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2 DELIVERY OF INDIVIDUALIZED SERVICES TO STUDENTS WITH DIFFERENT LEARNING NEEDS

LEARNING OBJECTIVES

After studying this chapter, you will be able to meet the following learning objectives:

2.1   Describe how the five components of the ADAPT Framework are put into action.

2.2   Discuss the purpose of the three tiers used in the multi-tiered systems of support (MTSS) framework.

2.3   Explain the seven steps of the evaluation and identification process.

2.4   Summarize situations that can put children at risk for poor school and life outcomes.

2.5   List the required members of individualized education program teams.

2.6   Identify the individualized plans for students with unique learning needs: the four individualized education plans for students with disabilities and the additional statement for transition and the one for students who do not qualify for special education services.

2.7   Name four related services and the professionals who provide those services.

Opening Challenge

How All These Special Education Services Come Together

Elementary Grades. Mr. Taylor has been teaching fourth grade for several years, but he had not taught a student with severe and complex disabilities in his general education classroom. Until now, all his students with disabilities have had mild to moderate learning challenges, and he has always worked well with the special education teacher to meet those students' needs. It is November, and the school year is well under way. He has assigned his students the right instructional groups, has a good understanding of each student's strengths and struggles based on district assessments, and has arranged for the necessary accommodations for each student. The new student, Emma, is joining his class in a few days. She just moved to River City from another state, and her individualized education program (IEP) came with her. Because her previous IEP indicates multiple learning needs, the school's support team decided to immediately implement the River City's IEP process so that all services were in place for Emma when she starts her new school. As Mr. Taylor prepares materials for the upcoming IEP meeting, he begins to wonder, *"How many education professionals will be assigned Emma? Who will be at Emma's IEP meeting? How can I possibly meet all of her needs and still be sure that the rest of the students get the instruction they need?"*

    Secondary Grades. Ms. Rymes is a 10th-grade history teacher at Independence High School. She has been teaching for 7 years and has worked with students with learning disabilities (LDs), and attention deficit hyperactivity disorder (ADHD). This year, Ms. Rymes has several students with learning disabilities who have reading disabilities and one student who has a mild intellectual disability in the two history classes she teaches each day. Two students' IEPs are up for reevaluation, so Ms. Rymes has to attend those students' IEP meetings. She has not attended a reevaluation before, so she is unsure what to expect. She knows that the students' assistive technology (AT) needs must be considered in the meeting, but she is confused about what "considering" actually means. She is also concerned about the services her students might require and how providing those services works in high school classes. As she plans her lessons for the first month of school, she thinks about her inclusion of other students with disabilities. She plans to make an appointment with the special education teacher to discuss her students' needs and how their IEPs can be implemented in her classes. She also needs guidance to prepare for the upcoming IEP reevaluation meetings. Ms. Rymes wonders, *"What is in each student's IEP that I have to be mindful of for my instruction? What does an IEP reevaluation meeting entail? How is AT 'considered'? What services might be added to the IEPs and how will I be able to work with various professionals and teach my history classes? How is the special education teacher going to help me?"*

Reflection Questions

In your journal, write down your answers to the following questions. After completing this chapter, check your answers and revise them on the basis of what you have learned.

1. Are Mr. Taylor and Ms. Rymes overly concerned about being able to meet their students' needs? Why or why not?

2. What advice would you give them about working with special education teachers regarding any supports and services specified in their students' IEPs?

3. What kind of assistance should these teachers expect from the IEP team members?

4. Is Mr. Taylor justified in expressing concerns about the educational progress of Emma's classmates? Why or why not?

5. How can special education and related service professionals help Mr. Taylor and Ms. Rymes support their students' needs and enable them to teach the rest of their class?

6. How does the multi-tiered systems of support model affect instruction in these teachers' classes?

7. How can the ADAPT Framework be utilized to address the needs of students with IEPs in these teachers' classes as they provide an inclusive education for all their students?

For an education program to be appropriate for each infant, toddler, and student with a disability, it must be individualized. When education is appropriate, the results can be astounding. It is clear to us that there is no single answer to the individual educational needs of every student with a disability: no standard program, no single service delivery option, no single place where education is received, and no single curriculum. The idea of an appropriate and individualized education program has been verified and validated time and time again as the process enacted to develop IEPs for each student with a disability is applied. With this in mind, in this chapter we continue our presentation of the ADAPT Framework, which educators can use to make appropriate adaptations for individualizing their instruction for students with disabilities. As noted in Chapter 1, the Individuals with Disabilities Education Act (IDEA) indicates that students with disabilities must have access to the general education curriculum; adapting instruction can promote success in helping students not only access the curriculum but also benefit from appropriate instruction. Also, in this chapter you will be introduced to multi-tiered systems of support (MTSS)—including response to intervention (RTI) and Positive Behavioral Interventions and Supports (PBIS)—individualized plans, and students with special learning needs who do not fall under an IDEA disability category.

ADAPT IN ACTION

We introduced you to the ADAPT Framework in Chapter 1. Its five steps were highlighted in Table 1.1 and are fleshed out here in Chapter 2 in Table 2.1, where we provide examples of how the process works. Refer back to this chapter's Opening Challenge where Ms. Rymes has students with reading and learning disabilities. In the following scenario, she is seeking information from the special education teacher about how to work with these students in her history class.

Ms. Rymes Seeks Information

A: Ask, "**What am I requiring the student to do?**" Students must be able to read class materials, including the textbook and handouts.

D: Determine the prerequisite skills of the task. Students must be able to read text and comprehend the material.

A: Analyze the student's strengths and struggles. Ms. Rymes's students with learning disabilities do attend class every day and are able to work in small groups; they are able to read the materials but have difficulties comprehending the vocabulary and text content provided each day in class.

TABLE 2.1 ■ Using the ADAPT Framework				
A	**D**	**A**		**P**	**T**
ASK "What am I requiring the student to do?"	**DETERMINE** the prerequisite skills of the task.	**ANALYZE** the student's strengths and struggles.		**PROPOSE** and implement adaptations from among the four categories.	**TEST** to determine whether the adaptations help the student accomplish the task.
		Strengths	**Struggles**		
Students must be able to read class materials, including the textbook and handouts.	1. Read text. 2. Comprehend the material.	x	**x**	*Instructional delivery and instructional activity:* The special education teacher will teach the student a comprehension strategy. *Instructional materials:* The special education teacher will provide vocabulary study materials.	Weekly chapter tests will be assessed to determine whether the adaptations are promoting comprehension.

Her student with ADHD has difficulty focusing on the assignments, and her student with intellectual disabilities cannot read the grade-level textbook or supplementary reading materials.

P: Propose and implement adaptations from among the four categories. The special education teacher proposes that she teach the students with learning disabilities a comprehension strategy and provide vocabulary study materials to help them comprehend the textbook and handouts. The special education teacher suggests that she implement a study skills strategy for the student with ADHD and find a comparable text and supplemental reading materials with lower readability levels for the student with intellectual disabilities.

T: Test to determine whether the adaptations helped the student accomplish the task. Ms. Rymes gives chapter tests weekly and through progress monitoring directly assesses each student's reading abilities. Their responses to these assessments will be reviewed together to determine whether the adaptations are promoting comprehension.

You now have your first example of putting the ADAPT Framework into action. You will find many such examples across the text. Next, we discuss MTSS as a means for providing appropriate services to students with learning and behavior problems and also identifying students who require individualized instruction.

MULTI-TIERED SYSTEMS OF SUPPORT

Multi-tiered systems of support (MTSS) is the broad framework for tiered instruction and includes **response to intervention (RTI)** for academics and **Positive Behavioral Interventions and Supports (PBIS)** for behavior expectations and social behavior. See Figure 2.1 for a diagram of the framework. MTSS is a prevention and intervention model with the goal of identifying, providing necessary
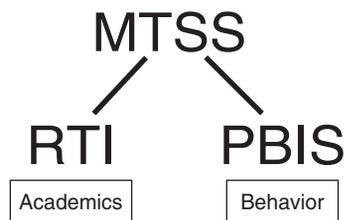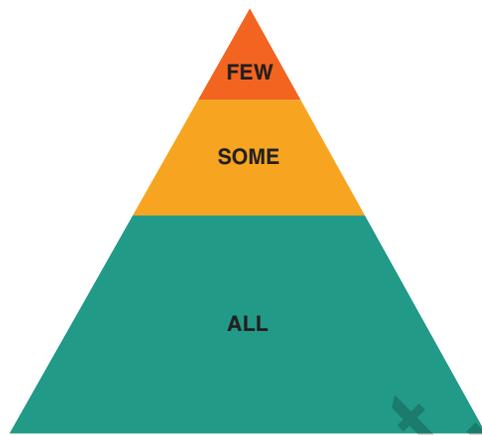
FIGURE 2.1 ■ The MTSS Schematic

MTSS

RTI   PBIS

Academics   Behavior

FIGURE 2.2 ■ The Three Tiers of MTSS, With Tier 1 at the Bottom of the Triangle and Tier 3 at the Top

FEW

SOME

ALL

Source: Courtesy of The Center for Positive Behavior Intervention and Supports.

supports, and improving each student's academic performance or reducing or eliminating inappropriate behavior. MTSS is considered a prevention model because the approach aims to bring assistance to students long before the path to school failure is set or they qualify for special education services. Figure 2.2 illustrates this three-tiered system: All students are supported in the first tier, Tier 1, with validated instructional procedures, whether for behavioral or academic issues or both. Tier 2 uses data-based individualization for those who cannot achieve the learning expectations in the general education class without additional supports. The most intensive tier, Tier 3, is reserved for the few students who need the most intensive, individualized instruction or intervention.

