

Part 9: SCHOOL EMPOWERMENT: HELPFUL HINTS

USING AND UNDERSTANDING TEST SCORES

Most tests used in schools are either norm-referenced or criterion-referenced. Norm-referenced tests compare an individual's performance to that of his or her classmates, thus emphasizing relative rather than absolute performance. Scores on norm-referenced tests indicate the student's ranking relative to that group. Typical scores used with norm-referenced tests include:

***Percentiles** - A percentile is a score that indicates the rank of the student compared to others (same age or same grade), using a hypothetical group of 100 students. A percentile of 25, for example, indicates that the student's test performance equals or exceeds 25 out of 100 students on the same measure; a percentile of 87 indicates that the student equals or surpasses 87 out of 100 (or 87% of) students. Percentiles are derived from raw scores using the norms obtained from testing a large population when the test was first developed. Percentiles are probably the most commonly used test score in education.

***Standard Scores** - A standard score is derived from raw scores using the norming information gathered when the test was developed. Instead of reflecting a student's rank compared to others, standard scores indicate how far above or below the average (mean) an individual score falls, using a common scale, such as one with an "average" of 100. Standard scores also take "variance" into account, or the degree to which scores typically will deviate from the average score. Standard scores can be used to compare individuals from different grades or age groups because all scores are converted to the same numerical scale. Most intelligence tests and many achievement tests use some type of standard scores.

***Stanines** - Stanines are essentially groups of percentile ranks, with the entire group of scores divided into 9 parts, with the largest number of individuals falling in the middle stanines, and fewer students falling at the extremes. Few tests in common usage use stanines today, although these scores can be useful in understanding the relative range of a student's performance.

***Age/Grade Equivalent Scores** - Some tests provide age or grade equivalent scores. Such scores indicate that the student has attained the same score (not skills) as an average student of that age or grade. For example, a student obtains a grade equivalent score of 3.6 on a reading comprehension test, this means that she obtained the same score as the typical student in the sixth month of third grade on this particular test. The student may or may not have acquired the same skills as the typical third grader. **Age/grade scores seem to be easy to understand but are often misunderstood and many educators discourage their use.**

Standard scores, percentile ranks, and stanines can be compared using the "normal" or bell-shaped curve. Most tests used in education are developed in order to yield a standard curve of scores, where the majority of all students would fall within a small range (or one "standard deviation") of the mean or average score, and where 50% of all students would fall above, and 50% would fall below the average score. Some tests, however, do not have such "normal" distributions of scores and these different types of scores may not be comparable.

Criterion-referenced tests are used to measure student mastery of instructional objectives or

curriculum (absolute performance), rather than to compare one student with another to rank students. They are often used as end-of-unit tests in textbooks or as a "benchmark" to identify areas of strength or weaknesses in a given curriculum, readiness to move on to a different level of instruction, etc. Typically, raw scores are used to reflect the number of correct responses, the number of completed objectives, etc. Such tests will often use percentages to reflect the level of mastery of a given instructional objective, such setting a goal of "90% correct addition problems." Raw scores are converted to a percent correct.

FORMATIVE ASSESSMENT

Formative assessment is part of the instructional process, when it is incorporated into classroom practice it provides the information needed to adjust teaching and learning while they are happening.

SUMMATIVE ASSESSMENT

Summative assessments are a means to gauge, at a particular point in time, what student learning is in comparison to content standards. Summative assessments are spread out so they occur per grading period, per semester, or once a year. They help evaluate the effectiveness of programs.

PARENT PERMISSION FOR FIELD TRIPS, COMMUNITY-BASED TRAINING, PHOTOS

Requirements of parent permission for student field trips and photos are the same for students with an IEP as other students. All regular approved field trips should be open and available to special education students, provided that the safety of each student can be assured.

CLASS GROUPINGS

Principals should place special education students in chronologically age-appropriate groupings and special education classes should be housed in age-appropriate areas of the building. Special education classes should be dispersed throughout the building and not housed in one section or area of the building. Congregating students with disabilities puts them at an educational disadvantage from the perspective of their individuality, social image, and access to peers for the purpose of building social relationships.

