IEP Workshop
Building Teacher-Parent Partnerships

Professor Mary Noe, JD
Mary McCaffery, MS
Robert Meagher, PsyD
IEP Workshop

Win/Mac CD
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In Acrobat Reader, open PDF file: IEPworkshop.pdf

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Professor Mary Noe received her Bachelor of Arts (magna cum laude) from Brooklyn College and Juris Doctor from St. John’s University, School of Law. She teaches in the Legal Studies program of St. John’s University, College of Professional Studies, and is an adjunct professor teaching Special Education Law in St. John’s University, School of Law. Professor Noe serves as an Impartial Hearing Officer for the New York State Department of Education and presides over special education cases brought under the IDEA. She is a former Administrative Law Judge for the Office of Professional Medical Conduct in the New York State Department of Education.

Mary McCaffery graduated from Boston College School of Education (cum laude) with a BS in Secondary Education and from the New School for Social Research in Manhattan with an MS in Non-Profit Management. She taught business subjects at the Connecticut State School for Girls (Long Lane School). While raising her family, she digested cases on school law from the Courts of Appeal throughout the country. The digests appeared in newsletters published by Quinlan Publishing Company. Ms. McCaffery co-authored Quinlan’s manual for grant writers. She has served as a consultant to the National Business and Disability Council, Abilities, Inc., in Albertson, New York. She was elected Councilwoman in the Town of Oyster Bay, New York, and is currently a member of the Nassau County Planning Commission.

Robert Meagher earned his doctorate in Psychology from St. John’s University. He has taught on the elementary school level, and worked as a therapist for children and families at St. Vincent’s Mental Health Clinic in Brooklyn. He has also taught as an adjunct professor at New York University. Dr. Robert Meagher has over 20 years’ experience working as a school psychologist with the New York City Department of Education, where he evaluates students suspected of disabilities, works with parents and schools to determine appropriate educational programs, and participates extensively in legal proceedings regarding free appropriate public education settings for children with disabilities.
My first involvement in special education was at a school meeting for my son when he was six years old. The teacher, administrators and others who were present explained to me that my son was “wired” differently and therefore could not learn in the same way as other students. I remember thinking the use of the word “wired” was absurd to describe what goes on inside the brain. I sat and listened. I left and cried. My son plodded along with little success. After several years, armed with information and knowledge, I became a participant at the subsequent meetings, not just an observer, and managed to get the help my son needed.

On a professional level, the reason I went to law school was to help people. After graduation, I became a volunteer attorney for battered women and then a matrimonial attorney. There were no higher stakes in a civil lawsuit as far as I was concerned than the custody of a child. Later, after burning out of matrimonial law, it was a natural transition into the area of Special Education Law. A proper education can favorably influence the entire direction of a child’s life. As a Hearing Officer for the NYS Department of Education, Special Education, I listen to endless hours of testimony and read countless documents. What has become clear to me is that parents who can afford attorneys are able to advocate for their child much better than parents without attorneys.

There are over six million students classified with disabilities in the United States. Parents and Guardians who are knowledgeable about Special Education Law, and prepared to contribute as members of the IEP team, become invaluable members of that team and advocates for the student.
This book and DVD separate the volumes of information about special education into three categories: the three keys to preparation for an IEP meeting; the IEP document; and the law.

The DVD is designed to give an overview of each category. The unique feature of the DVD is that it lets you observe and compare an IEP meeting where the parent is not prepared, and not a contributing member of the IEP team, with a meeting where the parent is prepared and participates meaningfully at the meeting.

The book mirrors the DVD but provides more information for each category. There is a sample IEP highlighted to bring your attention to the critical parts of the IEP, as well as evaluations and sample letters you can use to write to the school requesting various information or meetings.

My coauthors are both knowledgeable and experienced in Special Education. They contributed valuable information and insight to this project and were always considerate of the delicate and difficult nature of the challenges a parent faces with a child with a disability.

For many parents like myself, it is difficult to understand that there might be something different about the way your child learns.

Some important matters to start!

- Talk over your concerns with family members
- Ask your pediatrician to recommend other specialists/experts and consult with them
- Arrange for any medical tests if necessary
- Discuss your concerns with your child’s teacher

It is important to save background information on your child.

—Mary Noe
Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living and economic self-sufficiency for the individuals with disabilities.

