process

If you suspect your child has an educational disability, you have the right to refer your child for an evaluation by the Committee on Special Education (CSE; ages 5-21) or the Committee on Preschool Special Education (CPSE; ages 3-5).

To initiate a referral to CSE, you can contact your child's principal or the Director of Learning. Once the referral is received, it is likely that you will be contacted to get more information about your concerns, discuss any supports that are available to your child to intervene before a full evaluation is conducted, and to talk about the process. This is in an attempt to build a relationship and work as partners for the success of your child and to keep an open line of communication throughout the process. Sometimes there are interventions that can be initiated to support your child that do not require a special education evaluation or classification. If both parties agree to implement an intervention the referral can be put on hold or withdrawn if appropriate.

To initiate a referral to the CPSE, contact the Director of Learning or the CPSE secretary and a packet of information will be sent home to you to get the process started.

Please see contact information below for names and positions of contacts by building.

The referral process can also be initiated by your child's educational team. The district has a Response to Intervention (RtI) Plan in place that all buildings/grades K-8 follow to provide appropriate academic and social emotional supports to students.

K-8 RTI Plan 2023-24

K-8 RTI Plan 2023-24.pdf - Google Drive

Students who are not meeting grade level expectations are referred to the building data team/intervention team for discussion. Available data is reviewed and a team of professionals, including your child's teacher (or teachers) makes appropriate recommendations for intervention. Interventions within an RtI model are referred to as tiered interventions.

Tier 1 is the general education instruction provided to all students by their teacher(s). Tier 2 interventions are additional supports provided in addition to the core, or Tier 1, instruction. Tier 2 interventions can be provided in the classroom. They can be provided individually or in groups. Tier 3 interventions are provided when a student has not made adequate progress after

6-10 weeks or so receiving a Tier 2 intervention. Tier 3 interventions typically occur outside of the classroom either individually or in small groups. Tier 3 interventions are typically provided 3-5 times weekly. Tier 3 interventions are also provided in addition to the core, or Tier 1, instruction.

In all tiers of instruction students are progress monitored for success in the intervention. Progress monitoring is data collection to determine the child's growth and success with the intervention. Progress monitoring occurs after a set of instructional lessons, or every other week, or weekly, depending on the intervention and the intensity of the intervention. Progress monitoring data are compared to a target set for that student to see if the student is on course to meet the target by the prescribed time frame. Interventions are typically in place for 6-12 weeks with regular progress monitoring.

If a student is making adequate progress with the appropriate instruction (the targeted intervention) then it is not likely that the student's weaknesses are attributed to a learning disability. When a child is not progressing as expected and is not likely to meet the targets set for him/her, the team may refer the student to the CSE suspecting a learning disability may be contributing to the child's lack of adequate progress.

A Parent's Guide to Response to Intervention

Parent Info > NYS Rtl MS DP

In Summary:

- Referrals to CSE can be made by either a parent or a school team
- When a child is referred to the CSE, an appropriate evaluation is provided to address the referral concerns
- The CSE convenes to review all of the evaluation data to determine eligibility for special education

8 CRR-NY 200.4NY-CRR

Contacts

New York State

New York State Education Department (NYSED)	Office of Special Education	speced@nysed.gov	(518) 473-2878

Regional

Tara Simko (CPSE) Jennifer Singer (CSE)	Regional Associate, Special Education Quality Assurance, Office of Special Education	tara.simko <u>@nysed.gov</u> jennifer.singer@nysed. gov	(315) 428-4556
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Skaneateles Central School District

Name	Position	Phone/Ext.	Email
Michelle (Shelly) Hutson	Special Education Secretary	315 291-2226	mhutson@skanschools.org
Jennifer Whipple	Director of Learning	315 291-2339	jwhipple@skanschools.org

Waterman Primary School

Name	Position	Phone	Email
JoAnna Schmeling	Principal	315 291-2351	pjbrown@skanschools.org
Sara Buhl	School Psychologist	315 291-2285	akirley@skanschools.org
Kelly Cargile	Special Education Grade K-1 & Interventionist	315 291-2351	kcargile@skanschools.org
Jennifer Capozzi	Special Education Grade 2 & Interventionist	315 291-2351	jcapozzi@skanschools.org

Alanna Schoonmaker	Speech Language Pathologist	315 291-2351	aschoonmaker@skanschools.org
Cheryl Tompkins	Speech Language Pathologist	315 291-2351	ctompkins@skanschools.org
Emma Solomon	Speech Language Pathologist	315 291-2351	esolomon@skanschool.org
Elaine Croucher	Occupational Therapist	315 291-2351	echroucher@skanschools.org
Melissa Paolino	Physical Therapist	315 291-2351	mpaolino@skanschools.org
Carolyn (Cari) Danaher	Interventionist	315 291-2351	cdanaher@skanschool.org
Heather Von Uderitz	Interventionist	315 291-2351	hvonuder@skanschools.org
Pamela Anastasio	Interventionist	315 291-2351	panastas@skanschools.org
Ellen Wolford	Interventionist	315 291-2351	mbaldwin@skanschools.org

State Street Intermediate School

John Lawrence	Principal	315 291-2261	jlawrence@skanschools.org
Alyssa Kirley	School Psychologist	315 291-2283	akirley@skanschools.org
Kesley Mangano (formerly Youmell)	Special Education Grade 3 Interventionist	315 291-2261	kyoumell@skanschools.org
Jo-Ann Trice	Interventionist	315 291-2261	jatrice@skanschools.org
Luke Norstad	Special Education Interventionist Grade 4	315 291-2261	Inorstad@skanschools.org
Erin Young	Special Education Grade 5 Interventionist	315 291-2261	eyoung@skanschools.org
Keri O'Conoor	Special Education Grades 3-5 Interventionist	315 291-2261	koconnor@skanschools.org
Echo Lynch	Speech Language Pathologist	315 291-2261	elynch@skanschools.org

Elaine Croucher	Occupational Therapist	315 291-2261	ecroucher@skanschools.org
Melissa Paolino	Physical Therapist	315 291-2261	mpaolino@skanschools.org
Stephanie Donzella	Interventionist	315 291-2261	sdonzella@skanschools.org
Anne Montreal	Interventionist	315 291-2261	amontrea@skanschools.org

Skaneateles Middle School

Mike Olley	Principal	315 291-2241	molley@skanschools.org
Vicky Powers	School Psychologist	315 291-2239	vpowers@skanschools.org
Chris Viggiano	School Counselor	315 291-2241	cviggian@skanschools.org
Michele Rogala	School Social Worker	315 291-2241	mrogala@skanschools.org
Michelle Beaudet	Special Education Grade 6 Interventionist	315 291-2241	mbeaudet@skanschools.org
Leslie Antzak	Special Education Grade 7 Interventionist	315 291-2241	lcopelan@skanschools.org
Brianna Ruggio	Special Education Grade 8 Interventionist	315 291-2241	bruggio@skanschools.org
Alanna Schoonmaker	Speech Language Pathologist	315 291-2241	aschoonmaker@skanschools.org
Elaine Croucher	Occupational Therapist	315 291-2241	ecroucher@skanschools.org
Melissa Paolino	Physical Therapist	315 291-2241	mpaolino@skanschools.org
Becky Goodell	Interventionist	315 291-2241	bgoodell@skanschools.org
Carrie Viggiano	Interventionist	315 291-2244	cviggiano@skanschools.org
Connie Bohrer	Interventionist	315 291-2261	cbohrer@skanschools.org

Skaneateles High School

Mike Caraccio	Principal	315 291-2231	mcaraccio@skanschools.org
Nadia Jaeger	Assistant Principal	315 291-2232	jschmeling@skanschools.org

Dave Frechette	School Psychologist	315 291-2294	dfrechette@skanschools.org
Robert Brown	Special Education Grade 9	315 291-2231	rbrown@skanschools.org
Josh Hares	Special Education Grade 10	315 291-2231	jhares@skanschools.org
Jessica Meyer	Special Education Grade 11& 12	315 291-2231	jmeyer@skanschools.org
Connie Bohrer	Interventionist	315 291-2261	cbohrer@skanschools.org
Brittany Manuel	School Counselor Alphabet A-F	315 291-2257	bmanuel@skanschools.org
Jessica Walsh	School Counselor G-O	315 291-2234	jcwalsh@skanschools.org
Mary Lou Ingram	School Counselor P-Z	315 291-2282	mingram@skanschools.org

The Committee on Special Education (CSE) and the Committee on Preschool Special Education (CPSE)

The membership of each committee shall include, but not be limited to:

- the parents or persons in parental relationship to the student;
- not less than one regular education teacher of the student whenever the student is or may be participating in the regular education environment;
- not less than one special education teacher of the student, or, if appropriate, not less than one 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 education 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. The representative of the school district shall serve as the chairperson of the committee;
- an individual who can interpret the instructional implications of evaluation results. such individual may also be the individual appointed as the regular education teacher, the special education teacher or 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 the additional parent
 member may be the parent of a student who has been declassified within a
 period not to exceed five years or the parent of a student who has graduated
 within a period not to exceed five years, if specifically requested in writing by the
 parent of the student, the student or by a member of the committee at least 72
 hours prior to 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;

A SubCommittee can be appointed by the District and include the following:

- the parents of the student;
- not less than one regular education teacher of the student whenever the student is or may be participating in the regular education environment;
- not less than one of the student's special education teachers or, if appropriate, not less than one special education provider of the student;
- a representative of the school district who is qualified to provide, administer or supervise special education and who is knowledgeable about the general education curriculum and who is knowledgeable about the availability of resources of the school district, who may also fulfill the requirement of subparagraph (iii) or (v) of this paragraph. The representative of the school district shall serve as the chairperson of the subcommittee;

- a school psychologist, whenever a new psychological evaluation is reviewed or a change to a program option with a more intensive staff/student ratio, as set forth in section 200.6(h)(4) of this Part, is considered;
- an individual who can interpret the instructional implications of evaluation results, who may be a member appointed pursuant to subparagraphs (ii) through (v) or (vii) of this paragraph;
- such other persons having knowledge or special expertise regarding the student, including related services personnel as appropriate, as the committee or the parent 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 subcommittee on special education; and
- the student, if appropriate.

The subcommittee may perform the functions of the committee on special education pursuant to the provisions of Education Law, section 4402, except when a student is considered for initial placement in

- a special class; or
- a special class outside of the student's school of attendance; or
- a school primarily serving students with disabilities or a school outside of the student's district.