Principals should be mindful that the preference of IDEA is that students be instructed with their general education peers to the extent possible. Students whose IEP supports inclusion are placed in a chronologically age-appropriate classroom/grade level. The modifications and supports required by the student are defined in the IEP, including a descriptor of the appropriate classroom climate needed to meet an individual's learning style and instructional needs, i.e., positive structure, opportunities for multisensory learning, and active student participation. While the case conference committee determines the factors necessary to create an appropriate learning environment for a student, the selection of a specific teacher and classroom is at the discretion of the principal. **The tolerance and willingness of a teacher to make the adaptations necessary to accommodate a student and the learning environment should be considered carefully by**

the principal in assigning the teacher. Numbers of students with disabilities assigned to one class should not exceed the natural proportion that exists in the system as a whole. THE PRINCIPAL'S ROLE AND SPECIAL EDUCATION MANDATES

The school principal is responsible for compliance with all federal and state special education guidelines pertaining to each student eligible for and/or receiving special education services. As building manager and instructional leader, the principal is also responsible for insuring that all eligible students are indeed receiving a free, appropriate public education in accordance with their IEP's. If a dispute arises and a student's family exercises their due process rights, the principal will be actively engaged in the process.

ACCOMMODATIONS/ACCESSIBILITY

Principals are responsible for assuring compliance with all accessibility issues set forth by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). If technical assistance is required to fulfill this responsibility, call ROD.

ADA and Section 504 require that school facilities and programs be accessible to individuals with disabilities. It does not require that every part of a building or every site that houses a special education program be accessible. All programs must have at least one location that is accessible. Accessibility not only applies to students, but also to adults in a school building. For example, the school must accommodate parents with disabilities at any school/student activities to which a parent is invited, i.e., case conferences, parent/teacher conferences, back-to-school nights, student performances, graduation ceremonies...etc. Accommodations may mean aspects of physical accessibility, such as ramps and seating space provided for parents using wheelchairs, or interpreters for parents with hearing impairments...etc.

Each school must have a written evacuation plan which effectively addresses the evacuation of students or adults/staff with disabilities. This plan must be disseminated and communicated to all building staff and must be posted in every room into which a student with disabilities goes.

School Bus/Transportation

Students receiving special education services should ride the bus with their age peers who do not have disabilities, unless the case conference committee decides otherwise. If a student requires door-to-door pick-up or any other special arrangements, these needs should be addressed in the case conference. The case conference committee makes the decisions about what assistance is required by the student due to physiological, medical or behavioral needs in order to ride the bus. Transportation with adaptations is considered a related service. Adaptations may mean a wheelchair lift, seatbelt, harness, medical equipment or personal assistance.

Adaptive and Assistive Equipment/Devices

Assistive equipment and devices must be addressed in the case conference. Recommendations

must be supported with the appropriate evaluation(s) and documented in the student's IEP. If providing the assistive equipment/device requires resources the school does not have available, a representative from ROD must be present at the case conference in order to commit any resources from special education funds.

Contact ROD for assistance when a student requires an augmentative communication device.

PLANNING FOR TRANSITION

Preschool -A conference is held with First Steps and the parent to facilitate transition. An evaluation may be initiated at this time.

From Grade to Grade -Student progression from one grade to the next grade is not a change of placement unless there is a substantial change in the student's IEP. It is good practice for the receiving as well as the sending teacher(s) to be involved in the case conference and writing of the IEP.

From School to School -Moving from preschool to elementary school, elementary school to middle school, and middle school to high school is difficult for students and their families. The case conference committee must be aware of the support needed by the student to successfully transition to a new school and include provisions in the IEP for the needed support. It is good practice for sending and receiving staff to collaborate on the student's IEP and transition planning. The student should be provided an opportunity to visit the new school, classroom, and teacher as part of transition activities. From High School to Post-School Life -Federal and state legislation requires educators serving secondary students with special education services to assume responsibility for becoming actively involved in the planning of their post school future. Unlike educational services, access to adult services is based upon eligibility criteria and availability of funds. This necessitates proactive planning which provides early information to students and their families about available adult services. IDEA and Article 7 require interagency collaboration to effectively plan for a student's future beyond their public school experience.