20 U.S.C. § 1400
CHAPTER ONE

The Keys to IEP Successes

Build Your Portfolio

Understand Evaluations

Know Available Programs
First Key

Build Your Portfolio

Build your portfolio with Parent Observations, Medical Records, School Records and School Evaluations to become a key participant on the IEP team that will eventually contribute towards the decision of the placement or program for your child.

Keep your records in chronological order with the latest date on top.

1. Parent Observations
   • Growth and developmental milestones (when the child walked, talked, etc.)
   • Comments on interaction with other children
   • How well does your child do homework?

2. Medical Records
   • All physicians’ reports
   • Diagnostic test results
   And Medical tests such as:
   • Neurological testing
   • Eye–ear exam
   • Ear, nose and throat (ENT)
   • Electro Encephograph (EEG)
   • Multi-resonant imaging (MRI)

3. School Records  *(request from school in writing)*
   • Student’s behavior in school as reported by teacher
   • Teachers’ correspondence (notes on conferences)
   • Report cards—past and current
   • Test results (classroom tests and standardized tests)

4. School Evaluations
   • Psycho-educational
   • Social History
   • Special evaluations such as Speech and Language
Second Key

Understand Evaluations
Understanding the evaluations is the key to your power.

The Evaluation: Typical Tests

- Physical Examination
- Social History
- Initial Evaluation
- Student Observation
- Other Specific Tests
- Psycho-Educational Evaluation
Each school district must reassess a special education student at least once every three years, and not more frequently than one time per year unless the parents and district agree otherwise.

**Definition of Evaluations**

- A physical examination from a medical doctor is arranged by the parent and details your child’s general health
- A psycho-educational evaluation is done by the school psychologist

There are four parts to the psycho-educational evaluation:

1. Reason for Referral: why the student is being tested
2. Background: history of student’s performance
3. Test Behavior: student’s relevant behavior while taking the tests
4. Test Results: IQ range (average, low average)

- Social History—school social worker interviews the parent to discuss the child’s strengths and weaknesses from the parent’s point of view
- This is based on observations of the child (on initial evaluation) in the classroom and possibly:
  1. in play with peers
  2. in the company of adults

Other specific evaluations done are related to the student’s disabilities, such as “Speech and Language.”

Re-evaluation may include some or all of the above.

**Review summary and recommendations from evaluations**

The Summary is the evaluator’s final conclusions based on the testing. The Recommendation is the evaluator’s opinion as to the program and/or services the evaluator is recommending for the student. Look for the summary and evaluations at the end of the report and read them carefully. If you don’t understand the report contact the evaluator and review it before the IEP meeting.
Second Key

Parent Evaluation Checklist

After reading your child’s evaluations, answer the following questions:

- Do the evaluations accurately reflect your child’s strengths and weaknesses?
- Do the evaluations contain accurate information?
- Compare the evaluations to your child’s report cards and class work. Are they similar or different?
- Are all the evaluations consistent with each other, or are there discrepancies?

If the answer is NO to any of the above questions then:

1. Highlight the discrepancies and list the reasons why you think they are wrong
2. Contact the Special Education Supervisor to review the discrepancies
3. Request new or additional evaluations
4. Arrange for your own private evaluations
5. Ask for independent evaluations at the school district’s expense
Psycho-Educational Evaluation
For Educational Purposes Only

Name:
Date of Birth:
Date of Evaluation:
School:
Grade:

Type of Evaluation:
Re-evaluation

Tests Administered:
Wechsler Individual Achievement Test-Second Edition (WIAT-II)
Sentence Completion
Child Behavior Checklist for Ages 6–18
Review of Records

Reason for Referral: (check for accuracy)
The parent has requested re-evaluation to attain additional services for student.

Background Information: (may be taken from the Social History—check for accuracy)
The student resides with his/her parents and his/her sister (14). The parent reported that
the student relates well with immediate and extended family members and is friendly and
outgoing. The student must be reminded often to follow directions and is unable to stay on
task for long periods of time. The student is in good physical health except has asthma and
takes medication as needed. The student attended nursery school at ages 3 and 4 and then
pre-kindergarten. The student was promoted to 1st and 2nd grade. The parent reported that
the student’s second grade teacher informed him/her that the student was unable to remain
seated or focused and was not reading on grade level. The student attends (name of school)
and is in a Collaborative Team Teaching program (check for accuracy) but is reported to not
have done well academically, especially in reading. The student struggles with homework
and does poorly on tests.
Psycho-Educational Evaluation (2)

As of 01/01/11, an Individual Education Plan (IEP) will classify student as Other Health Impaired and recommend 12:1 Collaborative Team Teaching.