What to Expect at the CSE/CPSE meeting:

Initial Eligibility Determination Meeting:

- The reason for referral and background information leading to the referral will be reviewed.
- Response to Intervention data will be reviewed
- Committee members will report on the student's current performance and assessment scores
- The school psychologist will summarize the evaluation data and make a recommendation to the CSE about eligibility
- If eligible, measurable annual goal will be discussed and services and supports necessary to achieve those goals will be reviewed

Annual Review Meeting:

- The committee members will provide a review of the students progress over the course of the school year and discuss progress toward meeting the annual goals
- Recommendations for the upcoming year will be shared and agreed upon

Annual Review/Reevaluation Meeting:

- Same as Annual Review meeting with additional discussion about updated testing
- The purpose of the re-evaluation is to determine if the student continues to qualify as a student with an educational disability and if the recommended programs and services are appropriate to meet the student's needs

Requested Review Meeting:

 Current progress is reviewed and any additional testing or data to support the reason for the requested review is discussed

*Parents are members of the CSE/CPSE and their input in the process is necessary, important, and required.

* The goal is to reach consensus among all committee members.

*If consensus cannot be reached, the chairperson makes a decision and documents the members' concerns who are not in agreement.

The Role of the Chairperson of the CSE and CPSE:

The CSE/CPSE chairperson should:

- Be focused on the individual needs of the child to provide a free appropriate public education (FAPE)
- Conform with the parental rights identified in regulations and provide meaningful opportunity for parental participation
- Use a consensus model

a representative of the school district who is qualified to provide or supervise special education and who is knowledgeable about the general education 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. The representative of the school district shall serve as the chairperson of the committee.

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Eligibility

In order to qualify for special education in New York State, a student must meet criteria for one of the following thirteen categories. The results of the evaluation provide information that the Committee on Special Education (CSE) reviewed to determine eligibility for special education.

13 Special Education Classifications for School-Aged Students

Definitions of Disability Categories as Defined in Section 200.1 (zz) of the Part 200 Regulations of the Commissioner of Education

8 CRR-NY 200.1

Autism: 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.

Deafness: 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.

Deaf-Blindness: Concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and education needs that they cannot be accommodated in special education programs solely for students with deafness or students with blindness.

Emotional Disability (ED): 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. Social Maladjustment is regularly defined by the courts as "a persistent pattern of violating social norms" with excessive truancy, substance abuse, and/or a perpetual struggle with authority."

Please note that the NYS Board of Regents approved for permanent adoption the amendments to sections 200.1 and 200.4 of the Regulations of the Commissioner of Education to change the term "emotional disturbance" to "emotional disability." These regulations became permanently effective on July 27, 2022. No change was made to the existing definition.

Hearing Impairment: 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.

Learning Disability (LD): 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 perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia* and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of an intellectual disability, of emotional disability, or of environmental, cultural or economic disadvantage, or limited English proficiency.

*See section on Dyslexia (below)

If the suspected learning disability is in reading and the child is in grades K-4, the following criteria MUST be considered according to the regulations

RESPONSE TO INTERVENTION Guidance for New York State School Districts

Quality Indicators for Use of Rtl Data in a Learning Disability Determination

- The determination of a student with a learning disability is based upon a comprehensive multidisciplinary evaluation.
- Data based on the student's response to scientific-based intervention is used as part of the individual evaluation information to determine if a student has a learning disability.
 - The CSE considers progress monitoring data that describes how a student responded to particular interventions of increasing intensity.
 - Student's skill level and rate of learning relative to age/grade level standards or criterion-referenced benchmarks are considered.
 - Instructionally relevant evaluative data including curriculum-based measures regarding a student's performance is considered.
- Student information from the Rtl process provides data-based documentation on whether the student has made sufficient progress to meet age or State-approved grade-level standards in the area of the suspected disability.
- Teacher(s) providing RtI interventions participate in the CSE meeting to determine a student's eligibility for special education.

NYS Criteria for LD

 Does not achieve adequately for his or her age or for the State-approved grade-level standards in one or more of the following areas: Oral expression, Listening Comprehension, Written Expression, Basic Reading, Reading Fluency, Reading Comprehension, Mathematical Calculation, Mathematical Problem Solving;

AND ...

- 2. Either:
 - Does not make sufficient progress in one or more of the mentioned areas to meet age or state-approved grade-level standards when using a process based on the student's response to scientific, research-based intervention;
 OR...
 - Exhibits a pattern of strengths or weaknesses: In performance, achievement, or both; or relative to age, state approved grade-level standards or intellectual development

AND ...

 Is not a result of: visual, hearing or motor disability; intellectual disability, emotional disability, cultural factors; environmental or economic disadvantage; or limited English proficiency

Please note, LD can coexist with limited English proficiency, as well disabilities such as sensory impairments, motor difficulties, emotional problems, and more. Any such factors may well be seen as *contributory* to the observed learning problems in the classroom and do not rule out a learning disability as long as they are not the *primary* reason for such difficulties. Exclusionary criteria for LD includes inadequate access or lack of opportunity to receive appropriate

instruction, which may include chronic or excessive absenteeism (missing approximately 23% of instructional time or intervention).

Please refer to the article, *What a Specific Learning Disability is Not,* published by the National Center for Learning Disabilities:

NCLD White Paper – What a Specific Learning Disability Is Not: Examining Exclusionary Factors

When determining eligibility as learning disabled in areas **OTHER THAN** reading in **GRADES K-4**, the following criteria will be considered:

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.

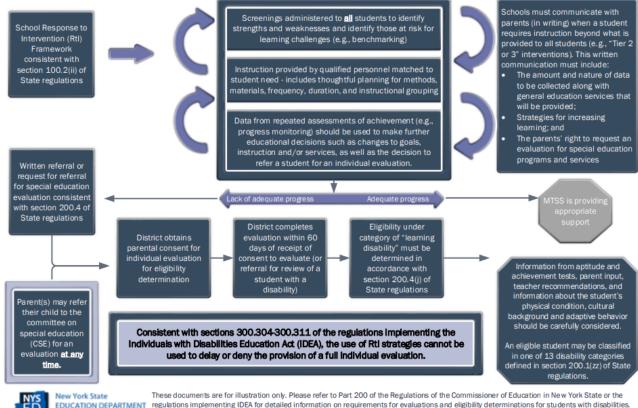
In applying the criteria for learning disability, the CSE must apply the 50 percent discrepancy standard as a guideline in making a qualitative assessment of the student's ability. It is not intended that the CSE would base its determination solely on this quantitative standard. This means that some students may be identified as having a learning disability if they have a severe discrepancy between achievement and intellectual ability that is less than 50 percent. If a student does have a 50 percent discrepancy between expected achievement and actual achievement and otherwise meets the definition, the student must be deemed to have a learning disability. Expected achievement is determined on an individual basis (e.g., a student who scores in the very superior range on an individual intelligence test may be determined to be a student with a learning disability due to low-average achievement in the area of reading caused by a deficit in phonological processing).

Individual Evaluations and Eligibility Determinations

IDENTIFICATION OF STUDENTS WITH LEARNING DISABILITIES

WITHIN A MULTI-TIERED SYSTEM OF SUPPORT (MTSS)*

*Multi-Tiered System of Supports (MTSS), according to the Center on Response to Intervention at the American Institutes for Research (2013) is a prevention framework that organizes building-level resources to address each individual student's academic and/or behavioral needs within intervention tiers that vary in intensity. MTSS allows for the early identification of learning and behavioral challenges and timely intervention for students who are at risk for poor learning outcomes. The increasingly intense tiers (e.g., Tier 1, Tier 2, Tier 3) represent a continuum of supports.



regulations implementing IDEA for detailed information on requirements for evaluations and eligibility determinations for students with disabilities.

Additional information on implementing Rtl within an MTSS framework is available at the New York State Response to Intervention Technical Assistance Center: https://nysrti.org/.

Quality Indicators for School-Age Eligibility Determinations

- Eligibility as a student with a disability must be based on the results of an individual evaluation which is administered in the student's native language, not dependent on a single procedure, and administered by a multidisciplinary team.
- The individual evaluation provides instructionally relevant information to determine a student's eligibility or ineligibility for special education services.
- The committee on special education (CSE) participated in a meaningful discussion of the student's strengths and learning needs to determine eligibility for special education services.
- The CSE determined that the determining factor for classification was not due to a lack of appropriate instruction in reading and math or limited English proficiency.
- Parent participation and involvement in the CSE process is vital to the determination of eligibility and recommendation for special education services for a student with a disability

Quality Indicators for Use of Response to Intervention (Rti) Data in a Learning Disability Determination

- The determination of a student with a learning disability is based upon a comprehensive multidisciplinary evaluation.
- Data based on the student's response to research-based intervention is used as part of the individual evaluation information to determine if a student has a learning disability.
- The CSE considers progress monitoring data that describes how a student responded to particular interventions of increasing intensity.
- Student's skill level and rate of learning relative to age/grade level standards or criterion-referenced benchmarks are considered.
- Instructionally relevant evaluative data including curriculumbased measures regarding a student's performance is considered.
- Student information from the Rtl process provides data-based documentation on whether the student has made sufficient progress to meet age or State-approved grade-level standards in the area of the suspected disability.
- Teacher(s) providing Rtl interventions participate in the CSE meeting to determine a student's eligibility for special education.



Intellectual Disability (ID): A 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.

Multiple Disabilities: Concomitant impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes 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.

Orthopedic Impairment: 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).

Other Health-Impairment (OHI): Having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the education environment, that is due to chronic or acute health problems, including but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia,

hemophilia, epilepsy, lead poisoning, leukemia, diabetes, attention deficit/hyperactivity disorder (ADHD) or tourette syndrome, which adversely affects a student's educational performance.

Speech or Language Impairment (SLI): A communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment, that adversely affects a student's educational performance.

Traumatic Brain Injury (TBI): An acquired injury to the brain caused by an external physical force or by certain medical conditions such as stroke, encephalitis, aneurysm, and anoxia or brain tumors with resulting impairments that adversely affect education performance. The term includes open or closed head 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.

Visual Impairment (including Blindness): An impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

The Role of the Primary Service Provider

When students are found eligible for special education, a primary service provider (PSP) will be identified for that student. This person is either a special education teacher or a special education provider.

The role of the PSP is to ensure that all services and supports in the IEP are implemented. The PSP can facilitate communication between the family and other educators working with the student. While the PSP is involved and aware of the supports and services in place for the student, the PSP does not oversee general education services provided to the student if they are not part of the child' IEP.