BOOK RENTAL

Students are charged the same book rental as students at their grade level without IEP's. Book fees are to be used to provide books, materials, etc. needed by the student. It is critical that documentation is maintained regarding the disbursement of these funds.

STAFF IN-SERVICE

Staff release time for professional development activities is handled at the building. Teams of general and special education teachers are encouraged to participate in these activities together. The special education office will make every effort to provide resources for building staff development activities on selected topics.

ROD has a comprehensive personnel development curriculum throughout the year. Staff development is provided according to needs identified by the Director of Special Education, building principals, superintendents, and teachers or related services providers.

For additional information, please contact the ROD office.

CHILD COUNT - DECEMBER 1

Every year on December 1, ROD submits a "child count" of all of the students who receive special education services to the Division of Special Education, Indiana Department of Education. The child count results in the funding which ROD receives for special education services. **All students must have a teacher of record who is properly licensed or no funding will be provided for those students.**

CLASSROOM ASSISTANTS

Special education assistants (paraprofessionals) support the needs of students receiving special education services. They are not used as substitute teachers. They always work under the direction of the classroom teacher. They may not be used for other duties, i.e. answering the phone, office duties...etc. unless an emergency exists.

Supervision of Students-Classroom assistants may instruct students in the school building or community **without a teacher or vocational instructor present provided they are given adequate training, lesson plans, regular communication and intermittent monitoring by the teacher.** The classroom assistant may also be assigned to support a special education student in general education classrooms, either to provide direct assistance to the student or general assistance to the general education teacher in order to facilitate the student's inclusion into the class.

Roles and Responsibilities-Classroom paraprofessionals have a variety of responsibilities, including:

- providing instruction to students in a variety of settings and instructional areas as defined by the students' IEP's;

- assisting students with personal hygiene needs such as bathroom assistance, toilet training, diaper changing, and menstrual periods;

- helping students who have physical disabilities with mobility and personal assistance, such as transferring in and out of the wheelchair, lifting, eating or feeding...etc.; and

assisting students with medical needs to which the classroom staff must attend, such as sectioning tracheostomy tubes, g-tube feeding, etc.

Liability-In the case of an accident which results in an injury to a student, a classroom assistant, in general, is not personally liable if he/she were working within the scope of his/her employment, under the direction of a certified staff member, and following defined procedures. If acting beyond the responsibilities defined for him/her by the certified staff member, the assistant could be held personally liable (e.g., taking the student on an unplanned excursion...etc.).

INCLUSION

Inclusion means welcoming **all** students into schools and communities as equals. It also means that children with disabilities are educated in schools where non-disabled peers attend, in age appropriate general education classes with special education supports and assistance as determined appropriate by case conference committees. It means that general education is considered first, and there must be justification to place the student in a more restrictive environment. Inclusion is a process that looks different for different students, and it may change from year to year. It reflects a belief that students with disabilities have much to share, as well as gain by being included with their "regular" classmates.

The guiding philosophy of education for students with disabilities has undergone a dramatic change over the last decade. The change can be best described as a shift away from school programs that isolate students, group students by disability category, and follow a developmental curriculum. Educators are realizing that isolating students with disabilities limits contact with their best teachers (non-disabled peers) who model socially appropriate behavior, language, play, and functional behavior. Groupings that include only students with disabilities can limit role models and promote negative stereotypes and labeling. Inclusion requires professional integrity and collaboration and a commitment to enhance resources to meet the needs of **all** students to prepare them for the "real" world.

ROD supports the legal mandate of least restrictive environment (LRE). All students with disabilities must be educated with their age appropriate peers to the maximum extent. All buildings must provide the least restrictive environment according to the Individual Education Program (IEP).

SPECIAL EDUCATION FOR YOUNG CHILDREN: PRESCHOOL AND KINDERGARTEN

ROD has programs that provide a free appropriate public education for three, four and five year old children with disabilities. Federal requirements provide services for these children beginning on their third birthday, rather than at the beginning of the school year following their third birthday.