Figure 2.2 shows the three instruction levels of the MTSS model: Tier 1, Tier 2, and Tier 3. Many school districts employ a three-tiered level of instructional support, although some districts offer four or more levels of instructional intensity. In this text, we use the more common three-tiered approach. Multitiered instructional support involves tiered levels of increasingly intensive intervention at the primary, secondary, and tertiary levels. Tier 1, the primary level, consists of high-quality, evidence-based core instruction for *all* students; approximately 75–90% of all students can benefit from this typical, core instruction. Tier 2, or secondary intervention, involves about 10–25% of students who have been identified through **universal screening** as being **at risk** and in need of intensified instructional support. Tier 3, the tertiary level, is more intense intervention and is appropriate for approximately 5–10% of students. This group of students continues to demonstrate poor performance in spite of receiving evidence-based instructional practices in Tiers 1 and 2; as a result, these students qualify for more intense intervention in Tier 3. However, for some students who perform very poorly during universal screening, the Tier 3 level of support may be immediately necessary.

RTI is a system of providing evidence-based instruction to all students and successively more intensive intervention to those students who demonstrate sustained academic problems. The RTI framework is used to intervene with struggling learners in the early grades with the intention of preventing referrals to special education because of inadequate instruction. Typically, a special education teacher

consults with the general education teacher to help determine what screening procedures to use, how to collect data on the student's performance in the area of concern, and what instruction or accommodations to provide. In Chapter 9, we explain how RTI is also used for early identification of specific learning disabilities, rather than relying on psychoeducational assessments to determine whether a discrepancy between intellectual ability and achievement exists. Chapter 9 provides details about how students with learning disabilities are identified and how learning disabilities influence academic learning.

PBIS is a schoolwide approach to reduce discipline problems, prevent behavior problems, deal with social and emotional problems, and provide intensive interventions for the small group or individual students who require that level of support. We provide more detailed information about Tier 3 services for behavior and social issues and the entire PBIS process in Chapter 10.

Whether to address behavior or academics, MTSS has some common features. As shown in Table 2.2, six essential components are included in the MTSS model. These combined components contribute to improved student outcomes.

Universal Screening

For academic areas, RTI universal screening includes measures that are brief and administered by teachers to all students in their respective grade level. Those students whose scores fall below a designated percentile, such as the 25th percentile (i.e., below average performance), receive further progress-monitoring measures to confirm that they have low performance compared to their typically achieving peers and to confirm that, without intervention, they will likely continue to show poor academic performance (Oates et al., 2021).

Progress monitoring involves systematically assessing student performance in relation to the delivery of intensive interventions. Progress-monitoring measures for academic areas, such as reading and mathematics, are brief assessments that teachers administer weekly or bi-weekly. The results from these measures are used to make instructional decisions about each student's progress in relation to intensive interventions; this is known as **data-based decision making**. Data are used to determine movement within the multitiered system and whether students are benefiting from intensive interventions.

The implementation of PBIS is schoolwide, involving everyone at a school, including the principal, school staff, teachers, paraprofessionals, and all related services personnel. The Center on Positive Behavior Interventions and Support (2021) provides many tools to assist schools implement all tiers for behavior and social skills, even a screening tool for universal screening. For this to occur requires substantial professional development and support. It also requires considerable communication. Often

TABLE 2.2 ■ Components of MTSS	
Essential Components	**Descriptions**
1. Universal screening	Schoolwide process of identifying students who are at risk for poor performance in learning or behavior
2. Tiered instruction	Tiered levels of increasingly intensive instruction at the primary (Tier 1 or core), secondary (Tier 2), and tertiary (Tier 3) levels
3. Effective interventions, both evidence-based practices and high-leverage practices	Use of interventions that have been identified through methodologically sound research procedures or proven effective over years of use that result in positive outcomes
4. Progress monitoring	Ongoing and systematic assessment of students' performance
5. Schoolwide approach	For both behavior and academic skills, the entire school is committed to its implementation
6. Parent involvement	For communication and follow through parents should be involved and committed to the process

schoolwide "buy-in" is more difficult at the high school level. High school educators typically give priority to academics, and these schools are much larger than the enrollment at elementary and middle schools. In addition, adolescents are seeking more independence and less adult authority. These challenges can be overcome by specific strategies for high school environments, such as sharing data that demonstrates the need for a schoolwide approach and including all school staff in the development of the PBIS plan to develop expectations and approaches for solutions to behavioral issues at the school (Martinez et al., 2019).

In Chapter 1, we stressed the importance of family involvement and engagement and do so again in this chapter and throughout this text. In fact, recall that parent participation is a requirement set forth by the Supreme Court in *Endrew F. v. Douglas County School District* (2017). When it comes to their child's behavior, often parents need assistance to prepare for the IEP meeting so the goals are better understood and families can participate in ways to improve behavior at both school and home (Kern et al., 2021). Also, educators need to pay special attention to their attitudes and practices to overcome barriers to the development of trust and effective home-school collaboration and foster equitable and positive home-school communication and shared decision making. Such relationship building is particularly critical for families of color (Witte et al., 2021).

Tier 1 (All)

Effective general education core instruction using evidence-based, validated practices is the foundation for *all* students and is typically aligned with state or national standards. High-quality core instruction for students with disabilities incorporates individualized plans and interventions, which increase access to the general education curriculum. As you learned in Chapter 1, the majority of students with disabilities receive a substantial proportion of their education in general education classrooms. Therefore, high-quality core instruction must be responsive to the needs of these students, but Tier 1 must also be responsive to the needs of struggling students, some of whom have not yet been identified as students with disabilities and others who will never qualify for special education services but have difficulties meeting the expectations of the general education curriculum.

Evidence-based practices, when integrated into the general education curriculum and teaching process, can and do make real differences for every student—those with and those without disabilities. We introduced many of these practices in Chapter 1, and we discuss them in more detail throughout this book as we talk about specific curricular areas such as reading, writing, and mathematics.

Tier 2 (Some)

Students who are identified as being at risk for having low academic performance during universal screening or through progress monitoring in the general education class require more-intensive intervention support. For these students, instructional features such as longer durations of instruction (anywhere from 10–20 weeks), smaller group size, adapted instruction (review the ADAPT Framework), and frequent progress monitoring are essential. The same is true for students who cannot meet the behavioral expectations of typical classroom settings. Because their inappropriate or disruptive behavior breaks the opportunities for academic learning, many of these students require Tier 2 support for both academic and social behavior. Special attention and intervention seek to prevent behavioral infractions. Those techniques you will learn more about in Chapter 10.
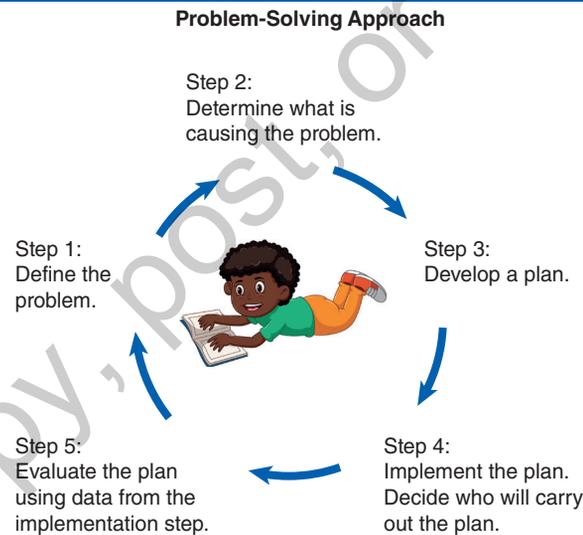
Tier 3 (Few)