Special Education Eligibility for for Preschool Students

Defined in Sections 200.1(mm), 200.1(zz) of the Part 200 Regulations

<u>Eliqibility Determination</u>

Evidence of a significant delay or a disorder in one or more functional areas (cognitive development, language/communication, adaptive functioning, social-emotional development, and/or motor development) indicating:

- 12 month delay in one or more functional area(s); or
- 33% delay in one functional area or 25% delay in each of two functional areas; or
- 2.0 standard deviations below mean in one functional area or 1.5 standard deviations below mean in two functional areas

OR

Meets criteria for preschool child with a disability who because of mental, physical, or emotional reasons is identified as having one of the following disabilities:

 Autism; Deafness; Deaf-Blindness; Hearing Impairment; Orthopedic Impairment; Other Health Impairment; Traumatic Brain Injury; Visual Impairment

Preschool students who meet eligibility for special education are designated as a Preschool Student with a Disability, regardless of the delay, disorder, or diagnosis.

The Role of the Primary Service Provider

When students are found eligible for special education, a primary service provider (PSP) will be identified for that student. This person is either a special education teacher or a special education provider.

The role of the PSP is to ensure that all services and supports in the IEP are implemented. The PSP can facilitate communication between the family and other educators working with the student. While the PSP is involved and aware of the supports and services in place for the student, the PSP does not oversee general education services provided to the student if they are not part of the child' IEP.

Dyslexia and Eligibility for Special Education in NYS

Dyslexia, itself, is not a disability classification in New York State or under the regulations implementing the Individuals with Disabilities Education Act (IDEA), meaning it is not included in the 13 eligibility categories. Rather, dyslexia falls under the category of Learning Disability.

While a clinical diagnosis of dyslexia does not automatically qualify a student for special education programs and services, some students with dyslexia may be identified as having a learning disability under section 200.1(zz) of the Regulations of the Commissioner of Education, thereby qualifying such students for special education programs and services (see criteria

above). All recommendations, services, and programming are based on the student's needs, not necessarily a diagnosis or label.

In August 2018, the New York State Education Department issued a memorandum providing guidance to schools, stating that NYS school districts have an obligation to locate, identify, and evaluate a student who is suspected of having a disability to determine eligibility for special education and related services, including students with dyslexia. The memo also clarifies, "School districts may reference or use the term dyslexia in evaluations, eligibility determinations, or in developing an individualized education program under the Individuals with Disabilities Education Act (IDEA)."

An additional document, titled *Meeting the Needs of Students with Dyslexia, Dysgraphia, and Dyscalculia*, notes that the Committee on Special Education (CSE) "should include information about the student's dyslexia, dysgraphia, and/or dyscalculia, when applicable, in evaluation results to describe how that condition relates to the student's eligibility for special education. The use of specific terms, as appropriate, along with detailed descriptions of the student's learning characteristics, supports the development of an IEP that enables the student to make progress on individualized annual goals and to participate and progress in the general education curriculum." It should be noted that the use of specific terms and descriptive information do not equate to a formal diagnosis.

Frequently Asked Questions- Dyslexia

Can my child's school diagnose dyslexia?

In 2017, Section 305 of the Education Law was amended so that school districts may use the terms dyslexia, dyscalculia, and dysgraphia in "evaluations, eligibility determinations, or in developing an IEP."

Consistent with federal guidance, New York State's guidance states that a school district *may* consider whether a student's performance, based on formal assessments, is consistent with dyslexia, dysgraphia, and dyscalculia. However, there is no requirement in state or federal law or guidance that a school district must determine whether a student has a diagnosis of dyslexia, dysgraphia or dyscalculia.

According to the U.S. Department of Education's Office of Special Education Programs, a school district is only required to evaluate a student in the areas related to the student's suspected disability (Letter to Unnerstall, 2016). Such an evaluation may include assessing for a specific disorder, such as dyslexia, if such assessment is necessary to determine whether the student is a child with a disability and is consistent with the district's efforts to meet the student's educational needs.

For example, a student may be referred to the CSE due to concerns related to the student's reading progress in reading fluency and decoding. The CSE must fully evaluate the areas of concern related to the student's reading, including fluency and decoding. Identifying a deficit in

an area of reading that impacts the student's ability to learn could be sufficient for identifying the student with a specific learning disability in need of an IEP. This procedure can be done without identifying whether dyslexia is present, provided that the specific area of deficits are identified by the CSE and addressed by the IEP.

Is a diagnosis of dyslexia sufficient for special education classification?

No. In 2015 guidance, the U.S. Department of Education's Office of Special Education Programs said that a student who has been diagnosed with dyslexia, dyscalculia, or dysgraphia is not automatically eligible for special education services (just as a diagnosis of ADHD does not result in an automatic classification). Rather, the disability must also affect the student's ability to learn and access the general education curriculum in a way that allows him or her to progress at a rate expected for his or her grade and age-level. It is possible for a student to have a disability, such dyslexia, dysgraphia or dyscalculia, but not require special education services or Section 504 accommodations. The key issue is whether and to *what degree* the disability affects the student's ability to learn. It is the role of the CSE or Section 504 Team to make such determinations.

What is the training and certification required for teachers to be qualified to teach students with dyslexia?

In New York State there is no required certification for teachers who teach students with dyslexia; however, New York State has issued guidance to school districts regarding the needs of students with dyslexia:

Chapter 216 of the Laws of 2017: Students with Disabilities Resulting from Dyslexia, Dysgraphia, and Dyscalculia

Students with Disabilities Resulting from Dyslexia, Dysgraphia, and Dyscalculia

Meeting the Needs of Students with Dyslexia, Dysgraphia, and Dyscalculia

Legal issues involving dyslexia, dysgraphia and dyscalculia - nysasa.com

New York | National Center on Improving Literacy.

Frequently Asked Questions - Eligibility:

Does a diagnosis automatically qualify a student for special education?

No. A student with a medical diagnosis still needed to meet the criteria defined in Part 200 of the NYS Special Education regulations, depending on the eligibility criteria (i.e. Other Health Impairment). Additionally, the student's diagnosis or disability must negatively impede his or her ability to access and/or progress within the general education curriculum (known as "educational/academic impact").

Students with Disabilities Resulting from Dyslexia, Dysgraphia, and Dyscalculia

<u>Does an outside evaluation recommendation have to be accepted by the school district?</u>

The CSE has to consider the recommendations from an outside evaluation but the district is not required to follow the recommendations provided.

Testing and Evaluations

Evaluations must be comprehensive and provide information about the student's unique abilities and needs. Evaluations can provide information regarding what the student needs or requires in order to participate and progress in the general education curriculum. It is important to note that no *single* measure or assessment is used as the *sole* criterion for determining whether a student meets criteria to be classified as a student with a disability or for determining an appropriate educational program for a student.

An initial evaluation to determine the student's needs includes:

- Social History Form
 - Provides information regarding the student's family background and family health history, the student's health history and current health conditions or needs, developmental history, information from previous evaluations (if applicable), information or concerns regarding the student's social/emotional functioning, behavioral functioning, and/or academic performance.
 - May include information from a formal or informal parent/caregiver interview (i.e. information gathered via phone, email, etc.)
- Review of Records
 - Including but not limited to: past/present progress monitoring and data collection within specific interventions, as well as past/present performance on universal screening measures (i.e. AimsWeb), past/present participation in related services (i.e. Speech, OT, PT, counseling), etc.
 - Can also include previous information collected regarding the student's social/developmental history and information from previous evaluations
- Teacher Report
 - Can be an informal or formal interview or report that outlines how the student is performing, as well as updates, progress, and/or concerns within the classroom setting
- Classroom Observation

- An observation of the student in his or her current educational setting. Depending on the referral concern(s), multiple observations may be appropriate (i.e. structured vs. unstructured setting).
- Student Interview or Vocational Assessment (if age 12+)
 - Provides information, self-reported by the student, regarding his or her personal interests, likes/dislikes about school, challenges and successes, and/or goals for the future

- Psychological Evaluation

- Formal, standardized assessment that measures a student's cognitive (intellectual) functioning. The tests are intended to be a predictor of how well and in what ways a child will learn new information. Remember that other factors must ALWAYS be considered. A high IQ does not guarantee success, just as a low IQ does not guarantee failure.
- A cognitive assessment often includes measures of: Verbal Abilities
 (comprehension, vocabulary, verbal problem solving, abstract thinking, applying
 previously learned information or background knowledge), Fluid Reasoning or
 Nonverbal Problem Solving Abilities (logical reasoning, understanding conceptual
 relationships, applying and generalizing rules to solve new problems),
 Visual-Spatial Abilities (understanding visual-spatial relationships, integration and
 synthesis of part-whole or whole-part relationships, visuo-motor integration),
 Working Memory (registering, maintaining, recalling, and/or manipulating visual
 and auditory information in conscious awareness, attentional control), and
 Processing Speed (speed of decision-making, concentration, visuo-motor
 coordination)
- Commonly used standardized psychological assessments include but are not limited to: Wechsler Intelligence Scale for Children- 5th Edition (WISC-V), Wechsler Adult Intelligence Scale- 4th Edition (WAIS-IV), Wechsler Preschool and Primary Scales of Intelligence- 4th Edition (WPPSI-IV), Wechsler Abbreviated Scale of Intelligence- 2nd Edition (WASI-II), Woodcock-Johnson Test of Cognitive Abilities- 4th Edition (WJ-Cog IV), Differential Abilities Scales- 2nd Edition (DAS II), Kaufman Assessment Battery for Children- 2nd Edition (KABC-II), Kaufman Brief Intelligence Test (KBIT-II), Developmental Assessment of Young Children- 2nd Edition (DAYC-2)

Academic Evaluation

 If the referral concern or parent/teacher report indicates academic difficulties or a suspected learning disability, standardized achievement testing should be administered that assesses the *suspected area of disability*. Standardized assessment along with curriculum based measures are included as part of the academic evaluation.

