

Oklahoma State Department of Education  
Special Education Services

First-Year Special Education Teacher



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**August 2010**

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**Dear First-Year Special Education Teacher,**

Congratulations! You are now a first-year special education teacher; a career that will enrich your life beyond measure (most of the time)—it is also a career that can be challenging at times. It is a balancing act, balancing the love of children with disabilities as well as the dreaded paperwork and compliance.

In an effort to help you with the balancing act, the Oklahoma State Department of Education (OSDE), Special Education Services (SES), is pleased to introduce the First-Year Special Education Teacher Handbook. This handbook is designed to assist and support you through the teaching experience in your first year. Within this document you will find information necessary to perform your duties as a special educator while staying in compliance with the federal requirements.

This handbook presents the federal rules outlined in the Individuals with Disabilities Act (IDEA), as well as rules specified in the Policies and Procedures for Special Education in Oklahoma, 2007. These rules define the procedures for educating children with disabilities.

Oklahoma has a continuing goal of providing a full educational opportunity to all children with disabilities. It is my pleasure to present you with the OSDE-SES First Year Special Education Teacher Handbook.

Best of Luck,

Misty Kimbrough  
Assistant State Superintendent  
Special Education Services



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**OSDE**  
**Special Education**  
**Forms**

## **Timelines for Initial Evaluation Process for Child with Suspected Disability Other than Specific Learning Disability**

- Teacher or parent indicates concern regarding the progress of the student.
- The teacher assists in gathering the information needed for the Review of Existing Data (OSDE Form 3). The completion of this form does not require a meeting. The date of the signatures received may **not** match.
- Before any evaluations are performed, the local educational agency (LEA) needs to have the parent sign to give permission to test (OSDE Form 4).
- Once the parental consent to test has been signed, the LEA has 45 **school days** to evaluate and determine eligibility.
- Upon completion of the Review of Existing Data, the Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS, OSDE Form 5) is used to document the variety of assessment tools, strategies used, results, conclusions, and the determination of the group. The qualified examiner will go over the results with the group and answer any questions the parent or other group members may have.
- A qualified examiner is a professional that provides special education and related services, including diagnostic evaluations. Qualified examiners must hold the appropriate credentials outlined in the Personnel Qualifications section of the *Policies and Procedures for Special Education in Oklahoma, 2007*.
- If the student does not qualify for special education or related services, the process stops here.
- If the student does qualify for special education or related services, the LEA has 30 calendar days to write and implement an Individualized Education Program (IEP).

## Response to Intervention (RtI)

### Overview

The reauthorization of the Individuals with Disabilities Education Act (IDEA) of 2004 includes provisions that could lead to significant changes in the way in which students with specific learning disabilities are identified.

### What is RtI?

Response to Intervention, often referred to simply as RtI, is a prevention framework that involves schools:

- Providing a research-based curriculum to all students in academic and behavior areas.
- Identifying students who are not meeting standards.
- Planning and providing research-based interventions in a timely manner.
- Monitoring student progress closely.
- Intervening at increasingly intensive levels if students do not progress toward achievement standards.

Although the research for RtI is primarily in reading or math, it can be applied to all content areas. It is an overarching framework that aligns all school services and supports (general and special education) to ensure success for all students.

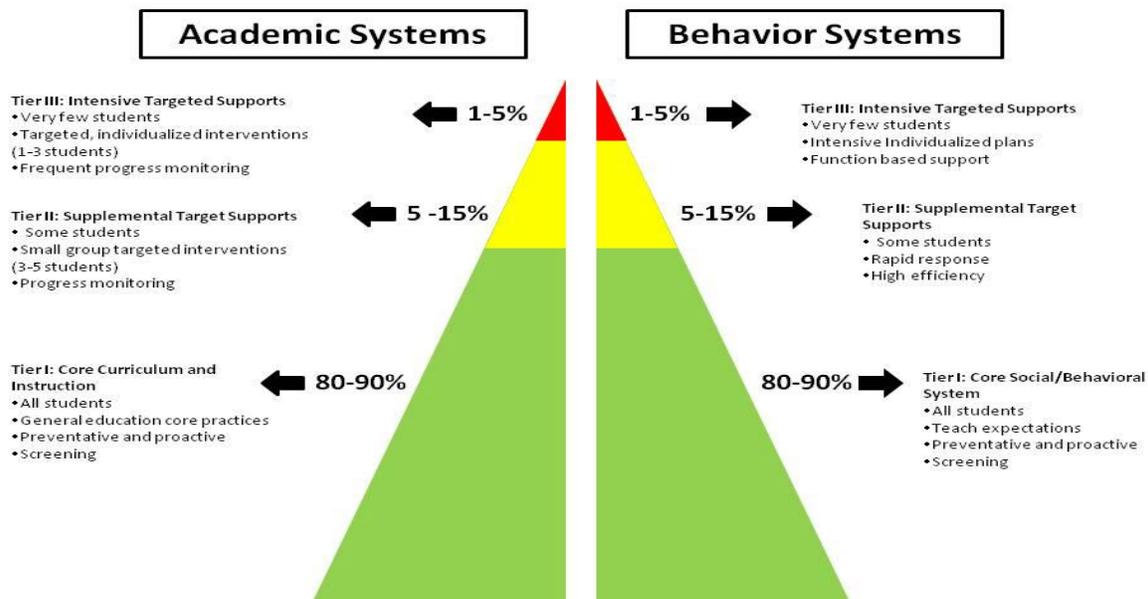
The National Center for Response to Intervention <[www.rti4success.org](http://www.rti4success.org)> defines RtI as follows:

*“Response to intervention integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavior problems. With RTI, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidencebased interventions and adjust the intensity and nature of those interventions depending on a student’s responsiveness, and identify students with learning disabilities.”*

While the research does not support any specific number of tiers, the Oklahoma State Department of Education recommends a three-tiered framework of assessment and intervention support. Figure 1 shows how schools in Oklahoma can deliver increasing intensive levels of tiered-instruction and support in academics and behavior. A brief description of each tier is provided below:

- Tier 1: Core Curriculum with Differentiated Instruction is provided to all students and should be sufficient for approximately 80-90% of students.
- Tier 2: Supplemental Targeted Instruction is typically provided in small groups and may be necessary to meet the needs of those students who do not make adequate progress in Tier I. Approximately 5-15% of students may need Tier 2 support.
- Tier 3: Intensive Targeted Instruction is often provided individually or in very small groups and should only be necessary for a very small number of students, perhaps 1-5%.

**Figure 1. Response to Intervention Schoolwide Systems of Prevention for Academics (e.g., math, reading, writing) and Behavior.**



Note: Both sides of the triangle feature the same levels of prevention and support: Core, Supplemental, and Intensive Supports. Figure 1 was adapted from the *Handbook of Positive Behavior Support* (Sailor, Dunlop, Sugai & Horner, 2008, p. 739).

An RtI framework uses a multitiered model of assessment and interventions. At the core of an effective multitiered approach is Tier I: Core Curriculum with Differentiated Instruction. All students receive access to research-based core curriculum and instructional strategies within the general education setting. *Differentiated instruction* maximizes the progress of all students by addressing critical differences among them through the use of flexible grouping, different instructional materials, or different ways of presenting the same content (Tomlinson & McTighe, 2006). As a component of Tier I, all students participate in *benchmark* screening (at least three times a year) that is used to assess students' responsiveness to Tier I with differentiated instruction and the overall effectiveness of Tier I instruction (National Association of State Directors of Special Education, 2005; Vaughn & Fuchs, 2003). When differentiated instruction alone does not result in the expected successes for individual students, the RtI framework provides additional time, support, or instruction. RtI derives its name from the very practice of offering *research-based interventions* provided by the general education teacher or other trained interventionists, such as additional instruction or small group instruction, and then systematically evaluating the student's response. Many teachers and schools are already engaged in these kinds of activities through Reading First, Title I, ACE Remediation, and other similar programs. The strength of RtI is that at the earliest signs of a student's lack of adequate progress with instruction, adjustments in instruction are made to fit the student's needs. An essential activity in these efforts is close monitoring of the student's progress and the intervention's effectiveness. Decisions about student needs and responsiveness are based on established criteria for *data-based decision making*, using an evidence-based approach. In an RtI framework, data teams have access to universal or benchmark screening data (typically three times a year), frequent progress monitoring data (every one to two weeks), state test data, and other classroom data to answer important student, classroom, grade, and school questions.

In addition to academic difficulties, interfering behavior, or behavior that may prohibit a student from benefiting from instruction is often a factor that must be considered when trying to determine why a student is not performing at a satisfactory level or achieving a projected rate of learning. Because academics and behavior are closely connected, they need to be addressed simultaneously. Students who exhibit interfering behaviors should be screened and monitored just as those who are experiencing academic difficulties. Many Oklahoma schools are utilizing the Positive Behavioral Interventions and Supports (PBIS) model to provide incentives for students who exhibit appropriate school behaviors and to provide interventions for students whose behaviors interfere with their ability to learn.

**Oklahoma State Department of Education RtI Implementation Guide**

The current guidance document provides a framework for understanding RtI and guidelines for the components of RtI. However, because the implementation of RtI within any given site will vary, specific procedures for implementation are not included within this document. An implementation guide will accompany this guidance document and provide examples of the components of RtI designed to illustrate RtI in practice. This guide is not an exhaustive source of examples, but a first step in illustrating the various components of RtI.

**Resources for RtI**

Oklahoma State Department of Education Web site <[www.sde.state.ok.us](http://www.sde.state.ok.us)>

National Center on Response to Intervention <[www.rti4success.org](http://www.rti4success.org)>

*Description: Various resources available in Center’s library under “What is RTI?” and “Models of RTI.”*

Best Evidence Encyclopedia <[www.bestevidence.org](http://www.bestevidence.org)>

*Description: Provides summaries about the evidence supporting educational programs for children Grades K – 12.*

RTI Action Network <[www.rtinetwork.org](http://www.rtinetwork.org)>

**Summary of Essential Features of Response to Intervention in Oklahoma**

<b>Essential Features</b>	<b>Tier I</b>	<b>Tier II</b>	<b>Tier III</b>
<b>Focus</b>	All students receiving general education core practices.	Students failing to meet important benchmarks who have not responded to Tier I core practices.	Students failing to meet important benchmarks who have not responded to Tier I or Tier II efforts.
<b>Setting</b>	General education classrooms.	General education classrooms or other general education	General education classrooms or other general education

		locations within a school.	locations within a school.
<b>Interventionists</b>	Researched-based comprehensive core delivered with differentiation of instruction.	Supplemental short-term interventions, delivered to homogeneous groups (i.e., students with similar needs); teacher: student ration up to 1:4 or 1:6.	Supplemental intensive short-term interventions; teacher: student ratio up to 1:3.
<b>Interventionists</b>	General education teachers with collaboration from school specialist.	General education teachers, specialists or other interventionists trained for Tier II interventions.	Specialists or other interventionists trained for Tier III intervention (including general educators with appropriate training).
<b>Assessments</b>	Screening of all students at least three times per year.	Frequent progress monitoring (e.g., every one to two weeks).	Very frequent progress monitoring (e.g., at least once per week).
<b>Date analysis and decision making</b>	District, school and grade/content area data-review teams analyze universal assessment data to establish the overall efficacy of Tier I, identify ways to improve and differentiate instruction within a grade or course, and identify individual students in need of Tier II support.	Data review teams match students with and monitor the effectiveness of appropriate Tier II interventions.	Data review teams decide how to choose, individualize, and intensify interventions for students receiving Tier III interventions.