The early childhood evaluation team schedules and completes a multidisciplinary evaluation and case conference for each preschool age child that appears to require special services. Following

the case conference, preschool age children are provided the appropriate programming and related services determined by the case conference committee.

A full continuum of delivery services, including placement in community based programs when appropriate, is available to meet individual student needs.

Recognizing that a transition from early intervention to an early childhood program is a major event in a child's life, we have developed a transition agreement with referring agencies in an effort to provide a seamless service delivery system for young children and their families.

RETENTION

Research for kindergarten and elementary students indicate that, in general, students who are retained perform less well than those not retained. Students who are retained show more social, emotional, and behavioral problems than those not retained.

Research from middle school and secondary school indicates that students who are retained view themselves as failures. These students exhibit low attendance, low self-esteem, low peer acceptance, and personal adjustment problems.

Those students who make gains after retention were low in school achievement because they lacked exposure rather than ability (i.e., they missed a significant amount of schooling due to illness). These students exhibit strong self-esteem and strong social skills.

Before retaining a student consider:

- results of a current speech and language screening;
- results of current vision and hearing screening;
- a review of the student's school history and attendance;
- a review of the student's developmental, health and social history; the effectiveness of classroom instruction; the effectiveness of interventions used;
- a review of the student's peer interactions;
- instructional planning that will be implemented if the student is retained;
- and instructional planning that will be implemented if the student is not retained.

STUDENT INTERVIEW

A student interview conducted prior to the case conference committee meeting may provide valuable insight into the student's needs. The following questions provide a beginning point for an interview.

- Do you do homework? Where?
- What problems are you having in math/reading/spelling/writing, etc.
- Can you do homework

by yourself?

-Do you have a place to study at home? Is it quiet? -Tell me how you study at home and

at school.

-Do you take enough time for your homework?

-Tell about your studytime, is it quiet, are you thinking about lessons or about something else, when do you study, are you putting forth your best effort when you study, what can you do to improve the efforts of your study time?

-Do you know how to ask your teacher for help?

Tell how. -What could your teacher provide more help with?

-Would it help if you sat in a different place in the classroom? -Have you talked with your parents about your problems in school? -Are grades important to you?

-What grades are you satisfied with? Do low grades concern you? -How can we improve your grades? -Is this class important to you? -Do you have friends at school? -Would a peer tutor be helpful?

-Tell three things you can do to bring your grades up.

-Are you having problems with peers/girlfriend/boyfriend? Is peer pressure keeping you from studying as much as you should?

-Do you have a job? Are you working too many hours? Is your job more important than good grades? -Do you have problems with drugs/alcohol/sex?

-Are there problems at home that are keeping you from achieving as you should? -Can you listen and take notes at the same time? -Can you read your notes if you take them?

-Where is the best place for you to sit in class? Why? -Can you copy from the blackboard?

-Do you need fewer problems to do at one time?

-Do you need assignments broken down into smaller chunks? -Do you need to be assigned fewer spelling words? -Do you need larger print?

-Do you need a quiet place to work?

-Do you need amplification/auditory trainer?

-Do you need a discipline plan with individualized consequences?

-Do you know how to schedule an appointment with a teacher to discuss your grades? Describe. -Do you need to tell about anything we haven't discussed?

TEST ACCOMMODATIONS

Will a student with disabilities receive accommodations on an examination? A student for whom classroom accommodations have been previously identified and employed will be permitted the same accommodations on an examination. Testing accommodations generally fall into the following categories: presentation, response, setting, and scheduling.

How are accommodations determined, and who makes the determination? Accommodations for testing conditions (weekly spelling tests, mathematics tests, etc) are determined individually-by the case conference committee for a special education student and by the individual service plan for a student with disabilities who receives accommodations under Section 504 of the Rehabilitation Act of 1973. Accommodations that are used for classroom assessments in a particular subject area are appropriate for use during the ISTEP+ assessment of the same subject area.

Any decision with regard to a student who is a child with a disability to participate in testing, to receive accommodations including materials and procedures, to participate in remediation, or to be retained at the same grade level for consecutive school years shall be made in accordance with what the child's individualized education program, subject to the test manual, and federal law.