In some but not all states, Tier 3 means special education services. Whether or not Tier 3 is reserved for students with identified disabilities, students who qualify for Tier 3 intervention did not make adequate progress during Tier 2 and demonstrate persistently low performance and require sustained and intensive services and instructional support. Students facing academic challenges typically perform below the 10th percentile on academic curriculum-based measures (see Chapter 9), which suggests that their ability to respond proficiently is limited. Those students who exhibit complex social, emotional, or behavioral problems typically have a **behavior intervention plan (BIP)** as part of their

IEP and receive services from highly prepared behavior analysts or teachers. Adjusting instructional features and individualizing as needs dictate are critical for students in Tier 2 and particularly for those in Tier 3. It is important to know that states and school districts leaders may have different guidelines and approaches for the implementation of MTSS. Therefore, you should review the guidelines and approaches for the state and school district in which you take a teaching position, whether in general education or special education. Although specific procedures for implementing RTI or PBIS are not stipulated in IDEA, a multi-tiered system must be used and is operationalized in different ways across states. For example, a problem-solving process and a standard protocol approach are common practices for operationalizing the MTSS framework.
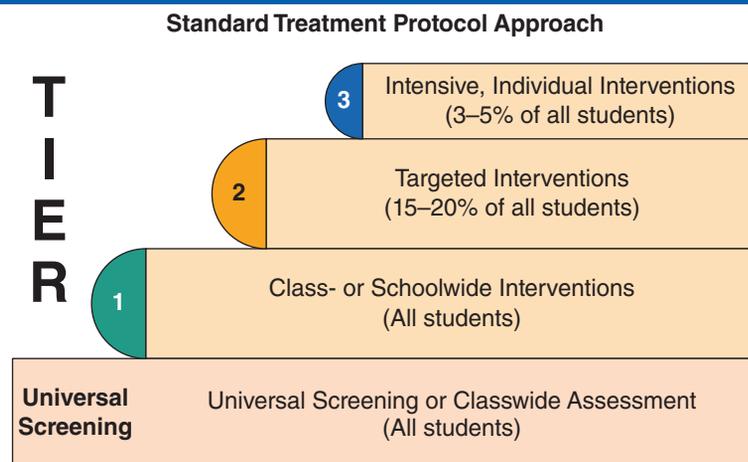
In the problem-solving process, the RTI team uses the procedures shown in Figure 2.3 for each of the tiers. The problem-solving approach involves team decision making and the use of intervention options to meet the individual needs of students with learning or behavior problems.

In Figure 2.4, the standard treatment protocol approach is illustrated. For Tier 2, this approach may involve scripted lessons or standard intervention procedures for behavior, for instance, to ensure that regardless of who is teaching the students, the instruction or interventions remain consistent and are implemented with **fidelity**. In Tier 3, although a standard treatment protocol approach may still be used, given the severe and sustained needs of Tier 3 students this approach includes adaptations for

FIGURE 2.3   ■   Problem-Solving Approach for MTSS

Problem-Solving Approach

Step 1:
Define the problem.

Step 2:
Determine what is causing the problem.

Step 3:
Develop a plan.

Step 4:
Implement the plan. Decide who will carry out the plan.

Step 5:
Evaluate the plan using data from the implementation step.

FIGURE 2.4   ■   Standard Treatment Protocol Approach

Standard Treatment Protocol Approach

T I E R

3 Intensive, Individual Interventions (3–5% of all students)

2 Targeted Interventions (15–20% of all students)

1 Class- or Schoolwide Interventions (All students)

Universal Screening Universal Screening or Classwide Assessment (All students)

Source: The IRIS Center (2018) https://iris.peabody.vanderbilt.edu/module/rti01.

individualizing the intervention, as needed. Regardless of which approach is used, practices identified in Table 2.2 are still employed.

Now we turn our focus to a discussion about the procedures for evaluating and identifying students for special education services.

THE EVALUATION AND IDENTIFICATION PROCESS

IDEA mandates that an individualized program be delivered to every infant, toddler, and student who is identified as having a disability and needing special education. The purposes of these individualized programs are to ensure that each individual

- receives a free appropriate public education;
- is provided an education in the least restrictive environment;
- receives education specific to the student; and
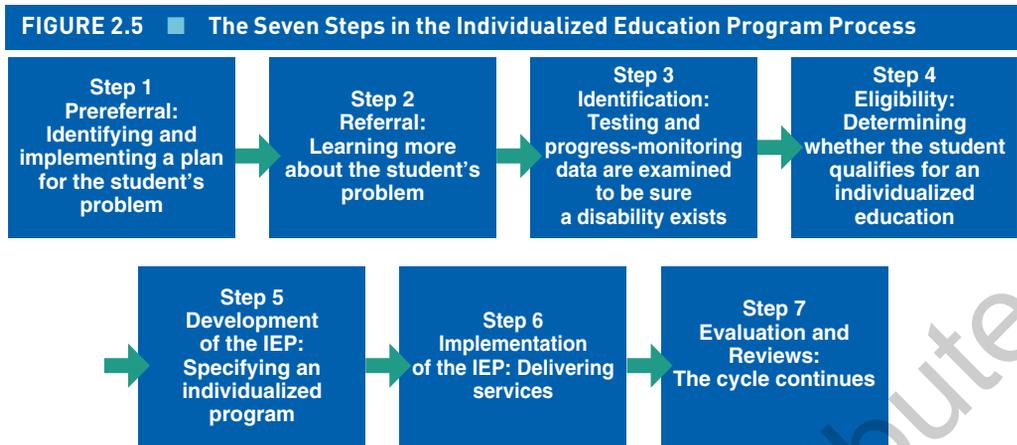- is provided services with the expectation of outstanding results.

Students' IEPs are the plans or road maps created to guide instruction and the delivery of services that are the foundation for an appropriate education. Although some students with unique learning needs or disabilities receive accommodations for their special conditions through Section 504 of the Rehabilitation Act, only those with disabilities defined by IDEA are required to have IEPs. Thus, some students with a disability (e.g., a limb deficiency that does not affect educational performance) who do not require special education services do not have an IEP, though in some states they might have what is often referred to as a **504 plan**. Conversely, sometimes students without disabilities do have an IEP. For example, in some states, students who are gifted or talented are included in special education. Although education of these students is not included in the federal special education law, those states often take their lead from IDEA and develop IEPs for students who are gifted or talented.

IEPs focus on students' strengths and on their individual needs. Parents and school districts' education professionals must agree on these plans for the delivery of special services. IDEA is very specific about the requirements of IEPs and the process to be used in their development and implementation (71 Fed. Reg. 46539 [2006]). The law spells out the minimum processes or steps that are to be used when developing individualized programs offered under the auspices of special education. States often impose further requirements in addition to those that are outlined in IDEA and monitored by the federal government. Because there are many local variations on the rules surrounding IEPs, we present here what the national law requires and do not address specific regulations that various states expect school districts and teachers to follow.

The formation of an individualized program can be organized into seven steps (see Figure 2.5), beginning with **prereferral** and ending with evaluation and reviews of a student's program:

1. Prereferral
2. Referral
3. Identification
4. Eligibility
5. Development of the IEP
6. Implementation of the IEP
7. Evaluation and reviews

Now let's look at these seven steps in more detail to get a better understanding of what each means and how they form the IEP process.

FIGURE 2.5 ■ The Seven Steps in the Individualized Education Program Process

Step 1 Prereferral: Identifying and implementing a plan for the student's problem	→	Step 2 Referral: Learning more about the student's problem	→	Step 3 Identification: Testing and progress-monitoring data are examined to be sure a disability exists	→	Step 4 Eligibility: Determining whether the student qualifies for an individualized education

→	Step 5 Development of the IEP: Specifying an individualized program	→	Step 6 Implementation of the IEP: Delivering services	→	Step 7 Evaluation and Reviews: The cycle continues

Step 1: Prereferral

At this first step, the general education teacher and the school's support team ensure that the target student has received high-quality instruction and additional instructional assistance, if necessary. During this step and as required by IDEA, the school's support team must become confident that neither poor teaching (the application of practices that are not evidence based) nor a need to learn the English language explains the student's inadequate performance. The team may be called a prereferral team, a multidisciplinary team, or an RTI team if the RTI model is utilized. The purpose of the team is to

- document and explain how and when the student is struggling;
- determine the effectiveness of classroom adaptations and additional assistance;
- monitor the student's progress during the application of high-quality instruction; and
- prevent inappropriate referrals

For schools that are implementing an RTI framework of assessment and interventions, activities include screening students for learning or behavioral difficulties, implementing evidence-based practices, and documenting student responses to these practices. In general, before any formal referral for special education services is made, teachers, school-based education professionals, and family members work together to determine whether the general education teacher alone can resolve a student's educational or behavioral difficulties. The assessments used during this step are intervention based and conducted in the student's general education class using the direct measures of performance outlined in data-based individualization (Morris-Mathews et al., 2020). Teachers implement evidence-based, effective teaching practices and use assessment measures to document how students respond to this instruction. They also systematically differentiate instruction more intensively to address individual learning or behavioral needs.