- Common standardized achievement assessments include, but are not limited to: Wechsler Individual Achievement Test- 4th Edition (WIAT-IV), Woodcock-Johnson Tests of Achievement- 4th Edition (WJ-Ach IV), Kaufman Test of Educational Achievement- 2nd Edition (KTEA-II), Wide Range Achievement Test- 5th Edition (WRAT-V)
- If deemed necessary and appropriate by the CSE, the student may be administered supplemental/additional standardized testing in the area of the suspected disability. This is especially true when the student demonstrates inconsistent or discrepant scores on other testing measures or if additional information is necessary to determine the student's needs and/or eligibility.
 - Such assessments include but are not limited to: Feifer Assessment of Reading (FAR), Feifer Assessment of Writing (FAW), Feifer Assessment of Math (FAM), Comprehensive Test of Phonological Processing- 2nd Edition (CTOPP-II), Gray Oral Reading Test- 5th Edition (GORT-V), Test of Word Reading Efficiency- 2nd Edition (TOWRE-II), Test of Written Language- 4th Edition (TOWL-IV)
- May include additional information from universal screeners, curriculum-based measures, or pre/post measures within specific interventions. These include but are not limited to AimsWeb Universal Screener in Reading and Math, Quick Phonics Screener (QPS), Quick Spelling Screener (QSS), Words Their Way Spelling Inventory, Wilson Assessment of Decoding & Encoding (WADE), Word Identification and Spelling Test (WIST), as well as classroom-based measures and graded tests, assignments, or work-samples.
- Social-Emotional Assessment (if applicable/related to the referral concern)
 - Typically includes rating scales that provide information related to the student's social/emotional, behavioral, and/or adaptive functioning. When appropriate, both a teacher rating scale and parent/caregiver rating scale are administered and reported.
 - Examples include but are not limited to: Behavior Assessment System for Children- 3rd Edition (BASC-3), Adaptive Behavior Assessment System- 3rd Edition (ABAS-3), Vineland Adaptive Behavior Scale- 3rd Edition (VABS-3), Developmental Assessment of Young Children- 2nd Edition (DAYC-2), Autism Spectrum Rating Scales (ASRS), Childhood Autism Rating Scale- 3nd Edition (CARS-2), Conners- 4th Edition, Comprehensive Executive Functioning Inventory (CEFI), NICHQ Vanderbilt Assessment Scale

- Other assessments deemed applicable and related to the student's needs and referral concerns (OT, PT, Speech/Language, Hearing/Audiological)
 - Common assessments that measure <u>fine and gross motor skills</u> are typically administered by qualified Occupational Therapists and Physical Therapists. These include but are not limited to the Bruininks-Oseretsky Test of Motor Proficiency- 2nd Edition (BOT-2), Peabody Developmental Motor Scales- 3rd Edition (PDMS-3), Beery-Buktenica Developmental Test of Visual-Motor Integration- 6th Edition (BEERY VMI), Test of Visual Perceptual Skills- 4th Edition (TVPS-4), Developmental Assessment of Young Children- 2nd Edition (DAYC-2), Sensory Profile
 - Fine motor skills, addressed by Occupational Therapy (OT), are activities that use the small muscles in your hands and wrists to make precise movements needed for activities of daily living, such as self-care (buttoning/zipping clothes, tying shoelaces, brushing teeth, bathing, using the toilet), eating/cooking (using utensils, opening containers), play (stacking blocks, stringing beads, dressing dolls, sculpting with clay, building Legos, playing board games), and school/academics (coloring, drawing, writing/letter-formation, cutting and pasting, typing). Other areas like sensory processing and integration and visual-motor tracking are also typically addressed with OT.
 - Gross motor skills, addressed by Physical Therapy (PT), are activities that use larger muscle groups, like walking, running, jumping, and going up and down stairs. This also includes balance and coordination and other skills needed to safely navigate the school environment and keep up with the physical demands expected for an individual's age.
 - Common assessments to assess <u>speech and language skills</u> are typically administered by qualified Speech Language Pathologists or Speech Therapists. These include but are not limited to: Clinical Evaluation of Language Fundamentals- 5th Edition (CELF-5), Test of Language Development- 5th Edition (TOLD-5), Clinical Assessment of Articulation and Phonology- 2nd Edition (CAAP-2), Goldman-Fristoe Test of Articulation- 3rd Edition (GFTA-3), Peabody Picture Vocabulary Test- 5th Edition (PPVT-5), Preschool Language Scales- 5th Edition (PLS-5), Receptive and Expressive One-Word Picture Vocabulary Tests-4th Edition (ROWPVT-4, EOWPVT-4), Photo Articulation Test- 3rd Edition (PAT-3), Structured Photographic Expressive Language Test- 3rd Edition (SPELT-3), Test of Pragmatic Language- 2nd Edition (TOPL-2), CELF-5 Metalinguistics
 - <u>Articulation:</u> refers to speech-sound production, including perception, motor production, or phonological representation, such as sequencing or

- segmenting speech sounds based on phonotactic rules of a given language
- <u>Receptive Language:</u> refers to our ability to understand and comprehend language, including the ability to listen to and follow directions (develops before expressive language)
- <u>Expressive Language:</u> refers to our ability to communicate our thoughts and feelings through words, gestures, signs, and/or symbols
- <u>Vocabulary:</u> refers to the words that we know and can identify and use either when listening, speaking, reading, and/or writing.

Re-Evaluations

Re-evaluations or "triennial evaluations" are mandated by the CSE to occur every 3 years. However, additional or updated testing can be requested and administered at any time before the student's triennial evaluation. It is best practice that a student should not be administered the same standardized assessment more than once per year in order to maintain validity and reliability.

Re-evaluations *may*, but do not always, include many of the same measures administered during an initial evaluation (stated above). Re-evaluations are based on the student's needs. For instance, updated psychological (cognitive) testing may not be necessary or appropriate during a re-evaluation for a variety of reasons. While updated information about the student from his or her teachers and parents/caregivers is important, a formal social history is not always necessary, as much of a child's developmental history can be located from previous evaluations during a record review.

Frequently Asked Questions- Cognitive Testing

What is an individual psychological evaluation?

According to NYSED, an individual evaluation means any procedures, tests or assessments used selectively with an individual student in accordance with the provisions of sections 903, 904 and 905 of the Education Law. An individual psychological evaluation means a process by which a New York State-certified school psychologist or licensed psychologist uses, to the extent deemed necessary for purposes of educational planning, a variety of psychological and educational techniques and examinations in the student's native language, to study and describe a student's developmental, learning, and/or emotional/behavioral characteristics.

Is one cognitive assessment better than the other?

No, as long as the assessment is an up-to-date, standardized, norm-referenced assessment, there is not one test that is considered collectively "better" than another. Tests administered as part of an evaluation are selected based on the individual's needs and referral concerns. However, the student's cultural background is important to consider, as certain assessments are normed using a more diverse population.

How do you know what test to use?

Taking the individual's cultural background into account is important when selecting what test to administer. Taking into consideration the student's needs and abilities (i.e. verbal/nonverbal communication) is also crucial. Other times, the test administered is selected based on the individual's age. Some measures are statistically linked to/correlated with other measures. For instance, the WISC-V links to the WIAT-IV and the KTEA-3. The WJ-IV Tests of Cognitive Abilities and WJ-IV Tests of Achievement are linked. When possible, evaluators often attempt to administer correlated measures.

Standardized? Norm-referenced? What does all that mean?

Norm-referenced tests are a form of standardized testing that compares an individual's performance and scores to the performance and scores typical of other individuals his or her age. By comparing students to one another (or to a "normative population") it is possible to determine whether how, and to what degree, a particular student is ahead of or behind the "norm" or what is considered "expected" and "typical" for his or her age. (See "Understanding and Interpreting Test Scores" below)

What is an IQ?

"IQ" stands for "Intelligence Quotient" and it is the most accurate overall estimate of an individual's cognitive abilities. Most broadly, this measures problem-solving and reasoning skills. The IQ is derived from a set of standardized subtest scores. For instance, the WISC-V provides a Full Scale IQ (FSIQ) score, which summarizes an individual's ability across a diverse set of cognitive functions. The FSIQ is considered the most representative indicator of general intellectual functioning. Reliable and valid cognitive assessments ("IQ tests") are administered by a qualified professional (i.e. state/nationally certified school psychologist, licensed clinical psychologist, neuropsychologist). There are **no** valid and reliable cognitive assessments that can be self-administered online.

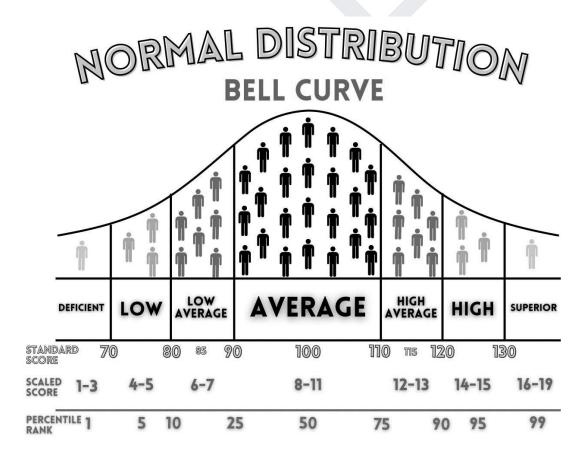
What is the difference between school-based and clinically-based psychological assessments? The assessments used in a school-based evaluation and an evaluation conducted in a clinical setting are often similar and the evaluators often use the same or similar tests. The school is required to determine eligibility based on the New York State Special Education regulations (see section above about special education classifications). The Committee on Special Education in a school district has to determine eligibility including the impact the disability has on a student's educational performance. The disability has to be documented to interfere with a student's ability to access grade level content and curriculum to the extent that special education services and supports are required. If a student is successfully accessing the curriculum with general education supports (AIS, tier 2 and tier 3 interventions) then special education supports are not required.

An evaluation conducted in a setting other than the school will often use the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to provide a diagnosis based on a set of criteria. Individual assessment data is part of that diagnosis. A diagnosis from the DSM-5 does not automatically meet eligibility criteria under NYS regulations and guidelines.

The best approach is a collaborative approach between the school, the family, and any outside providers working with the student.

<u>Understanding & Interpreting Test Scores</u>

Scores on standardized assessments are obtained in a complicated and statistical way, not the percentage of questions answered correctly, like you may see on a graded classroom assignment. Thousands of people were given the assessment and the results were standardized to determine various ranges of ability for each age. With the results of the sample population, norms were created. A student's score will be a comparison of how he or she performed compared to the standardized sample. The farther away from the average range one performs, the less "typical" the scores are. A student's performance on a standardized assessment can be documented by a combination of scores, often represented by the Bell Curve.



The "Normal Distribution Bell Curve" is a well-researched, statistical, and commonly used way to visually represent a student's score and compare a student's performance with their same-age peers.

Standardized tests, like cognitive and achievement tests, are designed to represent the normal Bell Curve, and show scores that are related to a mean, standard deviation, and percentile rank.