### **List of Disability Categories as identified by IDEA**

- Autism
- Deaf-Blindness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment, including Deafness
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Specific Learning Disability
- Speech and Language Impairment
- Traumatic Brain Injury
- Visual Impairment, including Blindness



**OSDE FORM 3- Review of Existing Data (RED)**

Referral procedures shall document review of existing data to assist the LEA, the parents, and other qualified professionals in determining evaluation information which may be necessary to determine whether the student has a disability which requires special education services; present levels of performance and educational needs; and for an eligible child, whether any modifications are needed to participate in the general curriculum and meet IEP goals. Review of data should include efforts and considerations of interventions and services to assist and support the child’s academic functioning in the general education environment or other appropriate settings for preschool-aged children. These efforts might include student support teams, mainstream assistance teams, consultation and collaboration models, cooperative learning, and peer tutoring.

**REVIEW OF EXISTING DATA (RED)**

NAME OF CHILD: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
FIRST MIDDLE LAST

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MONTH/DAY/YEAR

PARENT(S): \_\_\_\_\_

PHONE: (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (OTHER) \_\_\_\_\_

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

BUILDING: \_\_\_\_\_ SITE CODE: \_\_\_\_\_ IEP TEACHER OF RECORD: \_\_\_\_\_

Review by a group of qualified professionals and parent(s) does not require a meeting (34 CFR § 300.305).  
 If existing records, assessments, or information must be obtained from other sources, the following forms may be utilized: Authority to Transfer Education Records, Consent for the Release of Confidential Information, Medical Report, and/or Vision Report, as appropriate. Parental consent is required for when utilizing the Consent for the Release of Confidential Information form.

SPECIFY PRESENTING CONCERNS:	DATA REVIEW <small>(Check reasons)</small> <input type="checkbox"/> Consideration for Initial Evaluation <input type="checkbox"/> Consideration for Reevaluation <input type="checkbox"/> Other (Explain) _____
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**Building/Site Level Review of Existing School Information:**  
 Present Levels of Educational Performance (or Age-Appropriate Activities for Preschool Children): \_\_\_\_\_

Grades/Progress Reports \_\_\_\_\_ Work Habits \_\_\_\_\_

Work Samples \_\_\_\_\_

Assessments of Achievement \_\_\_\_\_

Attendance History \_\_\_\_\_ Number of Days Absent This Year \_\_\_\_\_

Behavior Concerns or Discipline Reports \_\_\_\_\_

Observations in Classroom or in Age Appropriate Settings \_\_\_\_\_

Describe Interventions, Instructional Strategies, and Child-Centered Data Collected (e.g., Response to Intervention [RTI], reduced homework assignment, bilingual interpreter) \_\_\_\_\_

Other Information:  
 Concerns/Special Considerations of Parent(s) or other sources \_\_\_\_\_

What are the specific referral concerns/questions to be answered? \_\_\_\_\_

OSDE Form 3 Page \_\_\_ of \_\_\_

**Initial Evaluations (34 CFR § 300.301)**

The LEA may use data from existing evaluations conducted by qualified individuals or agencies other than that of the LEA including information and evaluations provided by the parent, current classroom-based assessments (or other age-appropriate settings for preschool-aged children), and observations by teachers and other qualified related service personnel. This review may be conducted by the group without a meeting.

Initial evaluations, including a review of existing data, are necessary for children transitioning from SoonerStart (IDEA Part C, Early Intervention) at age three to determine eligibility for special education and related services under IDEA Part B. In most circumstances for initial evaluations, this documentation to identify and determine what additional data, if any, are needed may be accomplished on pages one and two of the Review of Existing Data (OSDE Form 3); however, additional pages of the form are provided for optional use as needed. Signature and review dates may vary, as this process **does not** require a meeting.

**OSDE FORM 4- Parent Consent**

Based on the review of the information to identify and determine necessary evaluations, the OSDE Form 4 will be completed and provided to the parents to obtain consent for the proposed initial evaluation. Parents Rights in Special Education: Notice of Procedural Safeguards shall be provided to the parents at the

time of obtaining consent for evaluation. Upon receiving written parental consent for any additional evaluation, the LEA shall provide for the necessary evaluations within 45 school days.

A full and individual evaluation, as described by IDEA and state requirements, must be conducted and eligibility established before special education and related services are initially provided.

It is permissible to conduct the review of existing data to determine needed evaluation data as part of the IEP meeting. If additional data are needed, parental consent is obtained on the Parent Consent (OSDE Form 4). Parental consent may also be necessary to obtain additional information from outside sources. An LEA must reevaluate a child before determining the child is no longer eligible for special education and related services as a child with a disability.

If an IEP team member is not required to attend, in whole or in part, please describe the nature of their partial participation in the meeting. List the names of those team members not required to attend. Parent and the LEA representative signatures are required. The team members not participating in whole or in part shall **not** sign the IEP and may use the Comment Form to submit their input.

#### **OSDE FORM 5- Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS)**

The Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) documents the completion of steps for an initial evaluation and eligibility determination of a child with a disability and is needed prior to development and implementation of the IEP.

Upon completing the Review of Existing Data and the administration of tests and other measurements, a group of qualified professionals and the parents of the child must determine whether the child is or continues to be a child with a disability, as defined in 34 CFR § 300.8, and whether the child requires special education and related services.

The MEEGS documents the variety of assessment tools and strategies used, results, conclusions, and determination of the team. The MEEGS is used for initial evaluations and for reevaluations.

A child may not be determined to be eligible as a child with a disability under IDEA if the determinant factor is lack of appropriate instruction in reading, including the essential components of reading instruction, lack of appropriate instruction in mathematics, or limited English proficiency (LEP), and the child does not otherwise meet the eligibility criteria under 34 CFR § 300.8.

When conducting an evaluation, the LEA shall ensure that the child is assessed in all areas related to the suspected disability, including, as appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities, whether or not commonly linked to the disability category in which the child is suspected to have a disability. Review of existing data and information will assist the team in determining what evaluation information is needed.

The MEEGS shall include parents, person(s) knowledgeable about the child, evaluation personnel knowledgeable about the meaning of the evaluation data (e.g., qualified examiners appropriate for the evaluation procedures utilized), and person(s) with knowledge in the area of suspected disability (e.g., special education teacher or other qualified specialists).

Membership on the team will vary depending on the areas of suspected and/or previously identified disability(ies) and the evaluation procedures determined to be necessary to address the educational needs of the child, referral questions, and concerns. Qualified examiners, such as psychometrists and school psychologists, provide necessary expertise for the team in reviewing existing data, and conducting and interpreting an appropriate evaluation, as required under federal regulations.

Information provided by the parent, and information related to enabling the child to be involved in and progress in the general curriculum (or for a preschool-aged child, to participate in appropriate activities), will be compiled to assist the team in determining both whether the child has a disability and the content of the child's IEP. This includes the child's current educational needs, present levels of performance, strengths, implications of the findings on the child's educational progress, and whether special education and related services are necessary.

The MEEGS will facilitate interpretation of the comprehensive evaluation results, which are documented on the summary and conclusions section of the form. The parents will be provided a copy of the results of the evaluation and the MEEGS when the additional data are compiled and considered by the team.

#### **OSDE FORM 6- Notification of Meeting**

The parents must receive notice of meetings, utilizing Notification of Meeting (OSDE Form 6). The notice is considered prior if enough time is allowed to make arrangements for participation of parents and additional team members they wish to include. The notice must indicate the purpose, time, location, and expected participants at the meeting. If the purpose of the meeting is to consider secondary transition services, then the notice should indicate this purpose. For transition planning, the participants listed on the notice shall include the student and representatives of any other agency that is likely to be responsible for providing or paying for transition services.

When the LEA places or refers a child with a disability in a private school or facility in order to fulfill responsibilities for providing a free appropriate public education (FAPE), the LEA is responsible for initiating and conducting a meeting to develop an IEP for the child. A representative of the private school shall be invited to attend the IEP meeting and will be documented on the Notification of Meeting (OSDE Form 6). If the representative cannot attend the meeting, individual or conference calls or other means of participation should be used to ensure participation by the private school or facility.

The LEA must invite the student to attend any IEP meeting in which transition services are to be discussed beginning not later than the first IEP developed during the student's ninth grade year, or upon turning 16 years of age, whichever occurs first.

## OSDE FORM 7- **Individualized Education Program (IEP)-page 1**

- Check only one: Initial, Interim, Subsequent IEP, or the date that the IEP was Amended or Modified.
- An initial IEP is developed upon first determination of eligibility and placement, regardless of a change in category (i.e., speech impairment to a specific learning disability).
- The purpose of an interim IEP is to aid in determining the appropriate educational placement for a child who has been determined eligible for special education and related services. The interim IEP must include specific conditions and timelines which shall not exceed 30 calendar days.
- Subsequent IEPs are developed annually. A subsequent IEP must be developed any time significant changes in a student's program are necessary.
- If the IEP is being reviewed prior to the annual review date, and no significant changes in the program are being made, documentation on the Written Notice to Parents (OSDE Form 8) is sufficient. This would not change the annual due date of the IEP.
- When the IEP team convenes to amend or modify components of the IEP without developing a subsequent IEP, please indicate the date in which the team made the amendment. Amendments or modifications are intended to allow the IEP team to make changes in service delivery; however, amending or modifying the IEP does not extend the ending IEP date. For example, if an IEP team develops a subsequent IEP for a student on January 15, 2010, and meets to amend or modify the IEP in July, the ending date will continue to be January 15, 2011.
- The **present levels of performance** provide a starting point from which to measure progress toward the annual goals. The statement of present levels of performance will be different for each child. Thus, the content of the statement for an individual child is determined by participants in the IEP team; however, the following points should be considered.
  - A list of statements, existing evaluation data, most recent state and districtwide assessments; and objective statements accurately describing how the disability affects the child's involvement and progress in the general curriculum, including academic areas (e.g., reading, math).
  - Postsecondary transition, beginning not later than the first IEP developed during the student's ninth grade year, or upon turning 16 years of age, whichever occurs first.
  - Nonacademic areas (e.g., daily life activities and mobility).
  - For the preschool child, describe how the disability affects the child's participation in developmentally and age-appropriate activities. A disability category, such as intellectual disability or hearing impairment) may not be used as a substitute for the description of present levels of performance.

The information should be measurable and written in factual terms, to the extent possible. Data from the child's most recent evaluations would be a good source of information. Test scores that are pertinent to the child's eligibility might be included; however, the information listed should be self-explanatory and readily interpreted by

participants without the use of test manuals or other aids, or an explanation should be included (raw scores would not usually be sufficient). Current classroom-based assessments and observations by teachers and service providers should be considered. There should be a direct relationship between the present levels of educational performance, the annual goals, and the other components of the IEP.

- The statement of **strengths and anticipated effects** for initial placement would be identified through the child's multidisciplinary evaluation. For subsequent IEPs, sources of this information should include the ongoing IEP data and any additional reevaluation or existing data. Indicate areas of strength and the anticipated effects on the child's participation in the general curriculum. Include areas that will aid the child in attaining progress in the general curriculum (or age appropriate activities, for preschool children).
- Indicate areas of **educational needs** as a result of the child's disability which may require special education, related services, supplementary aids, and supports, such as school personnel, accommodations or modifications. These areas are to be considered in determining measurable annual goals and short-term objectives or benchmarks. Educational needs that require certain services (e.g., transportation, transition, adapted physical education, core academic subjects, and related services) are also included.
- If the IEP team **considers a special factor** to be relevant for the child, please mark the box "yes." If the IEP team did not consider a special factor to be relevant to the child, please mark the box "no." Each special factor must have a designated mark.