Prereferral activities are intended to address individual students' learning or behavioral needs through the use of effective practices to prevent unnecessary referrals to special education, which are costly in time, money, and resources for formal assessments. You as a teacher may receive both assistance and consultation from specialists during this phase of the IEP process. Students whose learning remains challenged—those who continue to struggle—are referred to special education and the next step of the IEP process.

Step 2: Referral

There are different reasons for referring students to special education. For example, typically, the referral process begins sooner for children with very severe disabilities because their disabilities are obvious at birth or during infancy or in early childhood, as is often the case with students with autism (see

Teachers and families may be involved in the prereferral step. Prereferral activities are intended to address individual students' learning or behavior needs to prevent unnecessary referrals to special education.

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Chapter 5 for a discussion about autism and Chapter 6 for a about less frequent disabilities). Children with visible indications of a disability (e.g., facial differences resulting from Down syndrome or use of hearing aids due to a hearing impairment) or other signals of significant developmental delay (e.g., an 18-month-old child not walking independently or a 3-year-old not talking) are usually identified early and receive early intervention services during infancy and their preschool years.

Other signs involving young children often trigger referrals. For instance, young children who are at risk of having disabilities because of improper prenatal care, low birth weight, accident or trauma during infancy, or child abuse can be referred for possible special services. A toddler who does not respond to loud sounds and is not walking by age 2 and a preschooler who has excessive tantrums are both candidates for early referrals. These students likely have received special education services for years. Why is this so? For infants, toddlers, and preschoolers, IDEA stresses the importance of an activity called **child find**, wherein those with disabilities are actively sought (71 Fed. Reg. 46539 [2006]). In these cases, referrals can come from parents, a social service agency, public health nurses, daycare professionals, or a medical doctor. Such children and their families usually come to school expecting an individualized education because they have received multidisciplinary services during the preschool years.

Other reasons for referral during the elementary or secondary school years focus more on academic difficulties and behavior problems. For example, students whose academic performance is significantly behind that of their classmates despite having received RTI Tier 2 or Tier 3 interventions are prime candidates for special education referrals. Also, those students who continually misbehave and disrupt the learning environment despite PBIS often draw the attention of their teachers and are targeted for intervention and (ultimately) referral for special education services. Documentation of academic and behavioral interventions already conducted and data from progress-monitoring procedures are part of the information that is used during the referral and identification steps.

It is important to know that cultural and linguistic diversity (CLD) alone (students who speak languages other than English) is not a reason for a referral to special education. As you will learn in Chapter 4's section about the RTI framework and CLD learners, it is important for educators to distinguish the difference, for example, between limited English proficiency and a learning disability.

Step 3: Identification

Once a referral has been made, the student's formal evaluation must be initiated within 60 days. The purpose of the evaluation or identification step in the IEP process is to determine whether a student has a disability, whether special education services are required, and what types of services are needed.

Multidisciplinary teams consisting of professionals who have expertise in each area of concern conduct evaluations and assessment. Each member helps to evaluate the student's unique strengths and struggles. For example, if a student is suspected of having a language impairment, a **speech/language pathologist** is a member of the team. If there may be a hearing problem, an **audiologist** participates, and so on. For students who are 16 years old or older, evaluation includes assessments related to the need for transition services for moving either from school to work or from secondary to postsecondary education (Office of Special Education Programs [OSEP], 2017).

Evaluation and assessment information can come from a broad range of sources, including the student's parents and family members. The professional who actually coordinates the identification process varies by state and district. In some states the assessment team leader is a school psychologist, an educational diagnostician, or a psychometrician. In other states, a teacher from the student's school leads the team's efforts.

During the identification step, many different types of data are used to inform the team about the student's abilities and possible issues. Medical history, information about social interactions at school and at home, adaptive behavior in the community, and educational performance are considered. Tests of intelligence, of academic achievement, and of acuity (vision and hearing) are usually part of the data used to make identification decisions about students and their potential special education status. Other information such as AT evaluations, school observations of classroom and social behavior, examples of academic assignments, curriculum-based measurements of reading and mathematics skills obtained as part of the RTI approach, and portfolio samples of classroom performance also are important pieces of evidence used in this step of the IEP process.

Together, data from these sources are used to develop a profile of the student. One result of the identification step of the IEP process can be a determination that the individual does not have a disability. In these instances, the IEP process is discontinued. For those individuals who do have identified disabilities, this phase of the process results in a baseline of performance data to guide the development of the IEP and, later, to help judge the program's effectiveness.

Step 4: Eligibility

The information from the identification step is used to determine eligibility for special education services. To receive services through IDEA, the student must have one of more the disabilities we outlined in Chapter 1. In addition, the disability *must adversely affect the individual's educational performance.* The education of those students who do not meet the eligibility requirements remains the sole responsibility of general educators. However, if collectively the information from Step 3 indicates a disability for those students, then the IEP team determines what components of the full range of special education and related services are needed so that an appropriate education can be planned and ultimately delivered. In some cases, students do not require services from a special education teacher, but rather a related services provider. For example, a student with a physical disability whose academic performance is relatively on par with classmates may only require services from a physical therapist. The education of those students with disabilities who are eligible for special education services becomes the shared responsibility of general education teachers and administrators, special education teachers and administrators, and the appropriate related service professionals.

Step 5: Development of the Individualized Education Program

After thorough completion of the prereferral, referral, identification, and eligibility steps of the IEP process, it is time to develop the actual individualized plan—the roadmap to FAPE. As you learned

in Chapter 1, the U.S. Supreme Court, in its 2017 ruling *Endrew F. v. Douglas County School District*, requires that the educational program outlined must be of high quality and include goals that are more than de minimus and have high expectations. To ensure challenging, ambitious, and attainable educational programs, the foundations for the IEP are laid out in **present levels of academic achievement and functional performance (PLAAFP)** statements (The IRIS Center, 2019a). This relatively new component of every IEP must include descriptions of the following:

- the student's current needs in academic and/or functional skill areas, such as social skills, communication, independent living, and/or mobility;

- how the disability affects inclusion in the general education curriculum;

- current levels of performance in terms of providing baseline data against which progress will be measured and evaluated;

- the appropriate special education services that aim to meet the student's annual goals. (IDEAs That Work, 2018)

Different plans are designed for different age groups (e.g., infants and toddlers, school-age students) and different needs of students (e.g., behavior intervention plans, 504 plans). We describe each of these plans in the next section in some detail, but regardless of the specific plan, their development follows the general guidelines used in the IEP process. For now, it is important for you to know that parents and the education professionals who are all part of the student's IEP team make important decisions about what services and placements constitute an appropriate education for this individual at this step of the IEP process. The assessment results are used to help make these decisions. It is at this point that the IEP team begins its work to outline the individualized education needed for each student. Collectively, the team members, who include parents and the student (if appropriate), now use the knowledge they have gained to identify resources needed for that student to access the general education curriculum, determine the appropriate goals for improvement, and then craft a high-quality education program for the student. Of course, goals must include greater success with the general education curriculum or independence and a community presence later in life. It is at this point that the services and supports that become part of the student's appropriate education are specified.

Step 6: Implementation of the Individualized Education Program

Once the IEP is developed, the student's services and individualized program begin. The IEP contains components that stipulate what constitutes an appropriate education for the student, the extent to which the student participates in the standards-based general education curriculum, the accommodations or adaptations the student receives both for instruction and for assessment, and the array of multidisciplinary services from related service providers that supports the student's educational program. For students with severe disabilities, such as significant cognitive disabilities, who may be participating in a different curriculum or whose goals differ from those of the general education age-appropriate standards-based curriculum, alternative academic achievement standards and alternative assessments should be aligned and noted on the IEP.

Minor adjustments in students' goals or in the benchmarks that indicate attainment of those goals do not signal a need for a new IEP or another IEP meeting; services continue. However, major changes in goals, services, or placement do require parents to be notified in writing. Some changes, particularly if they involve a more restrictive placement, may necessitate a meeting of the IEP team and the parent or guardian. Most often, this situation arises when issues surrounding discipline are the reason for the change in placement or services. Later in this chapter, you will learn more about behavior intervention plans (BIPs), which must be developed as part of students' IEPs when serious behavioral infractions (e.g., bringing guns or drugs to school, fighting, or being out of control) occur. Also, in Chapter 10 you will learn about effective interventions that should help resolve behavior issues, which affect both the individual and their classmates when rules are violated.