- The <u>mean</u> refers to what is considered "average." In testing, this is the score that a student is "typically expected" to achieve based on his or her age and based on the normative population.
- The <u>standard deviation</u> represents the amount of variation from the mean or how above or below "average" a student's score falls. In testing, average scores are represented by a range (10-15 points above or below the mean).
- A <u>percentile rank</u> is the rank of a student hypothetically compared to a group of 100 students in the normative population. This is **NOT** the percent correct, like you may get on a classroom unit test or graded assignment. Rather, a percentile rank indicates that the student scored as well as or better than a certain percent of same-age peers. For instance, a student who scores at the 75th percentile out-performed 75% of his or her peers, which is considered Average to High Average. A percentile rank of 75 does **NOT** equate to 75% out of 100%. Higher percentile ranks correlate to a higher score or level of skill in the area assessed.

Most scores will be reported as Standard Scores or Scaled Scores.

- <u>Standard Scores</u> are often referred to as "index scores" or "composite scores" because it represents the student's score, overall, across an area assessed. For example, the Verbal Comprehension Index on the WISC-V is measured using a standard score. Standard scores that fall between 90 and 110 are considered to fall within the "average" range.
- <u>Scaled Scores</u> represent the student's score on a subtest. Subtests contribute to an overall composite or index. For example, The Verbal Comprehension Index on the WISC-V consists of 2 subtests (Similarities and Vocabulary), which are measured using scaled scores. Scaled scores that fall between 8 and 12 are considered to fall within the "average" range. A student's performance on the subtests contribute to his or her overall index (standard) score within that area assessed.

For most psychological (cognitive) and achievement standardized assessments, the mean ("average") standard score is 100 with a standard deviation of 10-15. Therefore, standard scores that fall between 90-110 (or 85-115) fall within the "average" range. This includes scores that fall between the 25th and 75th percentile. Statistically, a score of 91 and a score of 109 is considered similarly and consistently within the Average range. A 91 is not statistically considered "low" average and a 109 is not statistically considered "high" average. Scores fall within a different descriptive category based on how far away the score is from the mean or average score (see table below).

Please note that these scores and ranges may be different when assessing other areas, such as tests of fine/gross motor skills, social/emotional assessments and behavior rating scales. For

example, most behavior rating scales use a T-score (rather than a standard score), for which the average score is 50 with a standard deviation of 10. It is important to follow up with the evaluator or refer to the evaluator's written report for clarity. The following table represents ranges of scores typically reported in cognitive and achievement assessments:

Standard Score Range	Percentile Rank	Qualitative Descriptor (exact wording is dependent on the test administered)
131 and above	98th - 99.9th	Extremely High Extremely Superior Very Superior Well Above Average
121-130	92nd - 97th	Superior Very High High Above Average
111-120	76th - 91st	High Average
90-110	25th - 75th	Average
80-89	9th - 24th	Low Average
70-79	3rd - 8th	Very Low Low Below Average
69 and below	0.1st to 2nd	Extremely Low Well Below Average Deficient

It is important to note that a student's scores do not measure *all* aspects of his or her ability, intelligence, functioning, or potential. It is possible for intellectual abilities to change over the course of childhood. Additionally, a student's score can be influenced by motivation, attention, and opportunities for learning. All scores *may* be *slightly* higher or lower if tested again on a different day. It is therefore important to view these test scores as a snapshot of a student's current level of functioning. When these scores are used as part of a comprehensive evaluation, they contribute to an understanding of a pattern of strengths and weaknesses, as well as provide insight into any challenges or needs that can be addressed.

Due to chance, error, and other extraneous factors, standard scores should be interpreted within the context of a range of scores, known as a Confidence Interval, rather than as a single definitive number. For each standard score reported for a student, a 90-95% Confidence Interval is typically reported, meaning that there is 90-95% certainty that the student's "true" score falls within the listed range.

It is also important for the evaluator to describe why a student's scores may be lower or below average on a particular measure. For example, 3 students were administered a Math Fluency test, where they were asked to quickly answer as many addition and subtraction problems as possible within 60 seconds. All 3 students received below average scores for different reasons:

- Student A: His math was correct but he calculated very slowly, often counting on his fingers. He sacrificed speed for accuracy.
- Student B: She was quick in her calculation but did not pay attention to the signs and made errors. She sacrificed accuracy for speed.
- Student C: He worked at an adequate speed, but made a number of calculation errors.

Putting it all together...

Were global and specific measures administered, if needed?

- WIAT-III, KTEA-3 and the WJ-IV are often administered to assess reading, math and written expression. However, if weaknesses or concerns are noted, or if significant discrepancies in scores were obtained, more specific measures (e.g., CTOPP-2, FAR, FAM, FAW) may need to be administered.
- Other measures, such as speech/language, OT, and PT assessments, are administered depending on the referral concern and what areas of testing the parent requests and consents to (see Prior Written Notice)

Were all referral concerns assessed?

- If parents or teachers were concerned about a specific area, were tests or subtests administered to assess each area of concern?
- Not every measure assesses every area of concern (or is best for the individual student). As such, then, multiple measures are often administered to assess all areas of concern (i.e., cross-battery assessment).

If discrepancies were noted between scores, were follow-up or additional subtests administered?

- It is important to determine why a low score was obtained. For example, was the student inattentive during the subtest or is there an actual deficit in the identified area. If it's a true deficit, likely, similar scores will be obtained across subtests

Types of Testing that can be included in an individual evaluation:

Standardized test is a test that is administered and scored in a consistent, or "standard", manner. Standardized tests are designed in such a way that the questions and interpretations are consistent and are administered and scored in a predetermined, standard manner. Standardized testing for a referral to the Committee on Special Education is conducted individually by highly qualified professionals (school psychologist, speech pathologist, special education teacher, interventionist)

Some examples include-this is a limited list: WISC-5 (cognitive), WIAT-4 (achievement), CELF-5 (language), Goldman-Fristoe-5 (articulation), Arizona Articulation Phonology Scale (articulation)

One test is not necessarily better than others. Test selection is based on the referral question/concern(s) and the preference of the examiner based on knowledge, training, experience with administering a particular test.

A **universal screener** is an assessment that is short, easy to administer, and tests grade level skills and performance. As part of our Response to Intervention program (RtI) all students take a universal screener three times a year to determine who is struggling and may need additional support to progress toward grade-level goals.

Examples: Aimsweb, BIMAS

Characteristics of universal screening assessments identified in the professional literature:

- · Accessible to all students
- · Assess critical skills and concepts
- · Brief (under 10 minutes), easy to administer and score
- · Given to all students (i.e. district, school, grade-level, course)
- · Quick turn-around time (1-3 days) of aggregated and disaggregated data to classroom teachers
- · Repeatable
- · Reliable (have undergone psychometric analyses- not just "teacher made").
- · Valid (have undergone psychometric analyses to determine validity. Not just "teacher-made").

Diagnostic assessments are needed to gain more specific information about specific areas where a student is struggling. Diagnostic assessments help the team determine where the learning gaps are and what intervention is needed to address the learning gaps. Diagnostic tests "diagnose" a problem and an area to target but does not provide a diagnosis of a disorder or disability.

Examples (not exhaustive): PAST, QPS, QSS, WADE

Characteristics of diagnostic assessments identified in the professional literature:

- · Given to selected students
- · Reliable
- · Valid

Curriculum Based Measurement (CBM) is a method teachers use to find out how students are progressing in basic academic skills in reading, math, writing, and spelling. CBM is an approach to measuring student academic growth along with evaluating the effectiveness of classroom instruction. CBM uses a simple set of standardized procedures to obtain a measurement of a student's achievement. CBM measures are short measures that are easy to administer and score. They can include word identification, fluency passages, comprehension measures, spelling skills, calculation skills and math application skills. CBMs can be used to

progress monitor students who are receiving an intervention. CBMs are a form of progress monitoring assessment.

Progress monitoring assessments are used to regularly assess students in specific academic and behavioral areas in order to inform instruction/intervention and to make decisions regarding the instructional/intervention needs of a class, small group or individual student. A student's current level of performance is determined and a goal that is aligned to the relevant standard(s) is set. Progress is measured regularly (the frequency depends on the intensity of instruction/intervention) to see if the actual rate of learning matches the expected rate. Based on the results, changes in curriculum, instruction and/or environment are made to match the student's needs.

Characteristics of progress monitoring assessments identified in the professional literature:

- · Administered at regular intervals, with increasing frequency as the intensity of the intervention increases
- · Rates of improvement are specified
- · Reliable (have undergone psychometric analyses- not just "teacher made".)
- · Sensitive to improvement/small increments of growth
- · Valid (have undergone psychometric analyses- not just "teacher made".)

End of Step Assessments / Unit Assessments / Screening Assessment / Question Sets / Focusing Question Task / End of Module Assessment - These assessments are given at specific increments as part instruction. They are used as formative assessment tools to determine if students have mastered enough of the content to move on to the next chapter/unit/book. End of step assessments and Unit Tests are given in Wilson and Just Words. Unit assessments are given in ELA and math to measure what a student has learned in each unit. Screening Exam Assessments are given to determine placement in a math intervention. End of Module Tasks, Question Sets, Focusing Question Tasks are all part of the ELA curriculum.

Pre/Post Testing: Pre and post testing is conducted for specific interventions to be able to compare a student's progress before starting the intervention and once the intervention is completed. Examples of pre and post testing include WIST (for placement into Wilson Reading/Just Words) and the WJ-IV Tests of Achievement (a standardized test used to measure student growth in the Wilson Language System intervention. This is used for practitioners seeking to earn certification as a Wilson Dyslexia Practitioner)

Resources

Beyond the WISC: Psychological assessment of cognitive functioning in special populations – Open Textbook

Continuum of Services and Least Restrictive Environment

Special education services are provided on a continuum from least restrictive to most restrictive.

All services on the continuum are available for consideration to meet student needs. Skaneateles Central Schools provides services and supports to allow all students to access grade level standards and content delivered in regular education along side their grade level peers.

Services and supports are provided in regular education so that the student can make meaningful progress toward IEP goals with supplementary aides and services. Removal from the regular education environment occurs only when the nature or severity of the disability of the child is such that education in regular classes with the use of supplementary aids and services cannot be achieved successfully.