#### **Explanation of the factors**

- Whether or not behavior interferes with the learning of self or others.
- Whether or not the child has limited English proficiency (LEP).
- Whether or not the child who is blind or visually impaired, requires instruction in Braille, unless the IEP team determines after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille), is not appropriate for the child.
- Whether or not communication has been addressed, and for a child who is deaf or hard of hearing, opportunities for communication and instruction in the child's language and communication mode. This is not for a child that requires speech only services.
- Whether or not assistive technology devices or services are required to maintain or improve the child's functional capabilities.

For any special factors checked yes, the team must explain determinations as to whether services are required in the IEP. The team must document how these special factors will be addressed to meet the child's needs.

Document any **parent concerns for enhancing the education** of the child. The team shall consider these concerns when addressing relevant components of the

IEP. It is best practice not to leave this area blank. If parents have additional concerns or disagreements, they may document these concerns on the Comment Form and attach to the IEP.

### **IEP-Goals Page**

- Please indicate the child's full name and student ID number.
- For children who are taught to grade level standards, and for preschool children, utilize this page to document annual IEP goals. Provide measurable annual goals, including academic and functional goals, to enable the child to be involved in and make progress in the general education curriculum (for preschool children, in the appropriate activities), and to meet other educational needs that result from the disability.
- Indicate how the child's progress on each of the annual IEP goals will be measured (e.g., a specific assessment tool, work product, observation or other data collection method).
- Parents of children with disabilities must be informed of their progress at least as often as parents of nondisabled children. In addition to report cards and other reporting methods utilized for all students, describe how often the parent(s) will be informed of progress on IEP goals and what methods will be utilized.
- Indicate the extent to which the child achieved his or her annual IEP goal(s). Progress should be documented numerically using percent, number achieved, or other calculation method.

### **IEP-Goals and Short-Term Objectives/Benchmark Page: (For children who are taught to alternate achievement of the standard)**

- Please indicate the child's full name and student ID number.
- For children who are taught to alternate achievement of the standards, utilize this page to document annual IEP goals and benchmarks or short-term objectives. Provide measurable annual goals, including academic and functional goals, to enable the child to be involved in and make progress in the general education curriculum and to meet other educational needs that result from the disability.
- For children who are being taught to alternate achievement of the standards, include benchmarks or short-term objectives for each annual goal. **There must be at least two benchmarks or short-term objectives per goal.** However, it is up to each IEP team to determine the steps the child will need to take/master to achieve the annual transition IEP goal(s).

### **Benchmarks or Short-Term Objectives should be based upon the annual goals and state:**

- Who: The person who will perform the behavior.
- Will do what: The specific, measurable, and observable behavior or skills to be performed, including a verb that tells what the learner will do.
- Under what conditions: This may indicate what specific assistance or help will be given to the child to accomplish the skill. Conditions also include settings or circumstances in which the child will perform the skill or additional criteria.
- How well: The child must successfully perform the skill listed in the

benchmark or objective to accomplish the progress criteria, milestones, or steps for meeting the annual goal. This could be expressed in fractions, percentages, frequency rates, scores, or phrases.

**IEP – Transition Services Plan – Goals and Activities Page (Beginning not later than the first IEP developed during the student’s ninth-grade year, or upon turning 16 years of age, or whichever occurs first)**

- Provide measurable annual transition goals to assist the young adult in working toward the postsecondary goal(s).
- There needs to be a goal for Education/Training, Employment, and Independent Living (as needed or appropriate).
- Short-term objectives/benchmarks (as needed).
- Coordinated Activities are activities that will assist the young adult in accomplishing the annual transition IEP goal(s).
- Responsible party - Who will be responsible for implementation of this goal.
- Indicate how parents will be informed of the progress of the young adult.
- How will the extent of progress be measured?
- Date and percent of progress made.

The IEP is not intended to be a detailed instructional plan, but it serves as the basis for developing such plans by the teacher and persons responsible for the IEP. The IEP goals focus on addressing the academic achievement and functional performance needs resulting from the child's disability that interfere with learning and educational performance. An IEP is not required to include annual goals that relate to areas of the general education curriculum in which the child's disability does **not** affect the child's ability to be involved in and progress in the general curriculum. If a child with a disability needs only modifications or accommodations in order to progress in an area of the general curriculum, the IEP does not need to include a goal for that area; however, the IEP would need to specify those modifications or accommodations.

**Examples of Postsecondary Goals:**

- “Brooklyn would like to be a nurse’s assistant and will obtain her training through Oklahoma City Community College.”
- “Larry would like to be a carpenter. Larry will attend the CareerTech to gain carpentry skills. Larry would like to build his own house on a lake in Oklahoma.”

**Annual IEP Goals:**

- “Jack will complete the college application process to two out of three colleges of his choice to identify the best institution to study history.”

**Coordinated Activities:**

“Jack will complete the following activities to reach his annual transition IEP goals,”:

- Research colleges in Oklahoma that have history programs.
- Visit colleges in Oklahoma with history programs.
- Obtain college applications.
- Study for the ACT.

- Take the ACT.
- Complete college applications.
- Obtain financial aid applications.
- Complete financial aid applications.

**Transition Services Plan – Transition Goals/Course of Study Page (Beginning not later than the first IEP developed during the student’s ninth-grade year, or upon turning 16 years of age, or whichever occurs first)**

- Build a course of study that will be updated annually to assist the young adult in reaching his or her postsecondary goal(s). The IEP team should work with the young adult to select courses that will assist the young adult in completing his or her secondary education. Also, the course of study should be directly related to the young adult’s long-range, postsecondary goals (i.e., related to education/training, employment, and independent living skills, when appropriate). The course of study must include specific course names such as, Algebra I, Welding II, and Creative Writing. **It is not acceptable to put a statement such as, “All necessary courses for high school graduation.”** The course of study is intended to be developed individually based on the young adult’s needs and preferences. The course of study must not be left blank. The CareerTech uses career clusters, and each course is assigned a specific name and grade. Therefore, for young adults who enroll in CareerTech programs, the course of study must list the specific courses in which the young adult will be enrolled.
- Identify the young adult’s intended result for his or her completion of a secondary education program (e.g., standard diploma, General Education Development [GED], or aging out). Identify the projected date (month and year) that the young adult is anticipated to graduate or otherwise complete a secondary education program. To earn a high school diploma, a young adult must earn all required credits for graduation. If the young adult is going to age out due to reaching maximum age for eligibility, please indicate the date on which this will occur. The IEP team may decide if the young adult will cease receiving services upon his or her 22<sup>nd</sup> birthday, or complete the school year in which the young adult turns 22. This decision must be made during the course of transition planning and not be a last-minute decision.

Once a young adult graduates with a standard diploma or ages out, the young adult is no longer eligible to receive special education and related services provided under the IDEA. Young adults may not reenroll in public school after graduating or aging out; however, for a young adult who dropped out and earned a GED, this young adult may continue to enroll in the public school and is eligible to receive a Free Appropriate Public Education (FAPE) through the age of 22.

- In planning the course of study, if information regarding vocational educational opportunities is needed, beginning not later than the first IEP developed during the student’s ninth-grade year or upon turning 16 years of age, whichever occurs first, document provision of the necessary information regarding vocational opportunities to the young adult and the

parent(s). This information may include available high school vocational education courses, school-based training, work-based training, work-study programs, technology education, or area technology center programs that will support the young adult's course of study. Indicate whether or not this information was discussed with the young adult and parent(s), and on which date, if applicable.

- Document referral of the young adult to the vocational rehabilitation (VR) counselor for determination of possible eligibility for vocational rehabilitation services. The referral must be made no later than the age of 16. Indicate the month, day, and year of the referral, and the person responsible for making the referral. Also indicate the name of the VR counselor to whom this young adult has been referred. Indicate if a copy of the referral form was provided to the young adult and parent(s). If a copy of the referral form was not provided to the young adult or parent(s), please detail reasons why. If a copy of the referral form was provided to the young adult or parent(s), please detail how this form was provided (i.e., a copy was mailed to the home, a copy was provided at the IEP meeting, or a copy was provided electronically).
- When the IEP team considers postsecondary goals and transition services for the young adult, the LEA must obtain written consent from the parent(s) (or young adult who has reached the age of majority) for any participating agency responsible for providing or paying for transition services to attend the IEP meeting. Parent consent (OSDE Form 4) must be in writing and retained in the young adult's confidential file. The Notification of Meeting (Form 6) must identify any outside agency that will be invited to send a representative to the meeting.

By the age of 17, document that the young adult and the parent(s) have been informed of rights that will transfer to the young adult upon reaching the age of majority. When a young adult with a disability reaches the age of majority under State law (aged 18, except for an individual with a disability who has been determined to be incompetent under State law), all other rights assigned to parent(s) under the IDEA transfer to the young adult. The school shall notify the young adult and the parent(s) of the transfer of these rights.

Additional information regarding transition planning and services may be documented here. The IEP team may utilize this space to document extracurricular activities, community involvement, volunteer opportunities, and other activities of relevance and of special interest to the child.

### **Service Page**

- 1) Indicate the child's full name.
- 2) Indicate the child's school ID number, as appropriate.
- 3) Special Education Services for Children (aged 3 through 21):

Indicate the type of special education service(s) (specially designed instruction) provided to the child. The type of service may include

consultation, consultation with monitoring, co-teaching, direct instruction in a core academic subject or elective class, or, when provided as specially designed instruction, speech-language pathology services. More than one service may be documented for a child (e.g., if services may change at semester, or if one class, English, is co-taught, and another class, American Literature, is provided in the special education classroom).

- 4) Indicate the placement setting where special education services will be delivered (e.g., regular classes full-time, special classes part-time or full-time, special schools, home instruction, instruction in hospitals, instruction in other settings, and instruction in institutions or a residential facility). The team must document the least restrictive environment (LRE) for the child, based upon the needs identified in the IEP. No LEA may make a universal decision to mainstream all children with disabilities, to assign special transportation to groups of children identified with a specific disability, or to place children with a specific disability in full-time special education, without holding individual IEP team meetings to discuss each child's individual program needs. All team decisions must be made based on the needs and in the best interest of each child.

Placements may include:

- Regular classes Full-time (inside the regular class more than 80% of the day)—Consultation and monitoring only.
- Regular class Full-time (inside the regular class more than 80% of the day)—collaboration or co-teaching.
- Special class Part-time (inside the regular class 40% to 79% of the day).
- Special class Full-time (inside of the regular class less than 40% of the day).
- Public/private, separate day school.
- Public/private residential facility.
- Home instruction/hospital environment.
- Correctional facility.
- Parentally placed in a private school.
- Instruction in other settings.

Continuum of placements for Preschool Children (aged 3 through 5) might include:

- Early childhood setting (this includes preschoolers who receive all of their special education and related services in educational programs designed primarily for children without disabilities).
- Special education program.
- Residential facilities.
- Home.
- Service provider location.

- 5) Indicate the amount of special education services the child will receive for each type of service that will be provided. For example, if a child is

receiving direct instruction in the special education classroom for social studies every day for one period, the team could document services as “one period daily,” or “60 minutes daily.”