Behavioral Observations:
The student is a 10-year-old of average height and slim build. He does not wear glasses. The student willingly accompanied the examiner to the testing site. Eye contact was adequate. Rapport was easily established and maintained. Student was friendly, pleasant and verbally spontaneous. The student’s language was age-appropriate. During the evaluation, when unable to answer questions, the student became frustrated and inconsistent with attention, focus and concentration. The student required consistent prompting to commence and complete tasks.

Cognitive Assessment:
The student was initially evaluated on 1/15/08 and performed in the Average range for overall intellectual potential on the SB:V. The student performed in the Average range in the Verbal and Nonverbal areas. For further information the reader is directed to read the report generated as part of the SB:V. (check for accuracy)
Education Assessment:
Wechsler Individual Achievement Test-Second Edition

<table>
<thead>
<tr>
<th>Reading</th>
<th>Standard Score</th>
<th>Percentile</th>
<th>Range</th>
<th>Grade Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Reading</td>
<td>109</td>
<td>73</td>
<td>Average</td>
<td>6-8</td>
</tr>
<tr>
<td>Comprehension</td>
<td>80</td>
<td>32</td>
<td>Below Average</td>
<td>2-3</td>
</tr>
<tr>
<td>Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math Reasoning</td>
<td>85</td>
<td>45</td>
<td>Low Average</td>
<td>2-4</td>
</tr>
<tr>
<td>Written Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spelling</td>
<td>94</td>
<td>34</td>
<td>Average</td>
<td>4-5</td>
</tr>
<tr>
<td>Area Scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td>110</td>
<td>75</td>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Mathematics</td>
<td>106</td>
<td>66</td>
<td>Average</td>
<td></td>
</tr>
</tbody>
</table>

- The student performed in the Average (check for accuracy) range in the Reading area and the below Average (check for accuracy) range in the Mathematics area of the WIAT-II.
- The student required prompting to read. He/she read well, did not always appear to comprehend the reading content and omitted some words. He/she consistently reread passages to answer questions.
- The student exhibited age appropriate skills in the Mathematics area and was able to solve written examples and respond to word problems. He/she worked at a slow pace and became disinterested at times and needed to be refocused.
- The student demonstrated age-appropriate abilities within the Written Language area on tasks for spelling words.
Informally, the student wrote sentences and a paragraph. His/her sentences were good but not well developed. The paragraphs lacked structure and a consistent theme.

The student required prompting to commence and complete both tasks.

Social/Emotional

The student was friendly, pleasant and verbal. Clinical interview and observation suggested a bright youngster who has the ability to work to his/her full potential academically but is easily distracted, loses focus and concentration. At times he/she seems to daydream. (check for accuracy)

The student says he/she likes school but is nervous when asked to complete a task and during testing. The student’s favorite subject is science. The student sometimes gets in trouble in school because peer teasing causes him or her to feel isolated. (check for accuracy)
Child Behavior Checklist for Ages 6–18

<table>
<thead>
<tr>
<th>Internalizing</th>
<th>T Scores</th>
<th>Percentile</th>
<th>Range</th>
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<tbody>
<tr>
<td>Anxious/Depressed</td>
<td>79</td>
<td>&gt;97</td>
<td>Clinical</td>
</tr>
<tr>
<td>Withdraw/Depressed</td>
<td>58</td>
<td>79</td>
<td>Normal</td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td>65</td>
<td>93</td>
<td>Borderline</td>
</tr>
<tr>
<td>*Social Problems</td>
<td>53</td>
<td>62</td>
<td>Normal</td>
</tr>
<tr>
<td>*Thought Problems</td>
<td>68</td>
<td>97</td>
<td>Borderline</td>
</tr>
<tr>
<td>*Attention Problems</td>
<td>64</td>
<td>92</td>
<td>Normal</td>
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<th>Externalizing</th>
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<td>Aggressive Behavior</td>
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<td>Normal</td>
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<tr>
<td>Social</td>
<td>47</td>
<td>35</td>
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<td>Anxiety Problems</td>
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<td>&lt;97</td>
<td>Clinical</td>
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<tr>
<td>Somatic Problems</td>
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<td>76</td>
<td>Normal</td>
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<tr>
<td>ADHD Problems</td>
<td>72</td>
<td>&gt;97</td>
<td>Clinical</td>
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<tr>
<td>Oppositional Defiant Problems</td>
<td>55</td>
<td>69</td>
<td>Normal</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>50</td>
<td>&lt;=50</td>
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<td>Internalizing Problems</td>
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<td>Clinical</td>
</tr>
<tr>
<td>Externalizing Problems</td>
<td>50</td>
<td>50</td>
<td>Normal</td>
</tr>
<tr>
<td>Total Problems</td>
<td>62</td>
<td>89</td>
<td>Borderline</td>
</tr>
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</table>