Continuum of Services

General Education

General Education with Related Services

Consultant Teacher Services

Resource Room

Integrated Co-Teaching (Grades 1-5 ELA)

Special Class (District and BOCES)

CONTINUUM OF SPECIAL EDUCATION SERVICES FOR SCHOOL-AGE STUDENTS WITH DISABILITIES

Guidelines for Speech and Language Services

Definitions

8 CRR-NY 200.1

Accommodation means something that meets a need. A "reasonable accommodation" refers to how schools and teachers adapt, adjust, or change the physical environment, instruction or services for a student with a disability tso that the presence of the student's disability does not unnecessarily affect his or her learning.

Adaptive behavior means the effectiveness with which the individual copes with the natural and social demands of his environment.

Adapted physical education means a specially designed program of developmental activities, games, sports and rhythms suited to the interests, capacities and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the activities of the regular physical education program.

Amendment means a change, revision, or addition made to the IEP.

Annual review means an evaluation, conducted at least annually by the committee on special education, of the status of each student with a disability and each student thought to have a disability who resides within the school district for the purpose of recommending the continuation, modification or termination of the provision of special education programs and services for the student to the board of education.

Appropriate means abe to meet a need; suitable or fitting; in special education children with disabilities are entitled to a "free appropriate public education," commonly known as FAPE, which means that the schools provide the public education at no cost to the student or his / her family and that the education meets the student's special needs.

Approved private school means a private school which conforms with the requirements of Federal and State laws and regulations governing the education of students with disabilities, and which has been approved by the commissioner for the purpose of contracting with public schools for the instruction of students with disabilities.

Assistive technology device means 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 the functional capabilities of a student with a disability. Such term does not include a medical device that is surgically implanted, or the replacement of such a device.

Assistive technology service means any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device.

Auditory Memory means the ability to remember the main features of something heard, and/or to remember the sequence of several items heard.

Change in program means a change in any one of the components of the individualized education program of a student as described in section 200.4(d)(2) of this Part.

Change in placement means a transfer of a student to or from a public school, BOCES or schools enumerated in article 81, 85, 87, 88 or 89 of the Education Law or graduation from high school with a local high school or Regents diploma. For purposes of removal of a student with a disability from the student's current educational placement under Education Law section 3214, change of placement is defined in Part 201 of this Title.

Class size means the maximum number of students who can receive instruction together in a special class or resource room program and the number of teachers and supplementary school personnel assigned to the class.

Committee on preschool special education (CPSE) means a multidisciplinary team established in accordance with the provisions of section 4410 of the Education Law.

Committee on special education (CSE) means a multidisciplinary team established in accordance with the provisions of section 4402 of the Education Law.

Consent means:

- (1) the parent has been fully informed, in his or her native language or other mode of communication, of all information relevant to the activity for which consent is sought, and has been notified of the records of the student which will be released and to whom they will be released;
- (2) the parent understands and agrees in writing to the activity for which consent is sought; and
- (3) the parent is made aware that the consent is voluntary on the part of the parent and may be revoked at any time except that, if a parent revokes consent, that revocation is not retroactive (*i.e.*, it does not negate an action that has occurred after the consent was given and before the consent was revoked).

Consultant teacher services means direct and/or indirect services, as defined in this subdivision, provided to a student with a disability in the student's regular education classes and/or to such student's regular education teachers.

Direct consultant teacher services means specially designed individualized or group instruction provided by a certified special education teacher pursuant to subdivision (yy) of this section, to a student with a disability to aid such student to benefit from the student's regular education classes.

Indirect consultant teacher services means consultation provided by a certified special education teacher pursuant to subdivision (yy) of this section to regular education

teachers to assist them in adjusting the learning environment and/or modifying their instructional methods to meet the individual needs of a student with a disability who attends their classes.

School day means any day, including a partial day, that students are in attendance at school for instructional purposes. The term *school day* has the same meaning for all students in school including students with disabilities and students without disabilities, except that, during the months of July and August, *school day* means every day except Saturday, Sunday and legal holidays.

Business day means Monday through Friday, except for Federal and State holidays (unless holidays are specifically included in the designation of business day).

Fiscal year means the period commencing on the 1st day of July in each year and ending on the 30th day of June next following.

Full-day preschool program means an approved special education program for preschool students with disabilities that provides instruction for a full-day session as defined in subdivision (q) of this section, provided however that in the event a program is approved by the commissioner to provide instruction for less than a full-day session but more than a half-day session, such program shall be deemed a full-day program solely for purposes of development of a recommendation by the preschool committee on special education pursuant to subparagraph (i) of paragraph b of subdivision 5 of section 4410 of the Education Law and section 200.16(e)(3) of this Part.

Full-day session means a school day with not less than five hours of instruction for preschool students with disabilities and for students whose chronological ages are equivalent to those of students in grades K through 6, and not less than 5½ hours of instruction for students whose chronological ages are equivalent to those of students in grades 7 through 12.

Functional behavioral assessment means the process of determining why the student engages in behaviors that impede learning and how the student's behavior relates to the environment. The functional behavioral assessment shall be developed consistent with the requirements in section 200.22(a) of this Part and shall include, but is not limited to, the identification of the problem behavior, the definition of the behavior in concrete terms, the identification of the contextual factors that contribute to the behavior (including cognitive and affective factors) and the formulation of a hypothesis regarding the general conditions under which a behavior usually occurs and probable consequences that serve to maintain it.

Guardian ad litem means a person familiar with the provisions of this Part who is appointed from the list of surrogate parents or who is a *pro bono* attorney appointed to represent the interests of a student in an impartial hearing pursuant to section 200.5(j)(3)(ix) of this Part and, where appropriate, to join in an appeal to the State Review Officer initiated by the parent or board of education pursuant to section 200.5(k)

of this Part. A *guardian ad litem* shall have the right to fully participate in the impartial hearing to the extent indicated in section 200.5(j)(3)(xii) of this Part.

General curriculum means the same general education curriculum as for students without disabilities.

Half-day preschool program means an approved preschool special education program for preschool students with disabilities that provides instruction for a half-day session as defined in subdivision (v) of this section.

Half-day session means a morning or afternoon session with not less than 2½ hours of instruction for students whose chronological ages are equivalent to those of students in grades K through 6, and not less than three hours of instruction for students whose chronological ages are equivalent to those of students in grades 7 through 12, provided that for preschool students with disabilities such term shall mean a morning or afternoon session with not more than 2½ hours of instruction per day.

Home and hospital instruction means special education provided on an individual basis for a student with a disability confined to the home, hospital or other institution because of a disability.

Impartial hearing officer means an individual assigned by a board of education pursuant to Education Law, section 4404(1), or by the commissioner in accordance with section 200.7(d)(1)(i) of this Part, to conduct a hearing and render a decision. No individual employed by a school district, school or program serving students with disabilities placed there by a school district committee on special education may serve as an impartial hearing officer and no individual employed by such schools or programs may serve as an impartial hearing officer for two years following the termination of such employment, provided that a person who otherwise qualifies to conduct a hearing under this section shall not be deemed an employee of the school district, school or program serving students with disabilities solely because he or she is paid by such schools or programs to serve as an impartial hearing officer.

Individualized education program means a written statement, developed, reviewed and revised in accordance with section 200.4 of this Part, which includes the components specified in section 200.4(d)(2) of this Part to be provided to meet the unique educational needs of a student with a disability.

Independent educational evaluation means an individual evaluation of a student with a disability or a student thought to have a disability, conducted by a qualified examiner who is not employed by the public agency responsible for the education of the student. Whenever an independent educational evaluation is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, shall be the same as the criteria which the school district uses when it initiates an evaluation.

Individual evaluation means any procedures, tests or assessments used selectively with an individual student, including a physical examination in accordance with the provisions of sections 903, 904 and 905 of the Education Law, an individual psychological evaluation, except where a school psychologist has determined pursuant to section 200.4(b) of this Part that a psychological evaluation is unnecessary to evaluate a student of school age, a social history and other appropriate assessments or evaluations as may be necessary to determine whether a student has a disability and the extent of his/her special education needs, but does not include basic tests administered to, or procedures used with, all students in a school grade or class.

Individual psychological evaluation means a process by which a New York State-certified school psychologist or licensed psychologist uses, to the extent deemed necessary for purposes of educational planning, a variety of psychological and educational techniques and examinations in the student's native language, to study and describe a student's developmental, learning, behavioral and other personality characteristics.

Least restrictive environment means that placement of students with disabilities in special classes, separate schools or other removal from the regular educational environment occurs only when the nature or severity of the disability is such that even with the use of supplementary aids and services, education cannot be satisfactorily achieved. The placement of an individual student with a disability in the least restrictive environment shall:

- (1) provide the special education needed by the student;
- (2) provide for education of the student to the maximum extent appropriate to the needs of the student with other students who do not have disabilities; and
- (3) be as close as possible to the student's home.
- (dd) *Mediator* means a qualified and impartial individual who is trained in effective mediation techniques to resolve disputes in accordance with Education Law, section 4404-a and section 200.5(h) of this Part and who is knowledgeable in laws and regulations relating to the provision of special education services. An individual who serves as a mediator may not have a personal or professional interest which would conflict with his or her objectivity in the mediation process and may not be an employee of a State educational agency that is providing direct services to a student who is the subject of the mediation process or a school district or program serving students with disabilities, provided that a person who otherwise qualifies to conduct mediation under section 200.5(h) of this Part shall not be deemed an employee of the State, a school district, school, or a program serving students with disabilities solely because he or she is paid by a community dispute resolution center through grant funds provided by the State Education Department to serve as a mediator.

Medical services means only evaluative and diagnostic services provided by a licensed physician, or by another appropriately licensed or registered health professional in consultation with, or under the supervision of, a licensed physician, to determine

whether a student has a medically related disability which may result in the student's need for special education and related services.

Native language means:

(1) if used with reference to an individual of limited English proficiency, the language normally used by that individual, or, in the case of a student, the language normally used by the parents of the student, except that, in all direct contact with a student (including evaluation of the student), *native language* means the language normally used by the student in the home or learning environment; and (2) for an individual with deafness or blindness, or for an individual with no written language, the mode of communication is that normally used by the individual (such as sign language, Braille, or oral communication).

Occupational therapy means the functional evaluation of the student and the planning and use of a program of purposeful activities to develop or maintain adaptive skills, designed to achieve maximal physical and mental functioning of the student in his or her daily life tasks.