- 6) Indicate the date in which each service will begin. The start date for each service may vary, depending on when the IEP team decides services are necessary, or if services change at the quarter or semester.
- 7) Indicate the date in which each service will end. The end date for each service may vary, depending on when the IEP team decides services may cease, or if services change at the quarter or semester. If a special education service is to be provided throughout the duration of the IEP, the ending date is the date in which the annual IEP is due (which is one year from the date in which the annual IEP was developed).
- 8) Indicate the person responsible for providing the special education service. Generally, this will be the special education teacher. If speech-language services are provided as the primary type of service, the speech-language pathologist will be designated as the responsible person. Do not designate the parent, student, or other family member as the person responsible for providing the special education service. The **name** of an individual should **not** be indicated--only a title.
- 9) Indicate any related services that will be provided to the child. Related services are determined by the IEP team based on the child’s needs and evaluation results. Related services may include:
  - Speech-language pathology.
  - Audiology.
  - Psychological services.
  - Counseling.
  - Social work services in school.
  - Transportation.
  - Occupational therapy.
  - Physical therapy.
  - Recreation.
  - Assistive technology.
  - School health services.
  - Medical services.
  - Rehabilitation counseling.
  - Parent counseling and training.
  - Early identification and assessment of disabilities.
  - Other services needed to benefit from special education.
  - Orientation and mobility.

In developing the IEP, the team should clearly specify the nature of the related service delivery. For example, psychological services might specify functional behavioral assessments and planning behavior interventions,

consultations, or psychological counseling. Some services may also need to be specified as provided in certain settings, arrangements, individually, or in groups, if applicable.

- 10) Indicate the location(s) in which related services will be provided to the child. Service locations may include, but are not limited to, regular classroom, special classroom, community, or other location.
- 11) The amount of services needed for the child should include the amount of time per session or per day and the frequency per week or per month (e.g., 30 minutes per day, five days a week, or 30 minutes one time per month).
- 12) Indicate the date in which the services are projected to begin. Give the month, day, and year. The start date for each service may vary, depending on when the IEP team decides services are necessary, or if services change at the quarter or semester.
- 13) Indicate the date in which the services are anticipated to end. The end date for each service may vary, depending on when the IEP team decides services may cease, or if services change at the quarter or semester. If a special education service is to be provided throughout the duration of the IEP, the ending date is the date in which the annual IEP is due.
- 14) The title of the professional person responsible should be designated (e.g., physical therapist, school psychologist).
- 15) Provide explanation of the extent, if any, to which the child will not participate with nondisabled children in the general education curriculum (e.g., extracurricular, and nonacademic) or in age-appropriate activities. Please indicate what classes or activities the child will not participate in while receiving special education and related services. This section is intended to document when the child will not interact with children without disabilities.
- 16) Indicate the continuum of placements for the least restrictive environment (LRE). The LRE includes regular classroom full-time, special classes part-time or full-time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools. For preschool children (aged 3 through 5), the continuum includes early childhood programs, special education program, residential facilities, home, service provider location.
- 17) Indicate the instructional periods per day **or** the percent of instructional day that the child is participating in the general education classroom. The team may determine to document time to best fit their school schedule. For example, if a child is receiving special education services for three periods out of seven daily, the team may document this amount of time in terms of class periods. However, a child may receive 30

minutes of special education services daily, and the team may document this in terms of percent of instructional minutes per day.

- The amount of time documented in this section must correlate to the “Amount of Services” designated in the Special Education Services section listed above on this same page.
  - If your school utilizes block scheduling, please describe the extent of time outside the general education classroom in the space provided.
- 18) Indicate if the child's instructional day is the same length as nondisabled peers. If the length of instructional day is not the same as that of nondisabled peers, document the team's reason(s) that a shortened instructional day is viewed as necessary for the child. Transportation, scheduling, or administrative conveniences are not acceptable reasons for children to have shortened instructional days.
- 19) Indicate if the child is participating in regular Physical Education (PE), (with nondisabled peers), specially designed adapted PE, movement education, or motor development instruction. Provide justification if the child is not participating in any PE program. Each child with a disability must be afforded the opportunity to participate in the regular PE program available to nondisabled children.
- If a child can participate fully in the regular PE program without special modifications, supports, or services to compensate for the child's disability, it would not be necessary to further describe PE in the IEP.
  - In the situation where PE is offered but not chosen by the child as an elective, the team could document that PE is not applicable due to the child not selecting it as an elective.
- 20) If modifications, supports, or services are necessary for the child to be able to participate in the PE program, those must be described in the IEP.

If a child with a disability needs a specially designed, adapted PE program, that program must be addressed in all applicable areas of the IEP (e.g., present levels of educational performance, goals and objectives, and services to be provided).

- 21) Supplementary aids and services are defined as aids, services, and other supports that are provided in general education classes or other education-related settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate.

Supplementary aids and services for the child, or on behalf of the child, must be described in the child's IEP if these services are necessary to assist the child to advance toward attaining annual goals, to be involved and progress in the general curriculum, and to participate in extracurricular and other nonacademic activities or education-related settings with nondisabled children (e.g., for a child with a hearing impairment, assistive technology, or the use of an interpreter).

- 22) Indicate the location, class, or setting in which the supplementary aids and services will be provided.
- 23) Program modifications for the child, or on behalf of the child, must be described in the child's IEP if these modifications are necessary to assist the child to advance toward attaining annual goals, to be involved and progress in the general curriculum, and to participate in activities with nondisabled children.

Program modifications include: modifications in the administration of assignments and/or tests (e.g., provide word banks for tests, reduce the reading level of tests). Program modifications must be specific to the area of need for the child.

- 24) Indicate the location, class, or setting in which the program modifications will be provided.
- 25) Supports for school personnel must be described in the child's IEP if these supports are necessary to assist the child to advance toward attaining annual IEP goals, to be involved and progress in the general curriculum, and to participate in activities with nondisabled children.

Supports for personnel may include, but are not limited to: specific training to ensure effective provision of appropriate services in the least restrictive environment, consultation between special education and general education personnel, adequate planning and preparation time, teacher assistants, and paraprofessionals.

- 26) Indicate the location, class, or setting in which the supports for personnel will be provided.

### **Signature Page**

- 1) Indicate the child's full name.
- 2) Indicate the child's school ID number, as appropriate.
- 3) Assessment must be addressed by the IEP team for all children.

Indicate in which manner the child will participate in state/districtwide assessment.

If the child will participate in an alternate assessment, the IEP team may wish to utilize the "Criteria Checklist for Assessing Students with Disabilities on State Assessments" and attach a copy of the checklist to the IEP as documentation of consideration for appropriate assessments on an individual basis. If the child will participate in state/districtwide general assessments or alternate assessment, specify necessary state approved accommodations in the administration for each assessment. The Criteria Checklist for Assessing Students with Disabilities on State Assessments can

be accessed on the Special Education Services Web site, under the Assessment link at <[www.sde.state.ok.us](http://www.sde.state.ok.us)>.

- 4) Each IEP team must address Extended School Year (ESY) services on an individual basis. You may wish to complete and attach a copy of the ESY checklist to the IEP as documentation of consideration for this service. For determination of ESY services, address whether or not the team needs additional data or information. If further data is needed, address in the comments section when the team will meet again to assess whether or not ESY services are needed. If further data is not indicated, check whether or not extended school year services are or are not necessary for the child. If the team documents a date in which it will reconvene to determine the need for ESY services, the IEP team **must** reconvene on or before the date documented. Teams may utilize the ESY technical assistance document provided by the OSDE-SES, which is located on the Web site. Local and state policies and procedures for ESY must be followed.
- 5) The team must document the continuum of services considered and determined not appropriate for the child. Additionally, the team must indicate the reasons these services were rejected.
  - For example, the team decided that the least restrictive environment for Anita would be special education part-time. Full-time special education for Anita would be too restrictive. Regular education full-time would require more accommodations and modifications than could be provided within the general classroom setting for Anita to be academically successful.
- 6) All children must be given the opportunity to obtain a FAPE in the school in which they would normally attend, regardless of the disability. If the child is attending his or her home school, please mark the box “yes.” If the child is not attending his or her home school, please mark the box “no.” If the child is not attending his or her home school, indicate whether the placement is as close as possible to the child’s home. In the event that a placement is not as close as possible to the child’s home, please explain why such an arrangement is required.
- 7) In selecting the least restrictive environment, consideration is given to any potential harmful effect on the child or on the quality of services which are needed. Various alternative placements must be considered on an individual basis to ensure appropriate educational programs are provided. Explain considerations of any potential harmful effects. This area must be completed.
- 8) Removal of a child with a disability from the general education environment occurs only when the nature or severity of the disability is such that education in general classes cannot be achieved satisfactorily, even with the use of supplementary aids and services.

Statements should address unique factors and specific needs of the child which cannot be accomplished in the general education environment. The IEP team must consider whether supplementary aids and services in general education classrooms have been or might be attempted in order to address the child's needs and the results of any such implemented interventions. Factors to consider may include, but are not necessarily limited to: individual learning, social/behavioral and communication needs, medical conditions, and type/level of support needed.

- 9) Indicate the month, day, and year of the projected date for the next IEP meeting. A meeting to review the IEP must be scheduled no later than one year from the date in which the IEP was written, but may occur more often as needed.
- 10) Indicate the due date of the next three-year reevaluation. Include the month, day, and year. A meeting for the consideration of a reevaluation must be scheduled no later than three years from the date of the last three-year reevaluation; however, a reevaluation may occur more often as needed.
- 11) Appropriate team participation is documented on the IEP. Signatures indicate participation in the development of the IEP and attendance at the meeting. Students who require transition services and representatives of participating agencies must be invited to attend meetings for consideration of transition services needs.

The IEP team is composed of the following persons:

- The parent(s) of a child with a disability.
- At least one regular education teacher of such child (if the child is, or may be, participating in the regular education environment).
- At least one properly qualified special education teacher; or, where appropriate, at least one special education provider of the child.
- An administrative representative of the local educational agency who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; is knowledgeable about the general curriculum; and is knowledgeable about the availability of resources of the local educational agency.
- An appropriately qualified professional who can interpret the instructional implications of evaluation results (who may be a member of the team).
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate.
- When appropriate, the child (beginning not later than first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first).

The regular education teacher of the child, as a member of the IEP team, shall participate in the IEP development, including addressing positive behavioral interventions and strategies, supplementary aids and services, program modifications, and support for school personnel, as appropriate.

## **Agreement**

Each participant in the IEP meeting shall indicate their agreement or disagreement with the content of the IEP. If any participant disagrees with the IEP, they may submit in writing a separate statement presenting their conclusions. Documentation of such agreement may be submitted on the Comment Form and attached to the IEP.

- 12) When parents have been afforded adequate opportunity to attend the IEP meeting at a mutually agreeable date, time, and location, but choose not to attend or are not able to attend, other means of documenting their participation must be included. Such methods might include individual or conference telephone calls, written correspondence, home visits, etc.

When parents do not attend the meeting, the requirements for written notice must be fulfilled (i.e., provide parents with a copy of the IEP, Written Notice to Parents [OSDE Form 8], and Parents Rights in Special Education: Notice of Procedural Safeguards).

- 13) Document parents receipt of Parents Rights in Special Education: Notice of Procedural Safeguards and explanation of the procedural safeguards and rights available to them. If translation/interpretation is necessary, specify how it is provided.

All communication with parents should be in their native language.