*These scales are not part of the Internalizing and Externalizing area scores, but are included in the Total Problem area scores.
Summary:
The student is a 10-year-old currently in the 5th grade at School X. She/he was classified as Other Health Impaired, and a 12:1 Collaborative Team Teaching program was recommended. The student has asthma but is otherwise in good health. This parent has initiated this evaluation to request funding for private school. The student performed in the Below Average range in Reading Area and in the Average range for Mathematics on the WIAT II tests. Clinical interview and observation suggests a bright youngster who has the potential to excel academically but is hampered by his/her lack of focus, concentration, distractible behaviors and daydreaming. The results of the behavior scale completed by the parent indicated functioning for Externalizing Problems is adequate but there are some difficulties with total Problems.

Recommendations:
1. The student may continue to benefit from a Collaborative Team Teaching program where he/she will be provided with remedial math and spelling skills.
2. Student may benefit from after-school instruction in reading.

Name of Evaluator:
Social History

Reason For Referral

The student is 10 years 11 months old and was referred for an evaluation by his/her mother. Student attends (name of school) and is in the repeating the 5th grade. Parent is requesting funding for private school because the parent stated that the student did not make progress in the public school. (check for accuracy)

School History

Parent reported that child was home until she/he was 4 years old, when the child was enrolled in pre-kindergarten at (name of school). Parent stated the student did well and got along with peers and teachers. Student was promoted to kindergarten and 1st grade but was having difficulty reading and was unable to keep up with class work. The teacher noted that child was unable to focus and sit still. Parent stated the student has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Parent is concerned because the student is failing most subjects and is unable to keep up with school work and homework. Student has recently withdrawn from playing with other students. Parent is requesting that student be placed in a private school (name) with a smaller class size and supporting services at the school district’s expense, because the public school has failed to provide student with an appropriate education. Parent states that the student is unable to complete homework assignments. Parent also has the student attend an after-school program and work with a tutor once a week. (check for accuracy)
Developmental History

Parent reported that she had a normal pregnancy and the child was delivered with no complications. Child’s birth weight was 7 pounds. Child talked at 18 months and walked at 12 months old. Child was toilet trained at 2 1/2 years. Parent stated that child achieved developmental milestones within the normal limits. Child eats well and has no problems sleeping. Child has allergies to pollen. (check for accuracy)

Health

Parent reports that the child is in good health and has good hygiene habits. Child’s vision and hearing are good. Parent was given a medical form and asked to submit a current medical report. Child takes no medications. (check for accuracy)

Student’s Social/Emotional Functioning

Parent stated that the student is a happy, caring and friendly child. Parent states that the student copes well with change. At times when the student is angry he/she will kick and bite. Parent has spoken to pediatrician and is better able to channel the student’s anger in more positive ways. The student likes to watch TV, play video games, swim and play soccer. The student has gone to summer camp. The student is responsible for cleaning his/her room, taking out the garbage and occasionally vacuuming. (check for accuracy)

Family

The student resides with his/her parents. The student’s father is a firefighter and the mother works at a dental office. The student has two other siblings, 15 and 13. When the student is disciplined, he/she is unable to watch TV or play video games. The student states he/she wants to be a chef. (check for accuracy)

Parental Expectations of Special Education Team

Parent was given due process rights booklet. (check for accuracy)

Summary

Student was referred for an evaluation by his/her parent, who is requesting funding for private school. (check for accuracy)
Private Evaluation
Compare to School’s Evaluation