Step 7: Evaluation and Reviews

IDEA requires accountability for each IEP developed. IEPs must be reviewed annually. Concerns about the paperwork and administrative burdens on educators and administrators have been voiced since the initial enactment of IDEA. However, in a detailed study, the U.S. Government Accountability Office (GAO, 2016) determined that consensus among educators, school district officials, and state education agency administrators was that the benefits of the IEP process outweigh such concerns. The purpose of the IEP and ensuing review meetings is to ensure that students are meeting their goals and making educational progress. Because accountability measures determine whether the student is making progress, educators are careful to describe expectations for tasks and skills the student needs to learn in terms that can be evaluated. Whether the IEP process is for an infant or toddler (an IFSP) or for a schoolchild (an IEP and possibly a transition component), the expectation is that frequent assessments of the individual's performance will occur and annual IEP reviews ensure collaboration among all educators, related service providers, and families.

RISKS FOR DISABILITIES AND SPECIAL EDUCATION IDENTIFICATION

Many reasons explain why so many children and youth find themselves at risk for being identified as having disabilities or unfortunate life circumstances. We strongly believe that all educators, in fact the public at large, need to understand the possible results of conditions that too many find themselves confronted with and what actions might resolve or lessen the impact of these unfortunate situations. For these reasons, we discuss risk situations in many places in the text.

Students are at risk for school failure or underachievement if their family situations, personal conditions, and life events negatively affect their school lives. Although educators may not be able to influence some of the many factors that place students at risk, they can make a difference in these students' education by carefully identifying academic, behavioral, and social problems that can result from these factors and then implementing and monitoring plans to address them. Here we discuss who is at risk, possible conditions that contribute to risk, and ways to tackle the problems.

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Definition of *At Risk*

Students who are at risk of being identified as having a disability or struggling at school may have experiences, living conditions, or characteristics that contribute to school failure. Informal experiences such as interactions with other children, interactions with adults, and activities contribute to language and cognitive development in the early years of a child's life. Students who have limited life experiences, lower expectations, and fewer academic opportunities because of family situations, family income, and even geography lag behind their peers right from the start before entering school. Living conditions such as poverty, neglect, homelessness, recent immigration, physically and/or verbally abusive situations (including bullying), and drug or alcohol abuse contribute significantly to the risk. In addition, students who struggle with depression, exhibit suicidal tendencies, are coping with the death of a loved one, or are experiencing a divorce in their family may also have limited capacity to cope with the demands of the educational setting and are also at risk for poor school outcomes. Careful coordination and collaboration between the family and a team of professionals (e.g., social workers, school counselors, medical professionals, psychologists, and educators) are needed to tackle the challenges caused by these conditions. All students at risk benefit from academic and social support services and often respond to the same instructional practices that help students with disabilities learn the general education curriculum.

Educational and life challenges often contribute to students' giving up and dropping out of school. Although the dropout rates for all students improved from 2010 to 2019 from 8.3% to 5.1%, the rates are still disproportionate across students from different backgrounds (National Center for Education Statistics, 2021). The highest dropout rates were among American Indian/Alaska Natives (9.6%), Pacific Islanders (8%), Hispanics (7.7%), and Blacks (5.6%). Unfortunately, the economic and employment picture is bleak for students who drop out of high school because they lack the education and experience employers seek in more competitive high-salary positions.

Conditions That Contribute to Risk

Many conditions that contribute to risk affect students' performance in schools. In this section, we discuss several of these risk factors to help you better understand them as you work with children in inclusive settings. Here are just a few examples:

- poverty,
- homelessness,
- migrant or immigration status, and
- the conditions of some schools.

As you will see from the data presented, it is likely that as a teacher you will have students who face challenges from at least one of these circumstances.

Poverty

The link among childhood poverty, poor school outcomes, and disabilities is clear and well documented (Taylor, 2017). The most important predictor of student success in school is readiness to learn to read. Unfortunately, many children from high-poverty homes enter school with limited readiness skills. The percentage of students who are eligible for free or reduced-price lunch is the common indicator used for the percentage of students who experience childhood poverty. The percentages are most alarming! Students who attend high-poverty schools are Hispanic (38%), Black (37%), American Indian/Alaska Native (30%), and Pacific Islanders (23%); only 7% of White students attended such schools (NCES, 2023).

The COVID-19 pandemic revealed to educators another great disparity between students of poverty and those from more affluent homes. It is clear that access to the Internet has become increasingly

important in the lives of most Americans. In fact, many of us can't imagine a world without access to social media, e-mail, television shows, online shopping, and so much more. Many administrators in large urban school districts had not considered the impact and challenges of remote learning, distance education, and schooling of many of their students. Parent levels of education and income were directly related to better Internet access for their children. Although in 2020 only 6% of U.S. students had no access to the Internet at home (Hussar et al., 2020), only 16% of all households had consistent access to the Internet and a computer available for educational purposes (Annie E. Casey Foundation, 2021). Most of the students affected attended high-poverty schools in both urban and rural areas. The long-term impact of a lost school year because of no or limited access to the Internet will not be known for years, but the short-term consequences for these children with and without disabilities was devastating (Colvin, 2021).

Homelessness

Homeless is not equally distributed across the nation and is more concentrated in large cities and among those served by the Bureau of Indian Affairs (National Center for Homeless Education, 2021). In the 2019–20 school year, almost 1.3 million (2.5%) of all students enrolled in public schools experienced homelessness. Students with disabilities (19%), English learners (17%), and migratory students (1%) represented a large proportion of homeless students. However, students of color were disproportionately represented. Although White students accounted for 46% of all students enrolled in the public schools, 26% of them were homeless. However, although Black students represent 15% of all students, this group represented 27% of all homeless students. Hispanic students accounted for 28% of all students but 38% of students experiencing homelessness. Though students with disabilities attending public schools represent almost 14% of the overall student population, 19% of homeless students have an identified disability. Additionally, 31 states report that at least 20% of their homeless students have a disability (National Center for Homelessness, 2020, 2021).

Migrant and Immigrant Status

Along with homeless children, children of immigrants and migrant workers often experience disruption and dislocation—circumstances that can be challenging as they try to cope with frequent transitions from school to school. Children who live in shelters may be embarrassed or afraid they will be judged or stigmatized because of where they live. These students often change schools every few months, breaking the continuity of their education and leaving gaps in their knowledge that result in reduced academic achievement. Educators must understand that their low academic performance occurs because of many factors, including fragmented education, absenteeism, and high risk for health problems.

Conditions of Some Schools

Many school environments contribute to risk for students for a number of reasons, including low performance. Although many of the risk issues that we highlight next are not within teachers' control, they are issues everyone must be aware of and seek the support of policy makers and school officials at the state and local levels to resolve. As you have just learned, a very high proportion of diverse and poor students attend urban public schools, and the conditions of these schools contribute to learning challenges (Bassetti, 2018). Here are some examples. Urban school districts tend to receive less funding than their suburban counterparts, in part because all districts are funded, at least in part, through local property taxes. Urban districts also require more funding because the school buildings are old, out of date, and in need of repair. They also tend to be larger, with greater student enrollments and crowded classrooms, making individualization more challenging.

School environments can be rated as at risk for a number of reasons, including low performance. Resources such as technology and instructional materials are typically limited, which means students do not have the same learning opportunities and experiences as their peers in better-resourced schools.

Students who are identified as "at risk" need teacher support for issues both academic and personal to help them thrive in school.

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Teacher turnover is exceptionally high, resulting in fewer experienced teachers and more first-year teachers to work with these students (Bassetti, 2018; Carver-Thomas & Darling-Hammond, 2017).

Once again, we emphasize that well-prepared teachers and high-quality instruction are critical components in student learning (Lee, 2018; Opper, 2019; Terada, 2019). Research shows that activities such as providing explicit and systematic instruction with multiple opportunities for practice, differentiating instruction based on assessment results, adapting instruction to meet students' needs, and monitoring student progress will improve students' academic outcomes. Unfortunately, unprepared teachers often do not have these skills. Throughout this text you will be learning more about specific effective, evidence-based practices that do make a real difference in the educational outcomes of students.

MEMBERS OF THE INDIVIDUALIZED EDUCATION PROGRAM TEAM

IDEA is very clear about membership on IEP teams (OSEP, 2006a). The exact language of the regulations is found in Table 2.3, but it is important for you as a teacher to remember that each IEP team is individually determined according to the specific needs of students and their disabilities.

As a teacher attending an IEP meeting for one of your students, you can be most helpful in ensuring that the right people are participating and contributing to the development of a meaningful IEP for your student. Review Table 2.3 and consider a student who faces motor challenges resulting from cerebral palsy. Emily is a very bright fourth grader, but she has difficulty engaging in class discussions because her speech is slow, deliberate, and difficult to understand. She uses a walker and finds it challenging to hold a pencil, but she can use a computer keyboard. IDEA is specific about the minimum representation of those members who make up IEP teams for students with disabilities. Who are those essential members? For Emily, IDEA allows for the inclusion of more multidisciplinary professionals. What additional members would be appropriate for Emily's IEP team? To answer these two important questions, it might be helpful to know more about the roles of IEP team members. Some of those roles and responsibilities are highlighted next.