**The parent(s) must initial receipt of their rights, acknowledgement that parent(s) received translation/interpretation if needed, and receipt of the annual parent survey.**

- 14) Parent signature giving consent is required for initial placement in special education. Parent(s) must sign and date this area in order for a child to receive special education and related services. If parents do not give consent for placement, special education and related services may not be provided to the child under IDEA.

The LEA must ensure that each teacher or service provider responsible for the implementation of the child's IEP is informed of their duties and responsibilities under the IEP; and informed of the specific accommodations, modifications, and supports that must be provided in accordance with the IEP.

### OSDE FORM 8- **Written Notice to Parents**

A written notice is provided, following every meeting, to parents in a reasonable time before the public agency proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education (FAPE). This will serve to provide notice to the parent of the proposed or refused changes to the services the child will receive.

Parents will also be provided information on how to access a copy of the Parents Rights in Special Education: Notice of Procedural Safeguards when the Written Notice to Parents (OSDE Form 5) is used.

The LEA must also indicate by date (month, date, and year) of when this notice will go into effect as determined by the LEA to be considered a reasonable amount of time to inform the parents prior to implementation of the proposed or refused action.

### OSDE FORM 9- **Medical Report**

Medical information from a licensed physician is a required component in the appropriate evaluation for children with autism. However, a medical “diagnosis” of autism is not required to determine whether a child is eligible under the disability category of autism. A medical “diagnosis” of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD), is not necessarily required to determine whether the child is eligible for special education services under the IDEA. Licensed psychologists and certified school psychologists are qualified to conduct evaluations for the purpose of establishing the condition of ADD or ADHD.

Medical information from a licensed physician providing relevant medical findings, orthopedic conditions, specific syndromes, health problems, medication, and any information deemed necessary for determining eligibility and/or planning the child’s educational program is required. Health information from the school nurse may also be useful.

### OSDE FORM 10- **Surrogate Parents Verification of Training**

Upon determining the need for a surrogate parent to represent a child with a disability, the LEA or public agency providing education services must assign a surrogate parent. A record of surrogate parents assigned to individual children with disabilities shall be maintained in a confidential manner. In addition, a copy of the Surrogate Parents Verification of Training (OSDE Form 10) shall be maintained in the child’s confidential special education folder. If an assigned surrogate parent no longer wishes to serve as a child’s representative, this request will be honored by the LEA. A statement to this effect by the surrogate parent or notation on the Surrogate Parents Verification of Training (OSDE Form 10) could be made to document this action. Upon resignation by a surrogate parent, another trained surrogate parent shall be assigned to the child and the prior assignment will no longer be applicable.

### OSDE FORM 11- **Student Summary of Performance (SOP)**

At the time of termination of eligibility due to graduation with a regular high school diploma or because the young adult exceeds the age of eligibility, LEAs must provide the young adult with a summary of his or her academic achievement and functional performance, including recommendations on how to assist the young adult in meeting postsecondary goals. This is accomplished through the SOP (OSDE Form 11).

### OSDE FORM 12- **Physical Restraint Documentation Form**

Physical restraint shall **not** be used for the purposes of discipline or as a punishment, to force compliance, as a convenience for staff or to prevent property damage.

There must be at least one witness who is not involved in the physical restraint present.

Parents must be notified immediately following each incident of a physical restraint, and be provided a copy of all documentation.

A building administrator should be informed immediately of any incident of a physical restraint; and, if unavailable, must be informed as soon as possible following each incident.

Each incident of physical restraint must be documented on OSDE form 12 and include the following information:

- Name of the student.
- Name of the school personnel involved in the incident.
- Date of the incident and the time the physical restraint started and ended.
- Location of the restraint.
- A description of the physical restraint.
- A description of the student's activity and behavior immediately preceding the behavior that prompted the use of physical restraint.
- A description of school personnel efforts to de-escalate the situation and alternatives to physical restraint that were attempted.
- Information documenting parent and administrator notification and contact.

A copy of the documentation must be placed in the student's confidential file and provided to the parents.

A documented debriefing meeting shall occur within two school days following each physical restraint incident, and prior to any extended breaks from school. The debriefing meeting should include all individuals involved in the incident, a building administrator, the parents or guardians of the child with a disability, the child (if the child is able to participate), and the witness who was not involved in the physical restraint.

The debriefing should focus on alternatives to physical restraint and how to

avoid future use of physical restraint, including antecedent events that led to the use of physical restraint.

#### OSDE FORM 13- **Seclusion Documentation Form**

Seclusion shall not be used for the purposes of discipline or as a punishment, to force compliance, or as a convenience for staff.

Seclusion should **not** be used to manage behavior. It may **only** be used under the following emergency circumstances and only if these elements exist:

- A student's actions pose an imminent risk of harm to him/herself or others.
- Positive behavior interventions strategies and less restrictive measures appropriate to the behavior exhibited by the student and specified in the student's IEP or Behavior Intervention Plan (BIP), are currently being implemented but are not currently de-escalating the risk of injury.
- The seclusion lasts only as long as necessary to resolve the risk of danger or harm or while waiting for the arrival of law enforcement or crisis intervention personnel such as when the student has possessed a weapon or committed a crime.

Parents must be informed immediately following each seclusion incident, and provided a copy of all documentation.

A building administrator should be informed immediately of any incident of seclusion; and, if unavailable, must be informed as soon as possible following each incident.

At least one witness who is not involved in the seclusion incident should be available.

Each incident of seclusion must be documented on OSDE Form 13 and include the following information:

- Name of the student.
- Name of the school personnel involved in the seclusion incident.
- Date of the incident and the time the seclusion started and ended.
- Location of the seclusion room.
- A description of the seclusion incident.
- A description of the student's behavior and activity immediately preceding the behavior that prompted the use of seclusion.
- A description of school personnel efforts to de-escalate the situation and alternatives to seclusion that were attempted.
- Information documenting parent and administrator notification and contact.

A copy of the documentation must be placed in the student's confidential file and provided to the parents.

A documented debriefing meeting shall occur within two school days after each seclusion incident and prior to any extended breaks from school. The debriefing meeting should include all individuals involved in the seclusion incident, a building

administrator, the parents or guardians of the student, the student (if the student is able to participate), and the witness who was not involved in the seclusion procedure. The primary purpose of this meeting is to ensure that the use of seclusion is not used as an ongoing procedure for addressing a student's behavioral crisis.

# **Discipline Procedures**

## **Discipline Procedures**

If a child's behavior impedes his or her ability to learn or that of others, the IEP team, when developing the child's IEP, must consider strategies that are appropriate to address the child's behavior. This includes matters that would violate the school code of conduct. Strategies may include, but are not limited to, positive behavioral interventions, consultation, psychological evaluation, support services and reevaluation. If behavior is an issue but has not been addressed, then, the LEA would fail to provide a FAPE to the child. If an LEA has to consider removal of the child due to misconduct, the following procedures must be followed:

### **Removal for Ten School Days or Less in a School Year**

- School personnel may remove a child with a disability if he or she violates a school code of conduct. The child may be placed in an appropriate interim alternative educational setting for not more than ten consecutive school days.
- The public agency is required to provide the same services to a child with a disability that they would provide to a child without a disability during this time of removal from the current placement.
- Removals must be conducted on a case-by-case basis and in accordance with applicable school disciplinary policy and procedure. All due process rights are afforded the child, such as having the opportunity to explain his or her view of the situation.
- The LEA and/or the parents may initiate a review of the IEP to determine whether a change in the IEP is appropriate.
- Out-of-school suspension of five days or more requires the LEA to provide the child an education plan designed for the eventual reintegration of the child into school.
- Days served in in-school suspension would not count as out-of-school as long as the child is afforded the same educational opportunities as a nondisabled child.
- When a child is sent home and suspended for a portion of the day, this time is added to the cumulative time removed from school. It cannot exceed ten days without the team meeting to discuss or consider a change of placement.
- If transportation is a related service on the IEP, and is the child's only means of transportation, bus suspensions can be included in the calculation of out-of-school suspensions. If transportation is not required on the IEP as a related service, then the parent will need to provide transportation to school, and this would not count as an out-of-school suspension.
- If the behavior is reoccurring, the team should consider writing a behavior intervention plan (BIP). (Examples of behavior contracts are found in the appendix.)

### **Removals for More Than Ten School Days in a School Year**

- On the date that the decision is made to remove the child from school for ten consecutive days or more, the parents need to be notified and provided a copy of the Parent's Rights in Special Education: Notice of Procedural Safeguards.
- If it is determined that the removal is a change of placement, the IEP team must determine an appropriate interim alternative educational setting, that enables the child to continue to progress in the general education curriculum and continue to meet the goals set forth by their IEP.
- Once the child has been removed from the current setting for ten days a functional behavior assessment must be given and the team must meet to ensure that a BIP is implemented and appropriate interventions are selected.
- The LEA may order additional removals of ten consecutive school days, or less, in the same school year for separate incidents of misconduct as long as the removal does not constitute a change of placement.

### **Manifestation Determination**

- Within ten school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the LEA, the parent, and any relevant member of the child's IEP team must review pertinent information in the child's file. The team must also review the child's IEP, teacher observations, and any relevant information from the parents. If it is determined that the **behavior is a manifestation** of the child's disability the team must conduct a functional behavior assessment (FBA), unless the LEA has already done so. Before the change of placement can occur, a BIP must be implemented; or, if one exists, review the BIP, and modify it. The child is to be returned to his or her original setting, unless the team feels that a change of placement is a modification of the BIP.
- Once all information has been reviewed, if it is determined that the conduct **is not a manifestation** of the child's disability, the relevant disciplinary procedures that apply to children without disabilities may apply to the child in the same manner in which they would be applied to children without disabilities.

### **Special Circumstances**

School personnel may remove a child with a disability to an interim alternative educational setting for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability, if the child:

- Carries or possesses a weapon at school or on school premises.
- Possesses or uses illegal drugs or sells or solicits the sale of a controlled substance at the school or on school premises.
- Has inflicted serious bodily injury upon another person while at school or on school premises.

Serious bodily injury is defined as:

- A substantial risk of death.
- Extreme physical pain.
- Protracted and obvious disfigurement.
- Protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

In this situation, the interim alternative educational setting must be determined by the IEP team and must be selected so as to enable the child to continue to progress in the general education curriculum and to continue to receive those services and modifications, including those described in the child's current IEP, that will enable the child to meet the goals set out in the IEP. For information on the appeals process and placement during appeals please refer to the *Policies and Procedures for Special Education in Oklahoma, 2007*.

# **Effective Meeting Management and Common Mistakes**

# **Effective Meeting Management**

## **Before the Meeting**

- The most important thing is to BE PREPARED!
- The room that is used for the meeting should be comfortable.
- Arrange for an interpreter or translator if needed.
- Make sure the team is aware of any documentation needed for the meeting.
- Arrange for coverage for IEP team member's classes.
- Develop an agenda.
- Make a copy of the IEP for all the team members or project it on a Smart Board or screen.

## **During the Meeting**

- Select one team member to facilitate the meeting.
- Make introductions.
- Include the student in the meeting as much as possible.
- Discuss the IEP thoroughly.
- Encourage team members to provide input.

## **Ending the Meeting**

- Use the Written Notice to Parents (OSDE Form 8) to inform parents of the changes proposed/refused as a result of the meeting.
- Provide parents a copy of the IEP (OSDE Form 7) and Written Notice to Parents (OSDE Form 8).
- If it is the first IEP of the year, provide the parent a copy of the Parents Rights in Special Education: Notice of Procedural Safeguards and a copy of the Parent Survey.