SOME TERMS AND DEFINITIONS YOU MAY ENCOUNTER

ACCESSIBLE: Modified or designed so that persons with limited mobility (in wheelchairs or with crutches, for instance) can move into and around the structure or building.

ACHIEVEMENT TEST: A test that measures progress in school subject areas such as reading, spelling, and math. Examples of this type of test are the Woodcock Johnson-Revised Tests of Achievement (WJ-R) and the Peabody Individual Achievement Test (PIAT).

ADAPTIVE BEHAVIOR: How a person fits in socially and emotionally with other people of similar age and cultural background and in a variety of situations.

ADVOCACY: A program or situation in which agencies or individuals speak or act on behalf of the interests of themselves or other individuals or groups.

ANNUAL CASE REVIEW: (Also called case conference) A student's special education program is reviewed each year. A review involves an updating of the student's progress and planning his/her IEP for the coming year.

ANNUAL GOALS: These describe the educational performance to be achieved by a student by the end of the school year and are written in measurable terms.

APTITUDE TEST: A test to measure an individual's ability to learn in a particular area such as music, mechanics, etc.

ARTICLE 7: Rules and regulations for special education services in Indiana; Article 7 went into effect on January 8, 1992. Article 7 was revised in 2008.

ASSESSMENT: The process of testing and observing the child in order to understand the nature, personality, learning style and abilities of the child to help make decisions about the kind of educational programming required.

AT-RISK: Describes children who are likely to have difficulties in school because of home life circumstances, medical difficulties at birth, or other factors, and who may need intervention to

prevent further difficulties.

AUDIOLOGIST: A specialist who has studied the science of hearing and is concerned with studying the nature of hearing, preventive hearing loss, administering hearing tests to detect possible hearing loss, and giving information to people about hearing aids, training programs, or medical treatment.

AUDITORY ASSOCIATION: The ability to relate concepts presented orally (If a ball is round, a block is _____?).

AUDITORY CLOSURE: The ability to fill in the missing parts that are left out of an auditory presentation (banan _____?).

AUDITORY DISCRIMINATION: The identification of likeness and difference between sounds.

AUDITORY PERCEPTION: The ability to receive sounds accurately and to understand what they mean when combined into words.

AUDITORY SEQUENTIAL MEMORY: The ability to remember what one hears in the specific order or sequence it was presented. This may affect a person's ability to follow oral directions.

BEHAVIOR MANAGEMENT/MODIFICATION: A method for changing specific human behaviors that emphasizes regular encouragement or discouragement of behaviors that can be seen, and observing what happens both before and after the behavior.

CASE CONFERENCE: The meeting held to discuss evaluation results, determine need of special services, and plan for the student's educational future, by developing the IEP.

CEREBRAL DOMINANCE: The control of activities by the brain with one side (hemisphere) usually considered consistently in control over the other. The left side controls language in most people and is thought to be the dominant side.

CHRONOLOGICAL AGE: A person's actual age by the calendar, usually given by year and month, such as CA=6.7 (6 years, 7 months).

COGNITION: The act or process of knowing; the various thinking skills and processes are considered cognitive skills.

COMPLAINABLE ISSUE: An issue arising from a violation or suspected violation of Article 7, e.g., school denying related services for a student. A complainable issue is not directly related to identification, evaluation, or placement of a student.

COMPLAINT: The action taken to notify the state education agency that special education regulations are not being followed. A complaint triggers an investigation of the suspected problem.

CONCEPTUAL DISORDER: A disturbance in the thinking process and in cognitive activities

or a disturbance in the ability to form concepts.

CONFIDENTIALITY: Refers to being careful and using good judgment in reporting only the information that is relevant about the child when disclosing personal information to school personnel, social workers, friends, etc.

CONGENITAL: A condition existing from birth.

CONSENT: Refers to being fully informed and agreeing to a proposed plan of educational evaluation and/or placement. Parental consent in education has three basic parts: 1) the parent is fully informed; 2) the parent agrees in writing; and 3) consent is given voluntarily.

DEVELOPMENTAL DELAY OR LAG: A measurable delay means that a significant difference exists between the child's age-expected level of development (adjusted for prematurity, if applicable) and the child's current level of functioning.