Supplementary school personnel means a teacher aide or a teaching assistant

Parent means a birth or adoptive parent, a legally appointed guardian generally authorized to act as the child's parent or authorized to make educational decisions for the child; a person in parental relationship to the child as defined in Education Law, section 3212; an individual designated as a person in parental relation pursuant to title 15-A of the General Obligations Law including an individual so designated who is acting in the place of a birth or adoptive parent (including a grandparent, stepparent, or other relative with whom the child resides); or a surrogate parent who has been appointed in accordance with section 200.5(n) of this Part. The term does not include the State if the student is a ward of the State.

- (2) A foster parent may act as a parent unless State law, regulations or contractual obligations with a State or local entity prohibit the foster parent from acting as a parent.
- (3) Except as provided in paragraph (4) of this subdivision, when one or more than one party is qualified under paragraph (1) of this subdivision to act as a parent, the birth or adoptive parent must be presumed to be the parent unless the birth or adoptive parent does not have legal authority to make educational decisions for the student.
- (4) If a judicial decree or order identifies a specific person or persons to act as the parent or make educational decisions on behalf of the student, then such person or persons shall be determined to be the parent for purposes of this Part, except that a public agency that provides education or care for the student, or a private agency that contracts with a public agency for such purposes, shall not act as the parent. *Participating agency* means a State or local agency, other than the public agency responsible for a student's education, that is financially and legally responsible for providing transition services to the student.

Parent counseling and training means assisting parents in understanding the special needs of their child; providing parents with information about child development; and

helping parents to acquire the necessary skills that will allow them to support the implementation of their child's individualized education program. *Physical therapy* means a related service provided in accordance with section 6731(a) of the Education Law.

Preschool student with a disability is a preschool child as defined in section 4410(1)(i) of the Education Law who is eligible to receive preschool programs and services, is not entitled to attend the public schools of the school district of residence 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 can receive appropriate educational opportunities from special programs and services approved by the department. Eligibility as a preschool student with a disability shall be based on the results of an individual evaluation which is provided in the student's native language, not dependent on a single procedure, and administered by a multidisciplinary team in accordance with all other requirements as described in section 200.4(b)(1) through (5) of this Part.

Preschool program means a special education program approved pursuant to section 4410 of the Education Law to provide special education programs and services, from the continuum of services set forth in section 200.16(i) of this Part, and to conduct evaluations of preschool students with disabilities if such program has a multidisciplinary evaluation component.

Prior written notice means written statements developed in accordance with section 200.5(a) of this Part, and provided to the parents of a student with a disability a reasonable time before the school district proposes to or refuses to initiate or change the identification, evaluation, or educational placement of the student or the provision of a free appropriate public education to the student.

Regular education teacher means:

- (1) for a school-age student, a teacher qualified to serve nondisabled students who is providing regular education instruction to the student. If the student is not receiving instruction from one or more regular education teachers, a teacher qualified to provide regular education in the type of program in which the student may be placed may serve as the student's regular education teacher;
- (2) for a preschool child, a regular education teacher qualified to provide regular education services to nondisabled preschool or elementary-level students who is providing regular education instruction to the student. If the student is not receiving instruction from one or more regular education teachers, a teacher qualified to provide regular education in the type of program in which the student may be placed may serve as the preschool student's regular education teacher.

Related services means developmental, corrective, and other supportive services as are required to assist a student with a disability and includes speech-language pathology, audiology services, interpreting services, psychological services, physical therapy, occupational therapy, counseling services, including rehabilitation counseling

services, orientation and mobility services, medical services as defined in this section, parent counseling and training, school health services, school nurse services, school social work, assistive technology services, appropriate access to recreation, including therapeutic recreation, other appropriate developmental or corrective support services, and other appropriate support services and includes the early identification and assessment of disabling conditions in students.

Resource room program means a special education program for a student with a disability registered in either a special class or regular class who is in need of specialized supplementary instruction in an individual or small group setting for a portion of the school day.

School health services and school nurse services.

- (1) School health services means health services provided by either a qualified school nurse or other qualified person that are designed to enable a student with a disability to receive a free appropriate public education as described in the individualized education program of the student.
- (2) School nurse services means services provided by a qualified school nurse pursuant to section 902(2)(b) of the Education Law that are designed to enable a student with a disability to receive a free appropriate public education as described in the individualized education program of the student.

Social history means a report of information gathered and prepared by qualified school district personnel pertaining to the interpersonal, familial and environmental variables which influence a student's general adaptation to school, including but not limited to data on family composition, family history, developmental history of the student, health of the student, family interaction and school adjustment of the student.

Special class means a class consisting of students with disabilities who have been grouped together because of similar individual needs for the purpose of being provided specially designed instruction as defined in subdivision (vv) of this section.

Specially designed instruction means adapting, as appropriate, to the needs of an eligible student under this Part, the content, methodology, or delivery of instruction to address the unique needs that result from the student's disability; and to ensure access of the student to the general curriculum, so that he or she can meet the educational standards that apply to all students.

Special education means specially designed individualized or group instruction or special services or programs, as defined in subdivision 2 of section 4401 of the Education Law, and special transportation, provided at no cost to the parent, to meet the unique needs of students with disabilities.

Special education provider means an individual qualified pursuant to section 200.6(b)(3) of this Part who is providing related services, as defined in subdivision (qq) of this

section, to the student. If the student is not receiving related services, an individual qualified to provide related services needed by the student may serve as the related service provider of the student.

Special education teacher means a person, including an itinerant teacher, certified or licensed to teach students with disabilities pursuant to Part 80 of this Title who is providing special education to the student. For a student who is being considered for initial placement in special education, a teacher qualified to provide special education in the type of program in which the student may be placed may serve as the student's special education teacher.

Student with a disability means a student with a disability as defined in section 4401(1) of the 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.

Acronyms

The list below includes some commonly used acronyms. This is not an exhaustive list

ACCES: Adult Career and Continuing Education Services

ADA: Americans with Disabilities Act

ADD: Attention Deficit Disorder

ADHD: Attention Deficit/Hyperactivity Disorder

ADL: Activities for Daily Living

AIS: Academic Intervention Services

AMO: (Effective) Annual Measurable Objective

APR: Annual Performance Report (State report on SPP performance)

AT: Assistive Technology

AU: Autism

AYP: Adequate Yearly Progress BIP: Behavioral Intervention Plan

BOCES: Board of Cooperative Educational Services

BOE: Board of Education

CDOS: Career Development and Occupational Studies Learning Standards

CEIS: Comprehensive Early Intervening Services COTA: Certified Occupational Therapy Assistant

CP: Cerebral Palsy

CPSE: Committee on Preschool Special Education

CSE: Committee on Special Education

CSEIS: Comprehensive Special Education Information System

CT: Consultant Teacher

CTE: Career and Technical Education

DB: Deaf-Blindness

DF: Deafness

DOH: Department of Health ED: Emotional Disability

EI: Early Intervention (Program)
EIO: Early Intervention Official
ELA: English Language Arts
ELL: English Language Learner
ENL: English as a New Language
ESSA: Every Student Succeeds Act

ESY: Extended School Year

FAPE: Free Appropriate Public Education FBA: Functional Behavioral Assessment

FERPA: Family Educational Rights and Privacy Act

HI: Hearing Impairment

HOH: Hard of Hearing (sometimes written as HH)

HSE: High School Equivalency Diploma

IAES: Interim Alternative Educational Setting

ID: Intellectual Disability

IDEA: Individuals with Disabilities Education Act

IDEIA: Individuals with Disabilities Education Improvement Act (December 2004)

IEE: Independent Educational Evaluation IEP: Individualized Education Program

IESP: Individualized Education Services Program

IFSP: Individualized Family Service Plan

IHO: Impartial Hearing Officer

IQ: Intelligence Quotient LD: Learning Disability

LEA: Local Educational Agency LEP: Limited English Proficiency LOTE: Language Other Than English

LRE: Least Restrictive Environment

MAPS: Management, Academic, Physical, Social (4 required areas in PLPs)

MD: Multiple Disabilities

NCLB: No Child Left Behind Act, 2002

NYSAA: New York State Alternate Assessment NYSED: New York State Education Department

OASAS: Office of Alcohol and Substance Abuse Services

OCFS: Office of Children and Family Services

OHI: Other Health Impairment OI: Orthopedic Impairment

OMH: Office of Mental Health

OPWDD: Office for People with Developmental Disabilities

OT: Occupational Therapist/Occupational Therapy

PD: Pupils with Disabilities (PD) data PDD: Pervasive Developmental Disorder

PDD-NOS: Pervasive Developmental Disorder -not otherwise specified

PINS: Person In Need of Supervision

PST: Pupil Services Team

PT: Physical Therapist/Physical Therapy

PTA: Physical Therapy Assistant

P.L.94-142: The Education of All Handicapped Children Act of 1975

PLP: Present Level of Performance (also PLEP or PLOP)

Pre-K: Pre-Kindergarten

PWD: Preschool Student with a Disability RA: Regional Associate (see SEQA)

RR: Resource Room

RT: Recreational Therapist RTI: Response to Intervention

RTF: Residential Treatment Facility

RS: Related Service

SCANS: Secretary's Commission on Achieving Necessary Skills for Employment

SEA: State Educational Agency SED: State Education Department

SEIS: Special Education Itinerant Services

SEIT: Special Education Itinerant Teacher

SEQA: Special Education Quality Assurance Unit, SED

SLI: Speech/Language Impairment

SIRS: Student Information Repository System

SLP: Speech Language Pathologist

SP: Services Plan SC: Special Class

SPP: State Performance Plan SRO: State Review Officer

SSI: Supplemental Security Income

TBI: Traumatic Brain Injury

TRE: Technology Resources for Education

UPK: Universal Pre-Kindergarten

USDOE: United States Department of Education

VI: Visual Impairment

VR: Vocational Rehabilitation

Test Names

The list below includes some common tests that we use. This is not an exhaustive list

WISC-5: Wechsler Intelligence Scale for Children - 5th edition WIAT-4: Wechsler Individual Achievement Test - 4th edition

CELF-5: Clinical Evaluation of Language Fundamentals - 5th edition

Goldman-Fristoe-4/GFTA-3: Goldman-Fristoe Test of Articulation- 3rd edition

Arizona-4: Arizona Articulation Phonology Scale-4th edition

AimswebPlus: AimswebPlus universal screener and progress monitoring

WIST: Word Identification and Spelling Test

WADE: Wilson Assessment of Decoding and Encoding

WJ-IV: Woodcock-Johnson Tests of Achievement - 4th edition

PAST: The Phonological Awareness and Screening Test

QPS: Quick Phonics Screener QSS: Quick Spelling Screener

BASC-3: Behavior Assessment Scale for Children -3rd edition

BIMAS-2: The Behavior Intervention Monitoring Assessment System - 2nd edition

Graduation Requirements and Pathways

New York State Diploma Requirements Applicable to All Students Enrolled in Grades 9-12

New York State Diploma Requirements Applicable to All Students Enrolled in Grades 9-12

Credit Requirements

(Apply to all diploma types: local, Regents, Regents with advanced designation)

	Minimum number of credits
English	4
Social Studies Distributed as follows: U.S. History (1) Global History and Geography (2) Participation in Government (½) Economics (½)	4
Science Distributed as follows: Life Science (1) Physical Science (1) Life Science or Physical Science (1)	3
Mathematics	3
World Languages	1(**)
Visual Art, Music, Dance, and/or Theater	1
Physical Education (participation each semester)	2
Health	1/2
Electives	3 ½
Total	22

^(**)Students with a disability may be excused from the requirement for 1 unit of credit in World Languages if so indicated on their IEP, but they must still earn 22 units of credit to graduate.