## **COMMON MISTAKES**

- Refusing to let parents or parents' experts see programs, either within or outside the school system. When school systems tightly restrict access to their own programs, the parents wonder what they are "hiding" and may assume the worst.
- Failing or refusing to communicate and actively coordinate with outside experts working with the child, such as the child's therapist or a tutor.
- Ignoring reports from independent evaluators; failing to speak to those evaluators to clarify ambiguous information or recommendations; failing to add the evaluator's recommendations to the IEP when reasonable.
- Failing to respond to parents in writing or at a meeting when a problem arises.
- Taking a patronizing, insulting, or antagonistic attitude toward parents; personalizing issues between school and parents; attempting to blame parents for their child's educational failures rather than looking for solutions. School systems need to treat parents with respect even if those parents are insulting and belligerent themselves.
- Sweating the small stuff (e.g., spending twenty minutes at a team meeting arguing about whether the meeting can be tape-recorded).
- Unwilling to observe procedural timelines and notice requirements (e.g., scheduling timely meetings, getting evaluations to the parents before the team meeting, notifying the parents of who will attend the meeting).

- Writing careless and sloppy IEPs. Parents, evaluators, and hearing officers all look first at the extent to which the written IEP reflects a thorough and logically coherent view of the child, the goals and objectives for that child's program, and a clear and understandable description of what will be provided, how, by whom, how often, and how the program will be evaluated.
- Failing to implement the IEP, and worse, trying to cover up that failure.
- Failure to modify an IEP that is not working and waiting instead for the program to collapse.
- Failing to call in expert consultants from outside the school system who can help develop and monitor a program for a child with uncommon needs.
- Losing contact with families who have placed their child unilaterally in a private school. Some schools forget or ignore their continuing responsibility to evaluate, review, and propose IEPs for children when they are attending outside placements at their parent's expense.
- Botching the required procedures around suspension or expulsion of students with identified or suspected special education needs (e.g., failing to convene the team, reexamining the IEP to see if services are appropriate, failure to develop a behavior intervention plan, and failure to provide a FAPE to suspended students with special education needs).
- Failing to ensure that non-special education administrators, particularly building principals, are fully informed about and are following the special education policies and procedures.

# **DATA AND REPORTING**

## DATA and REPORTING

Each LEA is required to submit a special education Data and Annual Performance Report (APR) to the OSDE by the end of each fiscal year. This information is then compiled into a single report that is submitted to the United States Department of Education (USDE), Office of Special Education Programs (OSEP), by February 1 of that year. This report (which includes an overview of each district in Oklahoma) provides information regarding full-time equivalents, discipline, exits as well as other important information about students with disabilities.

## PARENT SURVEY

To comply with the IDEA of 2004, the OSDE-SES proposed a six-year plan (including baseline data, targets, and improvement activities) to the USDE-OSEP. According to the Oklahoma State Performance Plan (SPP), the OSDE-SES must collect information regarding parent involvement by surveying parents of children with disabilities, aged three through 21, receiving special education and related services in Oklahoma. This information will allow the OSDE-SES to report to the USDE-OSEP regarding the percent of parents with a child receiving special education services reporting that schools facilitated parent involvement as a means of improving services and results for children with disabilities. The information (both rate of return and survey responses) will be reported to the public, by district (for districts with at least ten children reported on the October 1 Child Count), as part of the district data profiles required by the SPP.

Districts are required to disseminate a copy of the Parent Survey to parents once annually. The survey is available online in English, Spanish, and Vietnamese.

**Parent Survey - Special Education**

This is a survey for parents of students receiving special education services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your experience and your child's experience with special education over the past year. You may skip any item that you feel does not apply to you or your child.

Use pencil only. Fill in circle completely. **100%**

Very strongly disagree, Strongly disagree, Disagree, Agree, Strongly agree, Very strongly agree

**Schools' Efforts to Partner with Parents**

- I am considered an equal partner with teachers and other professionals in planning my child's program.
- I was offered special assistance (such as child care) so that I could participate in the Individualized Educational Program (IEP) meeting.
- At the IEP meeting, we discussed how my child would participate in statewide assessments.
- At the IEP meeting, we discussed accommodations and modifications that my child would need.
- All of my concerns and recommendations were documented on the IEP.
- Written justification was given for the extent that my child would not receive services in the regular classroom.
- I was given information about organizations that offer support for parents of students with disabilities.
- I have been asked for my opinion about how well special education services are meeting my child's needs.
- My child's evaluation report is written in terms I understand.
- Written information I receive is written in an understandable way.
- Teachers are available to speak with me.
- Teachers treat me as a team member.

**Teachers and administrators:**

- seek out parent input.
- show sensitivity to the needs of students with disabilities and their families.
- encourage me to participate in the decision-making process.
- respect my cultural heritage.
- ensure that I have fully understood the Procedural Safeguards (the rules in federal law that protect the rights of parents).

**The school:**

- has a person on staff who is available to answer parents' questions.
- communicates regularly with me regarding my child's progress on IEP goals.
- gives me choices with regard to services that address my child's needs.
- offers parents training about special education issues.

Please turn page over

Page 1 of 2 National Center for Special Education Accountability Monitoring <http://www.ncseamonitoring.org> 106010F

# **ASSESSMENT**

## **ASSESSMENT**

### **OKLAHOMA STATE TESTING PROGRAM (OSTP) PRIORITY ACADEMIC STUDENTS SKILLS (PASS)**

The majority of students with disabilities will participate in the Oklahoma Core Curriculum Tests (OCCT) or the End-of-Instruction Tests (EOI), which are part of the OSTP. Students who are being taught Oklahoma's *Priority Academic Student Skills* will participate in the OCCT, EOI, or Oklahoma Modified Alternate Assessment Program (OMAAP), with or without accommodations. Student performance is classified into one of four performance levels (Advanced, Proficient, Limited Knowledge, and Unsatisfactory).

### **OKLAHOMA MODIFIED ALTERNATE ASSESSMENT PROGRAM (OMAAP)**

The OMAAP is an alternate assessment based on modified academic achievement of the standards and is available for students who are working at grade level, but are not able to reach proficiency in the year covered by their IEP. The CARG-M is available for teachers as a resource tool only, and is not intended to be used as curriculum. The IEP of a child participating in the OMAAP should reflect academic goals which are standards based from subjects assessed alternately and for the grade in which the student is enrolled. The IEP must be designed to monitor the child's progress toward stated goals. The OMAAP is comparable to the regular assessment, meaning that grade-level content is still addressed in such a way that students are better able to demonstrate their knowledge and abilities. A Two percent (2%) cap exists for reporting the percentage of students counted as proficient on adequate yearly progress (AYP). The cap does not limit the number of students who may participate in the OMAAP.

### **OKLAHOMA ALTERNATE ASSESSMENT PROGRAM (OAAP)/CURRICULUM ACCESS RESOURCE GUIDE-ALTERNATE (CARG-A)**

A very small number of students with disabilities will be unable to participate in the regular or the modified alternate assessment, even with accommodations. These students have a significant cognitive disability and represent roughly one percent of the student population. Students with a significant cognitive disability will be instructed in alternate achievement of grade level standards (CARG-A) and participate in a portfolio assessment. The portfolio is a purposeful collection of student performances that exhibits a student's effort and best work. The portfolio is a reflection of the student and will include a variety of entries and information about the child's strengths, needs, services provided, and supports.

### **Criteria Checklist for Assessing Students with Disabilities**

The criteria checklist for assessing students with disabilities is intended to be used as a guideline to assist IEP teams in determining whether a student should participate in the regular assessment (with or without accommodations) or in an alternate assessment (portfolio or modified assessment).

The decision to assess a student on an alternate assessment must be reviewed on a yearly basis as part of the IEP process.

**Accommodations**

In order for most students with disabilities to participate in the regular assessment, they will require some type of accommodation. The IEP team will be responsible for determining which accommodation(s) will be used for instruction and which should be used to allow that student access to the regular assessment and/or the modified assessment. Accommodations are intended to reduce or even eliminate the effects of a student's disability; they do not reduce learning expectations. Accommodations are based on individualized needs and may include changes in setting, timing, response, or presentation, and are provided to "level the playing field." Students with disabilities require these changes in order to demonstrate what they know and are able to do. For instance, a student whose disability results in fine motor difficulty may utilize a word processor or a pencil grip in order for them to have access to the assessment.

It is important to remember that accommodations should never be introduced on test day, but should be part of the student's everyday instruction. There are specific state-approved accommodations that are allowable on statewide assessments.

## Glossary of Terms

### **Accommodations**

Changes in teaching strategies, test presentation, location, timing, scheduling, student responses, which provide access for a student with a disability to participate in a course or assessment, which do not fundamentally alter or lower the standard of the course or assessment.

### **Americans with Disabilities Act (ADA)**

A federal act that establishes a clear and comprehensive prohibition of discrimination on the basis of disability.

### **Assistive Technology**

Devices or equipment used to increase, maintain, or improve the functional capabilities of a child.

### **Behavior Intervention Plan (BIP)**

If a student's behavior impedes his or her learning or that of others, the IEP team must consider, as appropriate, strategies to address behavior

### **Chemical Restraint**

A drug or medication used to control behavior or restrict freedom of movement that is not prescribed by a licensed physician for standard treatment of the student's medical condition and administered for that purpose as prescribed.

### **Educational record**

Family Educational Rights and Privacy Act (FERPA) defined records as those records, files, documents, and other materials that contain information directly related to a student; and are maintained by an educational agency or institution or

by a person acting for such agency or institution

### **Extended School Year (ESY)**

Special education and related services that are provided by the local educational agency (LEA) to eligible children with disabilities beyond the instructional school year as a necessary part of Free Appropriate Public Education (FAPE) required by the Individuals with Disabilities Education Act (IDEA).

### **Free Appropriate Public Education (FAPE)**

A free appropriate public education must be provided for children with disabilities aged 3 through 21.

### **Functional Behavioral Assessment (FBA)**

In the case of a child whose behavior impedes his or her learning or the learning of others, the IEP team may consider performing an assessment, which may include gathering information to determine the function of certain behaviors in order to develop a behavior intervention plan for the child.

### **Imminent Risk of Harm**

In a case of a child whose behavior poses immediate and impending threat of a person causing serious bodily injury to self or others

### **Individuals with Disabilities Education Act (IDEA)**

IDEA is a federal law whose purpose includes: to ensure a free appropriate public education for all children that emphasizes special

education and related services designed to meet their unique needs and prepare them for employment and independent living; ensure the rights and protections of children with disabilities and their parents; to assist public agencies in the provision of special education and related services; and to assess and endure effectiveness in these efforts.

### **Mechanical Restraint**

The use of devices as a means of restricting a student's freedom of movement.

### **Modifications**

Changes in course content, teaching strategies, standards, test preparation, location, timing, scheduling, setting, expectations, student responses, environmental structuring which provide access for a child with a disability to participate in a course or assessment that fundamentally alters or lowers the standard or expectation of the course or assessment.

### **Office for Civil Rights (OCR)**

OCR ensures equal access to education through enforcement of civil rights, resolves complaints of discrimination, and provides advocacy.

### **Office of Special Education Programs (OSEP)**

Section of the U.S. Department of Education dedicated to improving results for infants, toddlers, children, and youth with disabilities aged birth through 21 by providing leadership and financial support to assist states and local districts.