TABLE 2.3 ■ Members of IEP Teams
According to the IDEA regulations, the public agency must ensure that the IEP Team for each child with a disability includes
● The parents of the child;
● A general education teacher who is or will be the student's teacher (if the child is, or may be, participating in the general education environment);
● Not less than one special education teacher who is an expert about the disability and its impact on school performance;
● A representative of the school district, often a special education director or coordinator or school principal;
● An individual who can interpret the instructional implications of evaluation results [this person may also be one of the other listed members, except for the parent];
● At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related service personnel as appropriate; and
● Whenever appropriate, the child with a disability.

Sources: OSEP (2006a, pp. 2–3); The IRIS Center (2019b).

Roles of Education Professionals

All education professionals working at every school are crucial to positive experiences for students with disabilities. It is surprising to us that after more than 30 years of including more and more students with disabilities in general education classes, the majority of teachers, most principals, and other education professionals still report that they feel ill-prepared to accept responsibilities associated with the education of these students (Johnston & Young, 2019; Mitchell, 2019). When teachers believe that are well-prepared and supported, they are more likely to believe that they will be successful with students with challenging educational needs (Galiatsos et al., 2019). Well-prepared educators can and do make a real difference in the lives and the educational achievements of their students (Cardichon et al., 2020). Teachers who use effective practices and monitor the effectiveness of the instruction they implement ensure that the IEP has outlined the right educational program for each student with a disability. We are confident that you, as a teacher thoroughly prepared with knowledge about effective interventions and the ADAPT Framework, will positively influence the lives of your students with disabilities, as well as others who struggle to meet the demands of the general education classroom.

The school principal has a key role in the IEP process (The IRIS Center, 2019c). Mistakes made can be very expensive to the child and family involved in terms of educational progress, but also to the school district in terms of financial costs and disruption of litigation. Principals who can create strong inclusive environments matter for teachers and students alike (Levin, 2021). Because principals often coordinate management efforts at their site, they help ensure the delivery of special education services, including monitoring the array of services indicated on every student's IEP, and facilitate the coordination of all services from professionals on each student's multidisciplinary team. For example, Emily receives services from a speech/language pathologist, a physical therapist, an expert in AT, and an **occupational therapist**. However, these members of Emily's multidisciplinary team are not permanent or full-time members of the school staff. Their schedules are complicated and often hard to coordinate because each is itinerant, having to travel from school to school, sometimes long distances, to work with individual students and their teachers who need their services across the school district. Also, these professionals often find themselves in crowded schools where they do not have sufficient space or appropriate places to work with individual students or to store their equipment. Principals can lead their school's staff to solve complex coordination issues that itinerant multidisciplinary team members often present, smoothing the way for efficient delivery of related services. Unfortunately, principals feel the least prepared in the area of supporting students with disabilities than all other aspects of their responsibilities (Johnston & Young, 2019).

The IEP process involves a number of important components:

- Prereferral and referral

- Evaluation

- Determination of eligibility

- Development of the IEP

- Implementation

- Annual review

- Re-evaluation to occur every 3 years

Although some students come to school already identified as having a disability and have received special services during their early childhood years, most do not. At the prereferral stage, general and special education teachers often work together to decide whether a formal referral for evaluation should be made. The general education teacher conducts in-class assessments using tactics of various intensities with and without accommodations. Often a special education teacher will consult and assist the general education teacher through this process. Although an actual referral can be made by the parents, it is most often made by school personnel. The parents *must* provide informed consent before an evaluation to determine whether their child has a disability that impacts educational performance. Also, the evaluation must begin within 60 days of the parents' formal consent or sooner if the state's regulations have a shorter timeframe.

The foundation of the development of the IEP rests with the student's evaluation and assessment in all areas of concern, whether it be academic or functional performance. During the next step, eligibility for special education services is determined by asking questions such as, Does the child have a disability? Does that disability affect educational performance? If the answer to either question is no, the process is terminated. If the answers to both questions are "yes," then the actual development of the IEP begins within 30 days. The IEP team, which is individually determined for each student reflecting the results of the evaluation, come together to set meaningful and measurable annual goals and identify the services the student will receive. The educational professionals who will collaborate and work together to achieve these important goals, the frequency and duration of services provided, the settings where the services will be delivered, how they will be evaluated, and most important, the methods and frequency of communicating with the child's parents, will be set.

Once the IEP is developed, its implementation is to be initiated as soon as possible. The student's progress should be monitored systematically and often. If adjustments need to be made to the IEP, the IEP team works together to address the reasons why adequate progress is not being made. The IEP and individual students' progress must be evaluated every 12 months and the IEP is updated accordingly. Every 3 years, the students are to be reevaluated to determine whether they are still eligible and require special education services.

Roles of Families

In Chapter 1 and here in Chapter 2, we discuss the 2017 Supreme Court case about Drew and his family's right to be involved in decisions about his educational program (*Endrew F. v. Douglas County School District,* 2017). Both IDEA and the Supreme Court stress the importance of involving families of students with disabilities in the IEP process and as members of their child's IEP team (Couvillon et al., 2018; 71 Fed. Reg. 46539 [2006]). The IEP process can help develop partnerships among parents and extended family members, schools, and professionals (Witte et al., 2021). This purpose should be actively fostered because the importance of these partnerships cannot be overestimated. When parent involvement is high, student alienation is lower and student achievement is increased. Educators need to recognize, however, that many parents believe schools control the special education process. As a result, many families feel disenfranchised or confused about rules, regulations, and the purpose of

special education. Most parents want to participate in their children's education, but sometimes they do not understand the educational system, particularly immigrant families.

Often, families need help to participate effectively in IEP meetings and in the resulting individualized programs (Kern et al., 2021). Here are some tips that teachers can give parents to help them better prepare to participate in IEP meetings (PACER Center, 2020):

- Plan ahead!

- Know when and where the meeting is being held.

- Make a list of important questions to ask IEP team members. Examples: What is my child's daily schedule? How is my child doing in school? Does my child have friends? How well does my child behave? What problems is my child having?

- Outline points to make about your child's strengths.

- Bring records regarding your child's needs, as well as concerns you might have.

- Ask for clarification.

- Be assertive and proactive but not aggressive or reactive.

- Listen and compromise.

- Remain involved with the professionals on the IEP team.

- Know about placement and service options and explore each with the team.

For families who do not speak English well enough to understand the complicated language used to talk about special education issues, participation may seem impossible (Witte et al., 2021). In such instances, schools must welcome family members and people from the community who are fluent in the family's native language and also knowledgeable about the special education process and procedural safeguards guaranteed to families through IDEA. The law encourages the family's maximal participation, so it requires schools to find interpreters to the fullest extent possible. Remember, it is the obligation of educators to include and inform parents and students about the efforts that will be made on their behalf.

Roles of Students

Review Table 2.3 and remember the importance that IDEA places on students participating in their own IEP teams, particularly when adolescents are about to transition out of high school. The law stresses student involvement because it has found that many students are unfamiliar with their IEPs and do not know the goals established for them. One result is a lack of ownership in the school program especially designed for them. Involving students has many benefits (Center for Parent Information and Resources [CPIR], 2017). Particularly if students are active participants, they can learn important skills needed in life. Here are two examples: **Self-determination** is the ability to identify and achieve goals for oneself. **Self-advocacy** consists of the skills necessary to stand up and advocate for what one needs to achieve those goals. These two skills are interrelated and can be fostered during the IEP process when students are involved (OSEP, 2017). Here are some ways in which older students can contribute to their IEP meetings:

- Describe personal strengths, weaknesses, and needs.

- Evaluate personal progress toward accomplishing their goals.

- Bring a list of adaptations and explain how each is helpful.

- Communicate their preferences and interests.

- Articulate their long-term goals and desires for life, work, and postsecondary schooling.

IDEA law stresses the importance of student involvement in their IEPs because, surprisingly, many students are unfamiliar with the content and the goals established for them within their IEPs. Involving students in the process has many benefits.

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Now, we will discuss individualized plans more specifically. Think about what you have learned in Chapter 1 and in Chapter 2 so far that could help you write an IEP with members from the multidisciplinary team.

INDIVIDUALIZED EDUCATION PLANS AND PROGRAMS

Five plans for individualized programs serve to coordinate and document what constitutes the appropriate education for each infant, toddler, and student with disabilities. The plans that guarantee an appropriate education to those with disabilities are as follows:

1. The IFSP—for infants and toddlers

2. The IEP—for preschoolers through high school students

3. An additional statement of transitional services—initiated at least by age 16 to help those students who require special education services to make successful transitions to independence, community living, and work

4. A BIP—for those students with disabilities who commit serious behavioral infractions

5. 504 plan—for students who do not qualify for special education services

Let's examine each of these plans in turn.