DEVELOPMENTAL DISABILITY: A disability that is likely to continue indefinitely; is attributed to, but may not be limited to, mental retardation, cerebral palsy, epilepsy, autism or dyslexia; occurs before age 18; and constitutes a substantial handicap to the person's ability to function normally in society.

DIAGNOSTIC SERVICES: The services necessary to identify the presence of a disability, its cause and complications, and to determine the extent to which the disability is likely to limit the individual's daily living and working activity.

DIAGNOSTIC TESTS: Assessments and evaluations used to find specific strengths and weaknesses in a developmental learning skill or academic subject.

DIRECTIONALITY: The relationship of an object or point in space to another object in space. Difficulty in this developmental skill may result in left-right confusion in reading and writing.

DISTRACTIBILITY: Attention that moves rapidly from one thing to another giving unusual, fleeting attention to trivial sights and sounds and having very little ability to concentrate.

DOWN SYNDROME: A developmental disability, one of the most common causes of mental retardation, caused by specific chromosomal abnormalities.

DUE PROCESS: A legal term that assures that persons with disabilities have the right to challenge any decision made on their behalf.

DYSFUNCTION: Poor or impaired ability to perform or function in a particular way usually as a result of delayed development.

EARLY INTERVENTION: Programs and services provided to infants and children with disabilities during the years of most rapid growth and development, the years from birth to age 5.

EDUCATIONAL SURROGATE PARENT: A person who has received training and acquired the knowledge and skills to substitute for the natural parents when a student's parents or guardian are not known or when the student is a ward (CHINS) of the Division of Family and Children. The educational surrogate parent serves as an advocate and represent student's educational needs and interests, in the special education process, in place of the natural parents.

EVALUATION: The process of collecting and interpreting information about a child. An evaluation consists of a variety of tests, observations, and background information, and is done by a variety of qualified people called a "multidisciplinary team".

EXPRESSIVE LANGUAGE: Skills required to produce language for communication with other individuals. Speaking and writing are expressive language skills. Sign language is also considered an expressive language skill.

FAMILY ASSESSMENT: The ongoing process used to identify the family's strengths and needs related to the development of the child.

FIGURE-GROUND (auditory): The ability to listen (focus auditorially) to specific sounds when there is a lot of background noise and to ignore background noise, in the classroom, for example.

FIGURE-GROUND (visual): The ability to see (focus visually) specific forms or figures of a visual field and ignore background forms and figures to find a picture of hidden figure, for example. FINE MOTOR COORDINATION (eye/hand): Purposeful, coordinated movements of the hand and eye to achieve specific movements such as writing, sorting, sewing, etc.

FREE APPROPRIATE PUBLIC EDUCATION (FAPE): An educational program designed to meet the individual needs of a student with a disability, at no cost to the parent or child, provided by or through the public schools.

FUNCTIONAL EDUCATION: Instruction about basic skills needed in everyday life.

GROSS MOTOR COORDINATION (e.g. leg, arm): Movement that involves balance, coordination, and large muscle activity as needed for walking, running, skipping, jumping, and other physical activities.

HEARABLE ISSUE: An issue relating to the initiation, the change, or the denial of identification, evaluation, or educational placement of a child. A hearing can be considered an "appeal" of case conference disagreement.

HYPERTACTIVITY: Overactive, either in unplanned or planned body activity, e.g., child is in constant state of motion.

HYPOTACTIVITY: Lethargy or extreme lack of movement; e.g., the opposite of hyperactivity.

IMPARTIAL HEARING OFFICER: A fair, unbiased person appointed by the state to preside over a due process hearing and render a decision.

IMPULSIVE: Acting (upon impulse) without thought or consideration of the outcome

or consequences of an action.

INCLUSION/MAINSTREAMING: Strategies and processes that educators, therapists, principals, families, and students use to include students/classmates with disabilities in general education classes and activities and in society as a whole.

INDEPENDENT EVALUATION: An evaluation conducted by a qualified agency or individual who is not employed by or under contract with the public school system.