### **Personally identifiable information**

Personally identifiable information includes, but is not limited to the student's name, the name of the student's parent or other family member, the address of the student or student's family, a personal identifier, such as the student's social security number, a list of personal characteristics or other information that would make the student's identity easily traceable.

### **Physical Restraint**

The method of one or more persons limiting or restricting another person's freedom of movement, physical activity.

### **Seclusion**

The involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving.

### **Seclusion Room**

A room or other confined area in which a student with a disability is placed in isolation from other persons from which the student is prevented from leaving.

### **Special Education Paraprofessional**

Trained professionals who assist teachers with the provision of special education and related services.

## Frequently Used Acronyms

**ADA** Americans with Disabilities Act  
**ADD** Attention Deficit Disorder  
**ADHD** Attention Deficit Hyperactivity Disorder  
**ARC** Association for the Rights of Citizens with Disabilities  
**BIA** Bureau of Indian Affairs  
**CASA** Court Appointed Special Advocates  
**DDSD** Developmental Disabilities Services Division  
**OKDHS** Oklahoma Department of Human Services  
**DMHSAS** Department of Mental Health & Substance Abuse Services  
**DRS** Department of Rehabilitation Services  
**EI** Early Intervention (SoonerStart)  
**EPSDT** Early and Periodic Screening, Diagnosis and Treatment  
**FAPE** Free and Appropriate Public Education  
**FERPA** Family Education Rights and Privacy Act  
**HMO** Health Maintenance Organization  
**IDEA** Individuals with Disabilities Education Act  
**IEP** Individualized Education Program  
**IFSP** Individualized Family Service Plan  
**IP** Individualized Plan (formerly Individualized Habilitation Plan - IHP)  
**IHS** Indian Health Service  
**LEA** Local Educational Agency  
**LRE** Least Restrictive Environment  
**NICHCY** National Information Center for Children and Youth with Disabilities  
**NICU** Neonatal Intensive Care Unit  
**OASIS** Oklahoma Areawide Services Information System  
**OATC** Oklahoma Assistive Technology Center  
**OAYS** Oklahoma Association for Youth Services  
**OCCY** Oklahoma Commission on Children and Youth  
**ODDC** Oklahoma Developmental Disabilities Council  
**ODLC** Oklahoma Disability Law Center  
**OHCA** Oklahoma Health Care Authority  
**OKAPSE** Oklahoma Association for Persons in Supported Employment  
**OICA** Oklahoma Institute for Child Advocacy  
**OJA** Office of Juvenile Affairs  
**OPAT** Oklahoma Parents as Teachers  
**ORRN** Oklahoma Respite Resource Network  
**OSDE** Oklahoma State Department of Education  
**OT** Occupational Therapy/Occupational Therapist  
**OUHSC** University of Oklahoma Health Sciences Center  
**PCP** Primary Care Provider/Physician  
**PITC** Parent Information and Training Center  
**PT** Physical Therapy/Physical Therapist  
**PTA** Parent Teacher Association  
**SDE** State Department of Education  
**SEA** State Educational Agency  
**SFY** State Fiscal Year (July 1 – June 30)  
**SLP** Speech-Language Pathology/Pathologist  
**TDD** Telecommunication Device for the Deaf

## RESOURCES

### **CENTER FOR LEARNING AND LEADERSHIP** (800) 627-6827 or (405) 271-4500

OU Health Sciences Center  
Post Office Box 26901, ROB 342  
Oklahoma City, Oklahoma 73190  
<[www.ouhsc.edu/thecenter](http://www.ouhsc.edu/thecenter)>

The Center provides networks, training and information regarding disabilities and interdisciplinary education and training opportunities.

### **OKLAHOMA DEPARTMENT OF CAREER AND TECHNOLOGY EDUCATION**

(405) 377-2000  
1500 West 7th Street  
Stillwater, Oklahoma 74074  
<[www.okcareertech.org](http://www.okcareertech.org)>

Comprehensive statewide system of career and technology education. This system offers programs and services in 29 technology center districts operating on 54 campuses, 400 comprehensive school districts, 25 skill centers, and 3 juvenile facilities.

### **OKLAHOMA HEAD START AND EARLY HEAD START** (405) 949-1495

2800 Northwest 36th, Suite 90  
Oklahoma City, Oklahoma 73106  
<<http://www.okcaa.org/headstart/index.htm>>

The program provides a comprehensive program of child care, education health, mental health, nutrition, parent involvement, and services for children with disabilities.

### **OKLAHOMA PARENT and INFORMATION RESOURCE CENTER** (405) 478-4078

4801 Classen Boulevard, Suite 212  
Oklahoma City, Oklahoma 73118-4622  
24 Hour Information Line: (877) 765-7472  
<[www.okpirc.org](http://www.okpirc.org)>

- Parents, School and Community Partnership trainings
- Parent Resources Center with Lending Library
- Referrals for Parental Needs

### **OKLAHOMA PARENTS AND TEACHERS ASSOCIATION (OKPAT)** (405) 681-0750

1601 Southwest 89th, Suite B-200  
Oklahoma City, Oklahoma 73159  
<[www.okpta.org](http://www.okpta.org)>

The PTA promotes the welfare of children, raises the standards of home life, secures adequate laws for the care and protection of children, brings into closer relation the home and school, and develops the highest advantages in education.

### **OKLAHOMA PARENTS AS TEACHERS (OPAT)** (405) 521-3346

2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105  
<[www.sde.state.ok.us/Programs/ECUduc/OPAT.html](http://www.sde.state.ok.us/Programs/ECUduc/OPAT.html)>

OPAT provides parent education for parents with children, birth to age five, to strengthen the capacity of parents to be effective first teachers and give their children the best possible start in life. This also provides early identification of developmental problems. Services can include personalized home visits, support groups, developmental screenings, and a referral network.

**OKLAHOMA SCHOOL FOR THE BLIND (PARKVIEW) (877) 229-7136**

3300 Gibson

Muskogee, Oklahoma 74403

<[www.osb.k12.ok.us/index.html](http://www.osb.k12.ok.us/index.html)>

Both day and residential components serve children birth through age 21. Outreach services are also available which include evaluations and consultation for visually impaired and blind students. There are no fees.

**OKLAHOMA SCHOOL FOR THE DEAF (888) 685-3323 or (580) 522-4900**

1100 East Oklahoma

Sulphur, Oklahoma 73086

<[www.osd.k12.ok.us](http://www.osd.k12.ok.us)>

OSD provides regular elementary, secondary and vocational programs, early education for ages 2-6, regional preschool programs, student assessment and outreach, parent education and lending library, sign language classes, and a transitional living center in Oklahoma City.

**OKLAHOMA STATE DEPARTMENT OF EDUCATION**

**Special Education Services, (405) 522-3248**

2500 North Lincoln Boulevard

Oklahoma City, Oklahoma 73105-4599

<[www.sde.state.ok.us](http://www.sde.state.ok.us)>

The State Department of Education funds and supervises the implementation of a number of programs including:

- Oklahoma Parents as Teachers
- Project ECCO for Preschoolers with hearing impairments
- Professional assistance in developing appropriate educational services
- Oversight and monitoring of school districts or local educational agencies

**REGENTS FOR HIGHER EDUCATION (405) 225-9100**

655 Research Parkway, Suite 200

Oklahoma City, Oklahoma 73104

<[www.okhighered.org](http://www.okhighered.org)>

Information is available about all colleges and universities in Oklahoma as well as loans, scholarships, financial aid, and services for students with disabilities.

**SOONERSTART EARLY CHILDHOOD INTERVENTION PROGRAM**

2500 North Lincoln Boulevard

Oklahoma City, Oklahoma 73105

<<http://se.sde.state.ok.us/ses/birth-3yrs/index.html>>

SoonerStart provides in home assistance and services for toddlers with developmental delays. Contact OASIS at (800) 426-2747 for information and referral to a local SoonerStart office.

## **TRAINING, EMPLOYMENT, AND REHABILITATION**

### **DEPARTMENT OF REHABILITATION SERVICES (800) 845-8476**

3535 Northwest 58th Street, Suite 500

Oklahoma City, Oklahoma 73112

<[www.okrehab.org](http://www.okrehab.org)>

- Vocational Rehabilitation and Supported Employment
- Services for Deaf and Hard of Hearing
- Visual Services
- Oklahoma Library for the Blind and Physically Handicapped
- Schools for the Deaf and Blind

### **GEORGE NIGH REHABILITATION CENTER (918) 756-9211**

900 East Airport Road

Okmulgee, Oklahoma 74447

<[www.gnrc.ouhsc.edu](http://www.gnrc.ouhsc.edu)>

This is an acute care rehabilitation facility for persons suffering from strokes, neck and spinal cord injuries, amputation, multiple sclerosis, other multiple traumas, and traumatic brain injuries.

### **J.D. McCARTY CENTER FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES**

(800) 777-1272

1125 East Alameda

Norman, Oklahoma 73071

<[www.jdmc.org](http://www.jdmc.org)>

This is a facility that specializes in providing both inpatient and outpatient care, maintenance, training, education and physical and mental rehabilitation to Oklahoma children through age 21 with cerebral palsy and other developmental disabilities.

### **OKLAHOMA EMPLOYMENT SECURITY COMMISSION (OESC) (405) 557-7100**

2401 North Lincoln

Oklahoma City, Oklahoma 73105

<[www.oesc.state.ok.us](http://www.oesc.state.ok.us)>

The OESC, through the Work Investment Act (WIA) and statewide Workforce centers, enhances the employability of persons completing the program and helps individuals secure employment.

### **NATIONAL RESOURCE CENTER FOR YOUTH SERVICES (918) 660-3700**

4502 East 41ST Street

Tulsa, Oklahoma 74135-2553

<[www.nrcys.ou.edu](http://www.nrcys.ou.edu)>

This program provides curricula, resources, and training for Oklahoma youth servicing professionals, paraprofessionals, and volunteers in public and private child welfare, youth service, juvenile justice, and prevention services

## **SUPPORT and ADVOCACY**

### **ALTERNATIVE DISPUTE RESOLUTION SYSTEM (877) 521-6677**

Administrative Office of the Courts  
1915 North Stiles  
Oklahoma City, Oklahoma 73105  
<[www.oscn.net](http://www.oscn.net)>

Mediation of special educational issues and family and divorce issues by a third party can be arranged through local Early Settlement Centers.

### **OFFICE OF DISABILITY CONCERNS (ODC) (800) 522-8224**

2401 Northwest 23rd, Suite 90  
Oklahoma City, Oklahoma 73107 (405) 521-3756  
<[www.ohc.state.ok.us](http://www.ohc.state.ok.us)>

The ODC provides information on government policy and programs, employment development for persons with disabilities, advocacy, information and assistance, legislative hotline and newsletter, technical assistance about barrier free design, information regarding ADA compliance, and client assistance program (CAP) for the Department of Rehabilitation Services.

### **OFFICE OF JUVENILE AFFAIRS (OJA) (405) 530-2800**

3812 North Santa Fe  
Oklahoma City, Oklahoma 73118  
<[www.oja.state.ok.us](http://www.oja.state.ok.us)>

The Office of Juvenile Affairs is a state agency entrusted by the people of Oklahoma to provide professional prevention, education, and treatment services as well as secure facilities for juveniles in order to promote public safety and reduce juvenile delinquency.