Individualized Family Service Plans (IFSPs)

Infants or toddlers (birth through age 2) who have disabilities or who are at great risk for disabilities were originally guaranteed the right to early intervention programs through the Education for All Handicapped Children Act (EHA), which was passed in 1986. That right continues today through IDEA. (For a review of IDEA legislation, see Chapter 1.) IFSPs are written documents that ensure that special services are delivered to these young children and their families. The IFSP is the management

tool that guides professionals as they design and deliver these children's special education programs. **Service managers** are the professionals who provide oversight and coordination of the services outlined in IFSPs. The key components of these early education management plans are as follows:

- The child's current functioning levels in all relevant areas (physical development, cognitive development, language and speech development, psychosocial development, and self-help skills)

- The family's strengths and needs in regard to the development of their child

- The major outcomes expected, expressed in terms of procedures, evaluation criteria, and a timeline

- The services necessary and a schedule for their delivery

- Projected dates for initiation of services

- The name of the service coordinator

- A biannual (every 6 months) review, with the child's family, of progress made and of any need for modifications in the IFSP

- Indication of methods for transitioning the child to services available for children aged 3 to 5

To many service coordinators and early childhood specialists, the IFSP is a working document for an ongoing process in which parents and specialists work together, continually modifying, expanding, and developing a child's educational program. Children and families who participate in early intervention programs often find these years to be an intense period, with many professionals offering advice, training, guidance, and personalized services, as well as care and concern. Also, the transition to preschool at the age of 3 can be particularly difficult and frightening. One reason for the difficulty is that services that had been delivered primarily at the family's home will now be delivered at a preschool. Therefore, IFSPs include plans for these youngsters and their families to transition from very intensive and individually delivered interventions to more traditional classrooms. IDEA allows states to give families the option of delaying entrance into school-based preschool programs by keeping their child in an early intervention program, but making this decision sometimes results in the family having to pay for some or all of the services (71 Fed. Reg. 46539 [2006]).

Individualized Education Programs (IEPs)

IEPs are the documents that describe the special education and related services appropriate to the needs of students with disabilities who are 3 to 21 years of age. These plans are the cornerstones of every educational program planned for preschoolers (ages 3 to 5) and students (ages 6 to 21) with disabilities (71 Fed. Reg. 46539 [2006]). IDEA delineated what the IEP must contain at the very least, and it is important that every educator know these key components:

- Current performance: The student's present levels of academic achievement and functional performance related to how the student's disability influences participation and progress in the general education curriculum

- Goals: Statement of measurable goals related to participation in the general education curriculum or to meeting other educational needs resulting from the disability

- Special education and related services: Specific educational services to be provided, including accommodations, program modifications, or supports that allow participation in the general education curriculum and in extracurricular activities

- Participation with students without disabilities: Explanation about the extent to which the student will not participate in general education classes and in extracurricular activities alongside peers without disabilities

- Participation in state- and districtwide testing: Description of assessment accommodations needed for these assessments or, if the student will not be participating, a statement listing reasons for nonparticipation and explaining how the student will be alternatively assessed

- Dates and places: Projected dates for initiation of services, where services will be delivered, and the expected duration of those services

- Transition service needs: A transition component for those students (beginning at age 16) whose goals are related to community presence and independence that is included in the IEP to identify postschool goals and to describe transitional assessments and service needs

- Age of majority: A requirement to inform students, beginning at least 1 year before they reach the age of majority, of those rights that transfer to them

- Measuring progress: Statement of how the student's progress toward achieving IEP goals will be measured and how parents will be informed about this progress

To stress the importance of including all of these components in each student's IEP, IDEA Part B regulations specify the procedures that school districts must follow to develop, review, and revise the IEP for each child. Remember that students with disabilities must have age-appropriate standards-based IEPs, which allow for access to the general education curriculum. Students with significant cognitive disabilities may qualify for alternative curriculum and assessments.

IEPs must be written for each student with a disability, so each IEP will be different. Remember Emily, who was described earlier in this chapter? She needs services from several related service professionals, such as a speech/language pathologist, a **physical therapist**, and an **assistive technologist**. Some students, such as in Ms. Cohen's classes, may need help only from a special education teacher or a paraprofessional. Other students may require assistance from many more members of a multidisciplinary team. Academic areas might be reflected, but so might areas not typically part of educational programs for students without disabilities (e.g., fine and gross motor skills and life skills). Services indicated on the IEP must be provided, and they cannot be traded for other services, such as more time in the general education classroom. Services not being readily available (including AT devices and services) is no reason for omitting them from an IEP: If the student needs the service, it must be delivered. In other words, if a student needs the services of an assistive technologist and requires some special equipment, those services and devices must be made available at no cost to parents. In addition, any changes in placement, related services specified in the IEP, or annual goals necessitate another IEP meeting and mutual approval by the family and the school district.

The contents of a student's IEP must be available to all educators who work with the student (71 Fed. Reg. 46539 [2006]). IEPs are meant to be a communication tool. Surprisingly, it is not uncommon for teachers to be unaware of the goals and services required by their students' IEPs. This situation leads one to ask how an appropriate education can be delivered when the educators who interact with students with disabilities do not understand what should comprise the students' education. The answer is obvious: An appropriate education cannot be delivered under these circumstances.

Transition Components of Individualized Education Programs

When IDEA was reauthorized in 1997, plans to help students transition from school to postsecondary experiences became a special education requirement. At that time, such a plan was a separate document—a mini-IEP of its own—for students age 14 and older that was called an individualized transition plan. Since the 1997 reauthorization of IDEA, these plans for assessments and services to prepare for postschool life, or statements of transitional services, are a part of the students' IEPs; they are not stand-alone documents. IDEA increased to 16 the age for initiation of the **transition component of IEPs**. Transitional planning is very important for high school students with disabilities and their families because these individuals' postschool outcomes have much room for improvement. Table 2.4 provides a template for an IEP and transition services.

TABLE 2.4 ■ IEPs and Transition Services

Statements

A statement of the child's present levels of academic achievement and functional performance including

- how the child's disability affects the child's involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled children) or for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities.

A statement of measurable annual goals, including academic and functional goals designed to

- meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and
- meet each of the child's other educational needs that result from the child's disability.

For children with disabilities who take alternative assessments aligned to alternative achievement standards (in addition to the annual goals), a description of benchmarks or short-term objectives.
A description of

- how the child's progress toward meeting the annual goals will be measured; and
- when periodic reports on the child's progress toward meeting the annual goals will be provided, such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards.

A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child and a statement of the program modifications or supports for school personnel that will be provided to enable the child

- to advance appropriately toward attaining the annual goals;
- to be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities; and
- to be educated and participate with other children with disabilities and nondisabled children in extracurricular and other nonacademic activities.

A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on state- and district-wide assessments.

If the IEP team determines that the child must take an alternative assessment instead of a particular regular state- or district-wide assessment of student achievement, a statement of why

- the child cannot participate in the regular assessment; and
- the particular alternative assessment selected is appropriate for the child.

An explanation of the extent, if any, to which the child will not participate with children who do not have disabilities in the regular classroom and in extracurricular and other nonacademic activities.

The projected date for the beginning of the services and the anticipated frequency, location, and duration of special education and related services and supplementary aids and services and modifications and supports.

Transition Services

Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP team, and updated annually thereafter, the IEP must include

- appropriate measurable postsecondary goals based on age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and
- the transition services (including courses of study) needed to assist the child in reaching those goals.

Rights That Transfer at Age of Majority

- Beginning not later than one year before the child reaches the age of majority (which is 18 years of age in most states) under state law, the IEP must include a statement that the child has been informed of the child's rights under Part B of the IDEA, if any, that will, consistent with 34 CFR §300.520, transfer to the child on reaching the age of majority.

Source: 71 Fed. Reg. 46539 (2006).

In 2018–2019, more students with disabilities graduated from high school with a standard diploma (about 72.6%) than in previous years, but too many still drop out of school (16.6%; OSEP, 2022). Completion rates vary greatly by type of disability. For example, 85.3% of students with speech or language impairments, 82.4% of students with hearing impairments, 82.1% of students with visual disabilities, 71.4% of those with autism, and 63.3% of students with physical disabilities complete high school. However, only 60.1% of students identified as having emotional or behavioral disorders, and 47.3% of those with intellectual disabilities, finish high school with a standard diploma.