INDEPENDENT LIVING: Carrying on day-to-day living functions either with personal attendant care services or without direction supervision.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP): A written plan for each infant or toddler receiving early intervention services that includes goals for the family and a transition plan for the child into services for children above the age of three.

INDIVIDUAL EDUCATION PROGRAM (IEP): The written educational plan for the student in special education with goals and objectives to be learned. Each student has their own IEP.

INTELLIGENCE QUOTIENT (IQ): A measurement of thinking (cognitive) ability comparing an individual with others in the same age group.

LEAST RESTRICTIVE ENVIRONMENT (LRE): One of the principles of normalization, it requires that people with disabilities receive services and support in environments that do not limit their life activities unnecessarily. For example, students with disabilities should be educated in ways that meet their needs and least limit their opportunities to be near and interact with other students.

MAINSTREAMING/INCLUSION: Strategies and processes that educators, therapists, principals, families, and students use to include students/classmates with disabilities in general education classes and activities and in society as a whole.

MEDIATION: A formal intervention process between parents and school systems to achieve reconciliation, settlement, or compromise.

MODALITY: The pathways through which an individual receives information and learns. These may be auditory, visual, tactile-kinesthetic (listening, seeing, touching).

MULTIDISCIPLINARY TEAM (M-Team): The people who gather information through the assessment and evaluation process who are trained in a variety of specialized areas and disciplines. Parents are a part of this team along with therapists, psychologists, and teachers.

MULTI-SENSORY APPROACH: The use of many modalities or avenues of input at the same time to teach; the student will see, hear, smell and touch an object or perform a particular task using their eyes, ears, nose and hands.

NEUROLOGISTS: Medical doctors who specialize in diseases of the nervous system. They diagnose and may treat patients who are thought to have physical causes for mental disturbances.

OBJECTIVES: Small, measurable steps of learning which help a student reach a goal; (learning to hold a pencil before learning to write).

OCCUPATIONAL THERAPY: Services provided by, or under supervision of, an occupational therapist to evaluate and train a person to use gross and fine motor skills, self-care skills, and use sensory and perceptual motor integration with the intent of strengthening the person's ability to function as independently as possible. An occupational therapist or certified occupational therapy assistant provides occupational therapy and works with teachers and parents to teach them how to provide therapy integrated throughout the child's school day.

PARAPROFESSIONALS: Individuals from the community who work under supervision in providing services to students.

PARENT INVOLVEMENT: Parents have the right and responsibility to participate with the schools in special education planning and decisions. Federal and state regulations support parent involvement.

PAYOR OF LAST RESORT: Funding source to be used for services that an eligible child needs but is not entitled to under any other Federal, State, local, or private sources.

PERCEPTION: The process of organizing or interpreting information that we receive through the senses, such as auditory or visual thoughts, ideas, or impressions. A level of learning that can be described as existing in the mind.

PERCEPTUAL-MOTOR: A term describing the use of the various channels of perception with motor activity or movement. Channels of perception include visual, auditory, tactile, and kinesthetic (seeing, hearing, touching).

PERSEVERATION: The tendency to continue an activity once it has been started and to be unable to change or stop the activity even though it is acknowledged to have become inappropriate.

PHYSICAL THERAPY: Services provided by, or under supervision of, a physical therapist to evaluate individual developmental levels, functional abilities, reflex level, range of motion, muscle strengths, perceptual motor level, and respiratory function, and provide therapy in identified areas of need.

PLACEMENT: The services and classes chosen by the case conference committee that will provide the most appropriate program for the student. The IEP is the planning document used to describe all the details of the student's program or placement.

PROCEDURAL SAFEGUARDS: The steps taken to insure that a person's legal rights are not denied (see "complaint, due process, and hearing").

PSYCHIATRIST: Medical doctor who specializes in mental illness. They counsel patients,

diagnose mental illness, and prescribe drugs.

PSYCHOLOGIST: A person trained to study mental processes and human behavior, provide counseling, and conduct assessment.

PSYCHOMETRIST: A psychologist who specializes in administering and evaluating psychological tests including intelligence, aptitude, and interest tests.

RECEPTIVE LANGUAGE: The ability to understand language that is spoken or written by others and received by the individual. Receptive language skills include listening, reading, understanding signs, and finger spelling.