### **OKLAHOMA ABLE TECH (800) 257-1705**

Oklahoma State University Wellness Center  
1514 West Hall of Fame  
Stillwater, Oklahoma 74078  
Information Line: (888) 885-5588  
<[www.ok.gov/abletech](http://www.ok.gov/abletech)>

ABLE Tech provides information, referral, and training regarding assistive technology (AT), devices and services, funding for assistive technology, and other disability-related topics. AT includes wheelchairs, communication and listening devices, such as computers and hearing aids, and other equipment.

### **OKLAHOMA ASSOCIATION OF YOUTH SERVICES (OAYS) (405) 528-4120**

201 Northeast 50th  
Oklahoma City, Oklahoma 73105  
<[www.oays.org](http://www.oays.org)>

The OAYS office and resources provide support, management, training, consultation, and technical assistance to designated youth service agencies. Our primary focus is to provide a consistent statewide response to youth and families referred because of identified problems or needs.

**OKLAHOMA CASA ASSOCIATION** (800) 742-2272 or (405) 524-8999

Post Office Box 54946

Oklahoma City, Oklahoma 73154

<[www.oklahomacasa.org](http://www.oklahomacasa.org)>

Court Appointed Special Advocates (CASA) are trained community volunteers who are appointed by a juvenile or family court judge to make recommendations in the best interest of deprived children who are brought before the court.

**OKLAHOMA CHILD CARE RESOURCE and REFERRAL ASSOCIATION (OCCRRA)**

(888) 962-2772 or (405) 942-5001

4200 Perimeter Drive, Suite 235

Oklahoma City, Oklahoma 73112

<[www.occrra.net](http://www.occrra.net)>

The OCCRRA is an organization devoted to serving communities statewide in ways that enhance Oklahoma's childcare resources. Information is available on training, as well as listings of licensed childcare facilities, with links to local childcare resource and referral agencies

**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH (OCCY)**

(866) 335-9288 or (405) 606-4900

500 North Broadway, Suite 300

Oklahoma City, Oklahoma 73102

<[www.okkids.org](http://www.okkids.org)>

This commission works to improve services to children by:

- Overseeing children's services provided by public and private entities
- Promoting innovative programs through funding model programs
- Facilitating joint planning and coordination among public and private agencies

OCCY programs include: Office of Juvenile System Oversight (OJSO); Post Adjudication Review Board (PARB) Administration; Child Death Review Board; and the Family Perspective Committee.

**OKLAHOMA DEVELOPMENTAL DISABILITIES COUNCIL (ODDC)**

(800) 836-4470 or (405) 521-4981

Post Office Box 25352

Oklahoma City, Oklahoma 73125

<[www.okddc.gov](http://www.okddc.gov)>

The Council promotes systemic change and helps build community capacity so persons with developmental disabilities can live, work, play and learn in the communities of their choice. This is accomplished by planning and implementing innovative service or support model programs, funding research, training advocates, and educating policymakers.

**OKLAHOMA DISABILITY LAW CENTER (ODLC)**

Oklahoma City: (800) 880-7755; Tulsa: (800) 226-5883 <[www.flash.net/~odlcokc](http://www.flash.net/~odlcokc)>

2915 Classen, Suite 300

Oklahoma City, Oklahoma 73106 OKC

<[www.icdri.org](http://www.icdri.org)>

ODLC is a statewide program, providing free civil legal services to children and adults with disabilities or mental illness, to promote equality, full inclusion in society, and independence by providing quality legal services that protect and advance rights.

**OKLAHOMA FAMILY NETWORK (OFN) (405) 203-8745**

Post Office Box 21072

Oklahoma City, Oklahoma 73156-1072

<[www.oklahomafamilynetwork.org](http://www.oklahomafamilynetwork.org)>

The Oklahoma Family Network is Oklahoma's Parent to Parent mentorship network for those raising children with medical needs, developmental delays, or a disability. OFN provides support to families through parent to parent mentorship and educational training.

**OKLAHOMA INSTITUTE FOR CHILD ADVOCACY (405) 236-5437**

420 Northwest 13th Street, Suite 10

Oklahoma City, Oklahoma 73103

<[www.oica.org](http://www.oica.org)>

- Children's Information Network
- Annual Fall Forum on Children's Issues
- Teen Pregnancy Prevention
- Oklahoma KIDS COUNT
- Healthy Mothers, Healthy Babies

## **MENTAL HEALTH and SUBSTANCE ABUSE**

### **AREA PREVENTION RESOURCE CENTERS (APRC) (800) 522-9054**

1200 Northeast 13<sup>th</sup> Street

Oklahoma City, Oklahoma 73152-3277

<[www.odmhsas.org/prevention.htm](http://www.odmhsas.org/prevention.htm)>

The purpose of the APRC is to partner with individuals and groups to build high quality, comprehensive prevention programs and early intervention consultation services in Oklahoma communities. The sites provide information, assistance and training to youth, parents, teachers, civic leaders, law enforcement, clergy, and others who influence or motivate other adults and young people. *Call the Reach Out Hotline at (800) 522-9054 for the APRC that serves your county.*

### **DEPARTMENT OF MENTAL HEALTH and SUBSTANCE ABUSE SERVICES**

(ODMHSAS) (405) 522-3908

Post Office Box 35277

Oklahoma City, Oklahoma 73152-3277

Client Advocacy: (866) 699-6605

<[www.odmhsas.org](http://www.odmhsas.org)>

Call the *Reach Out Hotline* at (800) 522-9054 for the location of your local Community Mental Health Center which may provide the following services:

- Chemical Dependency Counseling
- Evaluation
- Domestic Violence Shelters
- Individual and Group Counseling
- Family Counseling
- Crisis Intervention

### **NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI) (800) 583-1264**

5131 North Classen, Suite 110

Oklahoma City, Oklahoma 73118

<<http://ok.nami.org>>

NAMI-Oklahoma is a support, advocacy and education program for persons with brain disorders, their families and friends. It is also a resource for information and referral for other related services.

### **PARENTS AS PARTNERS**

Oklahoma Federation of Families for Children's Mental Health (405) 232-2796

132 Northwest 13th Street

Oklahoma City, Oklahoma 73103

Parents as Partners is a family-run nonprofit organization dedicated to providing support and advocacy for families of children and adolescents with emotional, behavioral, or mental health issues and/or disabilities.

## HEALTH

### **CHILD STUDY CENTER** (405) 271-5700

1100 Northeast 13 th

Oklahoma City, Oklahoma 73117

<[devbehavepeds.ouhsc.edu/csc.asp](http://devbehavepeds.ouhsc.edu/csc.asp)>

- Behavioral Management
- Physical, Occupational and Speech Therapy
- Early Intervention for Infants At Risk
- Psychological Evaluation and Treatment
- Developmental Screening and Treatment
- Autism Clinic

### **OKLAHOMA HEALTH CARE AUTHORITY (OHCA)** (405) 522-7300

4545 North Lincoln, Suite 124

Oklahoma City, Oklahoma 73105

Customer Service: (800) 522-0310

<[www.ohca.state.ok.us](http://www.ohca.state.ok.us)>

The OHCA is responsible for administering the Oklahoma Medicaid Program and oversight of all state purchased health care. Eligibility for Medicaid is determined by the county OKDHS offices. Call OASIS at (800) 426-2747 or check the <[okdhs.org](http://okdhs.org)> Web site for county DHS offices.

### **OKLAHOMA STATE DEPARTMENT OF HEALTH (OSDH)**

(800) 522-0203 or (405) 271-5600

1000 Northeast 10th Street

Oklahoma City, Oklahoma 73117-1299

<[www.health.state.ok.us](http://www.health.state.ok.us)>

Through the Department of Health, local City/County Health Departments and Child Health and Guidance Clinics can provide the following services:

- Developmental Screenings and Therapy
- Family/Child Counseling
- Genetic Counseling
- Parenting Skills Education
- Speech, Language and Audiological Services
- Nutritional Counseling
- Family Planning
- Immunizations
- TB Testing and Treatment
- Prenatal Care
- Well Baby and Child Check-Ups

### **THE CHILDREN'S HOSPITAL at OU MEDICAL CENTER** (405) 271-5437

940 Northeast 13th Street - Post Office Box 26307

Oklahoma City, Oklahoma 73126

<[www.oumedcenter.com](http://www.oumedcenter.com)>

- General Pediatric and Family Care Clinics
- Orthopedic Surgical and Rehabilitative Services
- Mental Health Services
- Critical Care Facility
- Specialty Treatment Clinics

## **SOCIAL SERVICES and FINANCIAL ASSISTANCE**

### **DEVELOPMENTAL DISABILITIES**

<[www.okdhs.org/divisionoffices/visd/ddsd](http://www.okdhs.org/divisionoffices/visd/ddsd)>

Services for persons with intellectual disabilities and other developmental disabilities, including residential, vocational and support services are available at these locations: North and Western Oklahoma: (800) 522-1064; North and Eastern Oklahoma: (800) 522-1075; Central and Southern Oklahoma: (800) 522-1086.

### **OKLAHOMA ASSOCIATION OF COMMUNITY ACTION AGENCIES (405) 949-1495**

2800 Northwest 36th Street , Suite 221

Oklahoma City, Oklahoma 73112

<[www.okaaa.org](http://www.okaaa.org)>

Community Action Agencies provide assistance programs and services for people in their areas to help them become self sufficient. Call the Association, visit their Web site or call OASIS at (800) 426-2747 for information on local Community Action Agencies.

### **OKLAHOMA DEPARTMENT OF HUMAN SERVICES (OKDHS) (405) 521-3646**

Post Office Box 25352

Oklahoma City, Oklahoma 73125

<[www.okdhs.org](http://www.okdhs.org)>

<[www.okparent.org](http://www.okparent.org)>

The following services are available through OKDHS county offices.

- Medicaid or Medical Assistance
- Foster Care
- Child Support Enforcement
- Children with Special Health Care Need Program
- Child Welfare
- Supplementary Security Income-Disabled Children's Program (SSI-DCP)
- Developmental Disabilities Services
- Food Stamps
- Temporary Assistance to Needy Families
- Aid to the Aged, Blind, and Disabled
- Adoption
- Child Care Assistance

Call OASIS at (800) 426-2747 or visit the <[okdhs.org](http://okdhs.org)> Web site for local DHS office locations.

### **OKLAHOMA RESPITE RESOURCE NETWORK (ORRN) (800) 426-2747**

OASIS Information and Referral

Post Office Box 26901

Oklahoma City, Oklahoma 73190

<[www.okrespite.org](http://www.okrespite.org)>

The ORRN is a collaborative network of agencies, organizations and individuals working to increase the availability of respite (a break from full-time caregiving) in Oklahoma. Available services include the Respite Provider Registry and the Respite Voucher Program.

## **HOTLINES**

**CHILD AND ADULT ABUSE HOTLINE** (800) 522-3511

**GIRLS AND BOYS TOWN NATIONAL HOTLINE** (800) 448-3000

National Hotline is a 24-hour crisis, resource and referral line for children and teens.

**HIV and AIDS HOTLINE** Oklahoma: (800) 535-2437

(800) 535-AIDS

National: (800) 342-2437

**MISSING AND EXPLOITED CHILDREN NATIONAL HOTLINE** (800) 843-5678

(800) THE-LOST

**RAPE AND DOMESTIC VIOLENCE** (800) 522-SAFE

**REACH OUT HOTLINE** (800) 522-9054

Mental Health / Substance Abuse

**SAFELINE** (800) 522-7233

**SUICIDE HOTLINE** (800) 784-2433

**TEENLINE** (800) 522-8336

National Teen monitored "Warmline" (800) 522-TEEN