1.) Pathways

A student must either:

- earn the Seal of Civic Readiness; or
- pass an additional Regents Exam or Department Approved Alternative in a different course (English, mathematics, science, or social studies); or
- · pass a Department Approved Pathway Assessment (Arts, CDOS, World Languages); or
- successfully complete a NYSED-approved CTE program, including the associated 3-part technical assessment; or
- · successfully complete all the requirements for earning the CDOS Commencement Credential.

Beginning in fall 2022, a select number of NYS schools will pilot the <u>Individual Arts Assessment Pathway (IAAP)</u>. Reference <u>Multiple Pathways</u> and <u>Department Approved Alternative Examinations</u>.

2.) Traditional Appeals

All appeals are subject to local district approval. Reference: Appeals, Safety Nets, and Superintendent Determination

3.) Special Endorsements

Honors: A student earns a computed average of at least 90 on the Regents Exams applicable to either a Regents diploma or a Regents diploma with advanced designation. No more than 2 Department approved alternatives can be substituted for Regents Exams. The locally developed Checkpoint B examination in World Languages is <u>not</u> included in the calculation.

Mastery in Math and/or Science: A student meets all the requirements for a Regents diploma with advanced designation AND earns a score of 85 or better on 3 math Regents Exams and/or 3 science Regents Exams.

Technical Endorsement: A student meets the requirements for either a local diploma, a Regents diploma or a Regents diploma with advanced designation AND successfully completes a Department approved CTE program including the 3-part technical assessment.

Seal of Biliteracy: A student meets the criteria for earning the NYS Seal of Biliteracy.

Seal of Civic Readiness: A student meets the criteria for earning the NYS Seal of Civic Readiness.

Reference the Endorsements and Seals webpage or NYS Diploma/Credential Requirements for additional information related to awarding special endorsements to students with exam exemptions due to COVID-19.

4.) World Languages Exemption

Students with a disability may be excused from the required units of credit in World Languages if so indicated on their IEP, but they must still earn 22 units of credit to graduate. Such student who seeks a Regents diploma with advanced designation does NOT have to complete the 5-unit sequence in the Arts or CTE in lieu of the sequence in World Languages in order to meet the assessment requirements for the advanced diploma.

5.) Superintendent Determination of a Local Diploma

Students with a disability who are unable to attain a local diploma through the various safety net provisions may be eligible for a Superintendent Determination of a local diploma under certain conditions. Reference: Appeals, Safety Nets, and Superintendent Determination

6.) Flexibilities due to the COVID-19 Public Health Emergency

Exemptions: Students granted an exemption from any exam due to COVID-19 are not required to pass such specific exam to meet the assessment requirements for any diploma type. Reference the following FAQs: <u>June/August 2020</u>, <u>January 2021</u>, <u>June/August 2021</u>, and <u>January 2022</u>

Special Appeals: Eligible students may use lower scores (50-64) on Regents Exams taken during the 2021-22 or 2022-23 school year to meet the assessment requirements for any diploma type. Reference: Special Appeals Memo and FAQ.

Special Determination: Students who are scheduled to graduate in June 2022 and either do not qualify for a Special Appeal or who are unable to participate in one or more required Regents Exam(s) because of illness, including isolation restrictions due to COVID, may request a Special Determination to Graduate with a Local Diploma in June 2022.

7.) Exemptions from the Regents Exam in US History and Government (Framework)
Eligible students shall be granted an exemption from the June 2022, August 2022, or January 2023 Regents Exam in US History
and Government (Framework). Reference: FAQ on Cancellation of Regents Exam in US History and Government (Framework)

New York State Diploma/Credential Requirements

<u>Safety Net Options Available to Students with Disabilities to Graduate with a Local Diploma (July 2023)</u>

The **Low Pass Safety Net Option** allows a student with a disability to meet the testing requirements for a local diploma by achieving a score between 55 and 64 on one or more of the required Regents examinations

The **Low Pass Safety Net Option with Appea**l allows a student with a disability who has taken and passed a course in preparation to take a Regents examination, has a 65-course average, and scores between 52-54 on up to two Regents examinations1, to appeal to graduate with a local diploma using this lower score. An appeal may be initiated by a student or by the student's parent/guardian or teacher and must be submitted to the student's school principal. Through this appeal, the student seeks a waiver of the graduation assessment requirement in the subject area under appeal. Approval of the appeal will not change the student's score on the Regents examination under appeal.

The **Compensatory Safety Net Option** allows a student with a disability who scores between 45-54 on one or more of the required Regents examinations (except for ELA or mathematics) to compensate the low score with a score of 65 or higher on another required Regents examination to graduate with a local diploma

The **Superintendent Determination Option** allows a superintendent (or the principal/head of school of a registered nonpublic school or charter school, as applicable) to make a local determination that a student with a disability has otherwise met the standards for graduation with a local high school diploma when such student has not been successful, because of his/her disability, at demonstrating his/her proficiency on one or more of the Regents examinations required for graduation. The superintendent may only consider an eligible student for a local diploma through the Superintendent Determination Option upon receipt of a written request from the student's parent or guardian to the student's school principal or CSE chairperson.

New York State Graduation Requirements

New York State Graduation Requirements

Understanding Current New York State Diploma Requirements

To earn a NYS diploma, students must meet credit and exam requirements. These requirements are separate and distinct and do not have to happen simultaneously.

Note: School districts may create diploma requirements in addition to those required by the NYS Education Department (NYSED).

Credit Requirements

This table shows the number of credits required for each subject. It's important to note in most subjects, students choose the courses they want to take to meet the minimum requirements.

-	Minimum
	number
	of credits
English	4
Social Studies	4
Distributed as follows:	
Global History and Geography (2)	
U.S. History (1)	
Participation in Government (%)	
Economics (%)	
Science	3
Distributed as follows:	
Life Science (1)	
Physical Science (1)	
Life Science or Physical Science (1)	
Mathematics	3
World Languages	1*
Visual Art, Music, Dance, and/or	1
Theater	
Physical Education	2
(participation each semester)	
Health	0.5
Electives	3.5
Total	22

Students with disabilities may be excused from the requirement for 1 unit of credit in World Languages if indicated on their IEP, but they must still earn 22 units of credit to graduate.



Exam Requirements

In addition to the 22 units of credit, students must also meet the NYS exam requirements to earn a diploma.

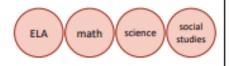
To meet the exam requirements, students must pass 4 exams + 1 pathway. All students must pass one exam (Regents exam or Department-approved alternative) in each of the four subject areas (English, mathematics, science, social studies) plus one pathway.



One Regents exam or <u>Department-</u> <u>approved alternative</u> in each of the <u>subject areas:</u>







Note: If students are not able to earn a passing score of 65 on Regents exams, they may be eligible for Appeals, Safety Nets, and/or Superintendent Determination.

Additional information can be referenced in The New York State Graduation Requirements: Additional Options flyer.



Pathway Requirements

<u>Multiple pathways</u> allow students choice in the exams they pass to earn a diploma. To complete a pathway, students must:

Arts Pathway	Earn a passing score on a Department-approved pathway exam in the Arts to earn the Arts pathway
CDOS (Career Development and Occupation Studies) Pathway	Complete 216 hours of CTE coursework that includes a minimum of 54 hours of Work Based Learning and complete a career plan and an Employability profile, or pass a Departmentapproved CDOS pathway exam
CTE (Career and Technical Education) Pathway Humanities Pathway	Successfully complete a Department-approved CTE program, including 3-5 CTE courses and earn a passing score on the 3-part technical exam Earn a passing score on one additional Regents exam or Department-approved alternative in English or social studies
World Languages Pathway	Earn a passing score on a Department-approved pathway exam in a world language
STEM (Science, Technology, Engineering, and Mathematics) Pathway	Earn a passing score on one additional Regents exam or Department-approved alternative in mathematics or science



Diploma Types

There are currently three types of high school diplomas: local, Regents, and Regents with Advanced Designation.

Local

All diploma types require students to earn 22 units of credit as outlined in the credit table. Students who meet the credit requirements and use appeals, safety nets, or Superintendent Determination to meet the exam requirements typically earn a local diploma.

Regents

Students who meet the credit requirements and earn passing scores on all required exams earn a Regents diploma. Students can appeal one Regents exam no more than 5 points below passing (60-64) and still earn a Regents diploma.



Students who meet the credit requirements, earn passing scores on all required exams including 2 additional math and 1 additional science, and complete a sequence in LOTE,

the Arts, or CTE, earn a Regents diploma with Advanced Designation.

Resources

- General Education and Diploma Requirements
- New York State Diploma Requirements
- New York State Diploma/Credential Requirements
- Commissioner's Regulations (8 CRR-NY §100.5, <u>Diploma Requirements</u>)

Questions?

Contact the Office of Curriculum and Instruction at emscgradreg@nysed.gov or (518)474-5922

<u>Post Secondary and Transition Resources</u>

Beginning with the first IEP to be in effect when the student is age 15, and updated at least annually, the IEP must include measurable post secondary goals based on the students interests, preferences, and needs as they relate to post school activities. These goals are developed with direct input from the student and parents.

Helpful Transition Resources:

New York State School for the Deaf Transition Planning and Services for Students with Disabilities

Mid-State Partnership - Center on Disability and Inclusion

Welcome to ACCES-VR | Adult Career and Continuing Education Services | NYS Education Department

https://www.acces.nysed.gov/sites/acces/files/vr/pre-ets-brochure-version-3.pdf

School Transition for Students with Developmental Disabilities