REFERRAL: The process of directing a person to another person or service agency that can provide needed services. Referral is also the term used to start the educational evaluation process.

REGULATIONS: Statements that clarify the laws that are passed by Congress or the state legislature. Regulations are written and issued by departments within the executive branch of government; the regulations for P.L. 101-476 (formerly P.L. 94-142) which was enacted by the U.S. Congress, are written by the U.S. Department of Education. Indiana regulations to implement state laws for special education are known as "rules," are issued by the Indiana Board of Education, and have the force of law. (Article 7, Rules 3-16)

REHABILITATION: Training a person who has a disability to learn or relearn the skills needed for daily living and work activities.

RELATED SERVICES: Developmental, corrective, and other supportive services required to assist a child with a disability to benefit from special education; includes services such as transportation, speech, physical therapy, occupational therapy, audiology, etc.

RESOURCE ROOM: A room within a school where a specially trained teacher gives help in specified subjects to students.

SELF CONCEPT: A person's idea of and feeling about him/herself.

SENSORIMOTOR: Relating to both senses and movement and the combination of the input of sensations and the output of motor activity. Motor activity reflects what is happening to the sensory organs such as visual, auditory, tactile and kinesthetic sensations.

SEQUENCING: The ability to put things in the correct order. Sequential memory is the ability to remember, in order, what has been heard, seen or read.

SERVICE COORDINATION: Activities carried out by a service coordinator that may include management and assistance to families or individuals to gain access to appropriate services. The term "case management" may be used in place of the term "service coordination".

SOCIAL PERCEPTION: The ability to understand the meaning of behavior in situations and appropriately relate such understanding to one's own

behavior.

SOCIAL WORKER: A person involved with helping an individual and/or family in dealing with specific behavioral, social, and emotional needs. ROD social workers and school counselors provide counseling to resolve issues so that students can maintain school attendance.

SOFT NEUROLOGICAL SIGNS: Nervous system disorders that are mild and swift and difficult to detect as contrasted with the gross or obvious neurological abnormalities.

SPATIAL ORIENTATION: The ability to organize space in terms of the individual relating his physical self to the environment with reference to distance, size, position and direction.

SPECIAL EDUCATION (Sp.Ed.): Instruction designed for one person's needs, specially planned to satisfy or address the needs of a person with a disability.

SPEECH/LANGUAGE THERAPY: The process of correcting speech and/or language problems or working to improve a person's ability to use speech or language. A specially trained speech pathologist teaches on a one-to-one or small group basis.

SPINA BIFIDA: A congenital disability; an opening in the spine which causes nerves within the spine to be damaged. There may be differing degrees of paralysis in the lower part of the body.

STANDARDIZED TEST: Any one of a variety of tests given to a student or group of students using uniform conditions, with the same instructions, time limits, etc. Tests are designed by sampling performance of other students, using results as a "norm" for judging achievement.

SUPPORTED EMPLOYMENT: Paid employment in community settings for persons with severe disabilities who need ongoing support to perform their work. Support can include on-the-job training, transportation or supervision.

TACTILE PERCEPTION: The ability to interpret and give meaning to sensory stimuli that are experienced through the sense of touch.

TOTAL COMMUNICATION: The combined use of finger spelling, sign language, speech and lip reading to communicate with persons who have a hearing impairment.

TRANSITION SERVICES: Describes the period between preschool and school, school and adult services, or any other period where careful planning is needed to ensure the smooth transfer of records and information and the continuity of programming from one setting to another.

VISUAL DISCRIMINATION: The ability to recognize small differences between similar and slightly different forms or shapes in alphabet letters such as p,g,q,b,d.

VISUAL PERCEPTION: The identification, organization and interpretation of stimuli received by the individual through vision/eyesight.

VISUAL MOTOR COORDINATION: The ability to coordinate vision with the movements of

the body or parts of the body.

VISUAL RECEPTION: The ability to gain meaning from visual stimuli.

VOCATIONAL EDUCATION: An educational program which provides training in daily living skills, occupational skills for paid or unpaid employment, and/or career preparation for students in postsecondary programs.