Telephone: [Redacted]
Mailing Address: New York 10583
Name: Student
School: T.
Parents:
Age: 6–7
Address:
Grade: 1

Psychological Evaluation: 2/3/10, 2/8/10, 2/8/10, 2/14/10

Tests Administered:
Wechsler Intelligence Scale for Children Writing Samples, Bender Gestalt, Ravens Progressive Matrices, Spache Oral Reading Test, Sentence Completion, Boston Naming, Detroit Test of Learning Aptitudes, Wide Range Achievement Test, Brigance; Token Test, Quick Neurological Screening Test, Peabody Picture Vocabulary Test, Illinois Test of Psycholinguistic Abilities, Thematic Apperception Test Reversals, Frequency Test; Wepman, Beery, Buktenica Developmental Test House, Tree Person, Rorschach

Reason for Referral:
Mrs. M was referred by an Orton Gillingham tutor, wanted his/her six-year old child to have a psycho-educational evaluation to assess his/her current level of functioning and intellectual potential. The parents are concerned about student’s struggle to learn to read.

Brief Background:
Student is the second of two children. Student’s birth was uneventful and student achieved the developmental milestones within expectations. His/her general health, hearing and vision are described as good.
According to Mom, student is reported to be a well-liked, delightful youngster who has spent his/her summers at day camp.

Test Behavior:
Student presents as an adorable, friendly, cooperative youngster who sustained excellent eye contact. Student was comfortable conversing about a variety of topics and his/her level of conversation reflects the enriching environmental experiences to which student has been exposed. Sometimes, student took a long time to reply to questions but did not need to have directions and instructions repeated. Throughout the sessions, many reversals of letters and numbers were noted. Often, student appeared hesitant to guess but when student was encouraged to do so, student was invariably correct. The results obtained are felt to be an accurate representation of student’s current level of functioning.

Summary of Test Results
Wechsler Intelligence Scale

<table>
<thead>
<tr>
<th></th>
<th>106</th>
<th>66% Average range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal Comprehension Index</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceptual Reasoning Index</strong></td>
<td>108</td>
<td>70% Average range</td>
</tr>
<tr>
<td><strong>Working Memory Index</strong></td>
<td>107</td>
<td>68% Average range</td>
</tr>
<tr>
<td><strong>Processing Speed index</strong></td>
<td>114</td>
<td>96% Superior range</td>
</tr>
<tr>
<td><strong>Full Scale IQ</strong></td>
<td>114</td>
<td>82% Bright normal range</td>
</tr>
</tbody>
</table>
Interpretation of Test Results

Cognitive Functioning

With a chronological age of 6-7, student achieved a Verbal Reasoning Index of 106, 66th percentile, a Perceptual Reasoning Index of 108, 70th percentile, a Working Memory Index of 107, 68th percentile and a Processing Speed Index of 126, 96th percentile on the Wechsler Intelligence Scale for Children-Fourth Edition. Student’s Full Scale IQ was 114+/-5, 82nd percentile, bright normal range. His/her results on the Ravens, a nonverbal measure of reasoning abilities, were at the 90th percentile and suggest that student has more potential than demonstrated on the WISC-IV.

Outstanding strengths were evident in student’s ability to discern how two objects were alike. Student was remarkably adept at selecting pictures that were in the same category. Also, student demonstrated superb psychomotor dexterity and was able to reproduce a code accurately and quickly. These skills imply the ability to use facts and knowledge in a pertinent and meaningful manner.

No deficits were evident in any of student’s subtests, and his/her results all fell within the average range, 25th to 75th percentiles. Strengths were seen in his/her fund of word knowledge, social comprehension abilities, search for symbols and in his/her fund of information.

Student was unable to reproduce the Bender Gestalt designs in a satisfactory manner but his/her recall was good, five out of nine. Student struggled with impulsivity, integration of the figures and angularization. On the Berry, a more structured task, his/her results were somewhat better. The Peabody Picture Vocabulary Test, a measure of receptive vocabulary was administered. Student’s results were comparable to those of a seven year old. Although his/her Boston Naming Test results and Word opposites preclude word-finding difficulties, sometimes student struggled to express him/herself and searched for words in general conversation. Student had enormous difficulty repeating sentences and word sequences. Student was able to follow complex and lengthy instructions with ease. His/her results were excellent on the Token test.
Educational Achievement Reading Readiness

Student is able to sound blend, recognize the missing elements of words, discriminate word pairs and identify the differences in pictures, letters and words. Student had a hard time when presented with the Reversal Frequency Test and was asked to cross out the incorrect symbols. Student knows his/her initial consonants and is beginning to sound out unfamiliar words. Despite student’s efforts and good intelligence, the results of the Wide Range Achievement Test and Gallistel Ellis measures of structural analysis indicate that student lacks mastery on the easiest consonant-vowel consonant-words. As a result, student has no automatic way of attacking regularly appearing words. Even in context, student was unable to read the easiest passage on the Spache Oral Reading Test. Obviously, the silent reading, multiple choice Gates could not be administered.

The same deficits in student’s decoding were evident in his/her spelling. In response to a Norman Rockwell picture, student wrote the following, “mi techer is haply and ses m a god sudent!”

Arithmetic

The WRAT-R and Key Math, measure of mathematical computation were administered. Student has good understanding of basic concepts and applications but student has a hard time with simple basic addition.

Emotional Functioning

Conversations, observations, and projective data indicate student is a youngster who is hard-working and wants to please. Student presents as a child who is hesitant to guess because does not want to do the wrong thing. In response to the Rorschach cards, student was able to organize and synthesize his/her descriptions. Student views the world as others do. Student revealed empathy and adequate reality testing. There were no bizarre, contaminated or confabulated responses; however, infantile impulsivity, free-floating anxiety and concerns about how student appears to his/her peers were evident. Student views the world as a place that offers little control over the events that happen to him/her.
Summary

Student is a darling, appealing, hard-working youngster of bright-normal potential who has the readiness skills necessary for beginning reading. Despite his/her good intelligence, student has a weak short-term auditory memory and has not acquired the basic decoding skills usually mastered in first grade. The following recommendations are suggested to ensure that student learns to read and write in a manner commensurate with his/her potential.

It is important that student understand that his/her struggles are not his/her fault, and that student will do better when provided with the help required.

Student is a candidate for daily, individual, intensive (three hours a day), Lindamood Bell or Orton Gillingham remediation. Student needs to be taught to read and write using a rule-based, sequenced, structured, linguistic, phonetic, multisyllable approach. Student should never be asked to spell words that student is incapable of reading. It is essential that student receive this instruction during the summer as well in order to progress in his/her skill acquisition.

Student should have an educational reevaluation in September to assess progress and reorder priorities, if necessary.

DSM 315.0 Reading Disorder
315.2 Disorder of Written Language

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Definitions
Definitions

**Academic Achievement Tests and Speech Tests**—May use age to indicate the student’s scores or grade equivalent scores. (See also grade equivalent scores.)

**Adaptive Behavior**—A description of how the student copes with life skills. Issues include socialization, communication, motor skills, and grooming.

**Adaptive Physical Education (APE)**—A physical education program designed for students with disabilities. Where possible, the activities should be similar to general education gym programs.

**Age-Appropriate**—Achievement that is consistent with a student’s developmental level or chronological age.

**Age Equivalent Score**—Test scores expressed as grade level, e.g., 5th grade, sixth month.

**Annual Goal**—Statement describing the anticipated growth of a student’s skill and knowledge written into a student’s IEP.

**Annual Review**—A yearly meeting to determine if current services from an IEP should be continued without changes, or modified. The meeting may include new evaluations. Annual reviews are mandatory.

**Applicable Law**—State laws must meet and comply with the minimum standards set by federal law. The state may then set higher or additional standards.

**Applied Behavioral Analysis (ABA)**—A teaching technique that is used most often with a child who is autistic. Services for these students are provided 1:1 (one teacher per student), or in a very small group. Data is taken on each specific behavior. (See Discreet Trial, TEACCH, and Floortime.)

**Appropriate**—An educational plan that meets the student with disabilities needs so that the student can make meaningful progress.

**Approved Private Schools**—A state-approved, nonpublic school where tuition is paid by the student’s home school district and parents are not obliged to assume financial responsibility.

**Assessment**—A full battery of tests to determine a student’s current level of emotional, behavioral, academic and intellectual functioning. Typically, the assessment would include psychological and educational evaluations, social history, occupational therapy, physical therapy and speech.