Of course, high school completion rates influence participation rates in postsecondary opportunities. One reason why postsecondary education is important is that it is related to long-term life outcomes (e.g., greater annual earnings; Hussar et al., 2020). About 20% of enrolled undergraduates report having a disability. Although in 2017 more youth with disabilities enrolled in a 4-year college or university (48%); a smaller proportion (26%) enrolled in a community college, and only 1% enrolled in a technical school (Harvey et al., 2019). It is important to note the 4-year college undergraduates with disabilities had much lower graduation rates than those without a disability: some 40% as compared to 57% (Postsecondary National Policy Institute [PNPI], 2022). This in part may explain why in 2022 the U.S. Bureau of Labor Statistics reported that 19.1% of individuals with disabilities were unemployed but 63.7% of their counterparts without disabilities were employed. For both groups, employment rates were higher for those with higher levels of education. Workers with a disability were more likely to have part-time employment and work in service occupations.

It is also important for teachers who participate in transition planning to understand that, as adults, these individuals tend to engage in leisure activities less than individuals without disabilities. They participate in organized community groups at a rate much lower than would be expected, and they also get in trouble with the law more often than their typical peers (Harvey et al., 2019). Helping students set goals for themselves, gain work experience, and develop skills needed for independent living can be critical to the life satisfaction experienced by adults with disabilities (CPIR, 2017).

The transition component supplements and complements the IEP, and as you can tell, it has the potential to be very important to the long-term results of your students. Whereas the IEP describes the educational goals that a student should achieve during a school year, the transitional services part of the IEP focuses on the academic and functional achievement of the individual to prepare for adult living (OSEP, 2017). Transition components are designed to facilitate the process of going from high school to any of several postschool options: postsecondary education including vocational education, integrated employment (including supported employment), adult services, or community participation. The last years of school can be critical to the achievement of special education outcomes and to these learners' smooth and successful transition to adulthood.

Behavior Intervention Plans (BIPs)

When any student with a disability commits serious behavioral infractions, IDEA requires that a BIP, which is like an IEP but addresses the behavioral infraction, be developed (71 Fed. Reg. 46539 [2006]). Because inappropriate behavior is so often at the root of special education referrals, of teachers' dissatisfaction with working with students who have disabilities, and of lifelong challenges, we devote an entire chapter to behavior management, development of good social skills, and interventions for serious and persistent behavior issues (see Chapter 10).

Why did BIPs for students who have major behavioral issues become part of students' IEPs? One reason reflects concerns of Congress and the public about violence, discipline, and special education students. Although students without disabilities can be expelled for breaking school rules (e.g., for bringing guns to school or engaging in serious fighting), some students with disabilities cannot. These students can, however, be removed from their current placement and receive their education away from their assigned classroom(s) in what is called an interim alternative educational setting for up to 45 school days. Continued progress toward the attainment of IEP goals must be one intention of the **interim alternative educational setting (IAES)** placement. Students who cannot be expelled are those whose disruptive behavior was caused by their disability. Under the older versions of IDEA, this protection was called the stay-put provision. Through a process called **manifestation determination**,

educators figure out whether the disability caused the infraction. All students with disabilities who are violent or said to be out of control must have BIPs developed for them. These plans focus not only on the control or elimination of future serious behavioral infractions but also on the development of positive social skills. In Chapter 10, we provide information about how to write a BIP.

504 Plans

Section 504 of the Rehabilitation Act of 1973, which is being considered for re-authorization, is a civil rights law that prohibits discrimination against individuals with disabilities. It requires federal, state, and local governments to provide access to buildings and other public spaces to people with disabilities through such accommodations as alternatives to stairs (ramps and elevators) and barrier-free sidewalks (via curb cuts that allow wheelchairs to roll from sidewalk to street).

Section 504 also requires that teachers in publicly funded schools make accommodations and modifications for students with disabilities to ensure that they have equal access to an education. Because some students who receive services under Section 504 may not receive special education services, it is the general education teacher's responsibility to make those accommodations and modifications for the nonspecial education students. Let's review how students qualify for services under Section 504 and the educational accommodations that are available to them.

Qualifying for Services Under Section 504

There are students with special learning needs who are not covered under IDEA. However, they may qualify for services under Section 504 because the definition of disability is broader under Section 504 and extends beyond school age. To be eligible for protections under Section 504, the child must have a physical or mental condition that substantially limits at least one major life activity. Major life activities include walking, seeing, hearing, speaking, breathing, learning, reading, writing, performing math calculations, working, self-care, and performing manual tasks. The key is whether a person "has a physical or mental impairment which substantially limits one or more of such person's major life activities" (Yell, 2012, p. 96).

IDEA vs 504

If the student has a disability that adversely affects educational performance, the student is eligible for special education services under IDEA and would also be automatically protected from discrimination under Section 504. However, the opposite is not true: If a student has a disability that does not adversely affect educational performance, the student will not be eligible for special education services under IDEA, but the student will usually be entitled to protections under Section 504. For example, a student with AIDS, a student with attention deficit hyperactivity disorder (ADHD), and a student with chronic asthma are all protected from discrimination under Section 504. Each of these students may also be eligible for special education services under IDEA (under the category "Other Health Impairments" described in Chapter 5), but those decisions must be based on the specific educational needs of each student (Wrightslaw, 2015). Remember, to qualify for services offered through IDEA, the condition or disability *must* substantially impact educational performance. Students with conditions such as drug or alcohol addiction, temporary disabilities resulting from accidents, attention problems, or chronic health issues can qualify as having a disability under Section 504. Although no funding is attached to this legislation, school districts and general education professionals are expected to implement measures to address any special conditions they believe would jeopardize a student's ability to learn.

Providing Educational Services Under Section 504

Under Section 504, students who qualify as having a disability are assessed, and a 504 plan is developed and monitored (see Figure 2.6 for an example). The plan includes accommodations and adaptations, identifies the person(s) responsible for implementation, and lists the procedures for monitoring

> **FIGURE 2.6 ■ Section 504 Sample Plan**

Sample Components of a 504 Plan for a Student with Diabetes

Student's Name: _____

Birth Date: _____Grade: _____Type of Diabetes: _____

Homeroom Teacher: _____ Bus Number: _____ Date: _____

Objectives/Goals of this Plan

The goal of this plan is to provide the special education and/or related aids and services needed to maintain blood glucose within this student's target range of _____ and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student's personal health care team.

1. **Provision of Diabetes Care:** Designated individuals will receive training to be Trained Diabetes Personnel (TDP).

2. **Student Level of Self-Care and Location of Supplies and Equipment:** The student can perform the following diabetes care tasks without help at any time of the day and in any location _____. The student needs assistance or supervision with the following diabetes health care tasks _____. The student needs a TDP to perform the following diabetes care tasks _____.

3. **Snacks and Meals:** The school nurse, or TDP if the school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached Diabetes Medical Management Plan (DMMP) that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or earlier if experiencing hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.

4. **Exercise and Physical Activity:** The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's DMMP.

5. **Water and Bathroom Access:** The student shall be permitted to have immediate access to water and be permitted to use the bathroom without restriction.

6. **Checking Blood Glucose Levels, Insulin, and Medication Administration, and Treating High or Low Blood Glucose Levels:** Blood glucose monitoring will be done at the times designated in the student's DMMP, whenever the student feels her blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed. Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen, or pump) designated in the student's DMMP.

7. **Tests and Classroom Work:** If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty. If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or treat hypoglycemia during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.

Emergency Contact:

_____   _____   _____

Parent's/Guardian's Name   Home Phone Number   Emergency Phone Number

Approved and received:

_____   _____

Parent/Guardian   Date

_____   _____

School Representative and Title   Date

Source: Adapted from American Diabetes Association (2012).

the effectiveness of the plan. Accommodations and adaptations might include changes to the physical environment (specialized lighting, a quiet study place), adaptations to curriculum and instruction, accommodations in testing, and assistance with organizing time and activities. In addition to instructional programs, the plan can cover other academically related programs such as field trips and summer programs.

Some students with disabilities who qualify for Section 504 accommodations and adaptations may not be receiving special education services. For these nonspecial education students, the general education teacher is responsible for providing needed accommodations and adaptations.

RELATED SERVICES AND PROVIDERS

Many students with disabilities need help beyond that given through the partnership of general and special education. As you learned in Chapter 1, related services are typically beyond what general and special education teachers can provide and are outlined in IDEA (71 Fed. Reg. 46539 [2006]). Related services are definitely a unique feature of special education, offering a wide range of services and expertise to students and their families. These experts facilitate the attainment of least restrictive environment (LRE) and FAPE.

The three most commonly used related services are speech therapy, physical therapy, and AT. IDEA does not provide a precise list of related services because its authors did not want to be too prescriptive; these services are to be determined by the exact needs of the individual. As Table 2.5 shows, related service professionals may include those who provide AT, audiology, occupational therapy, physical

TABLE 2.5 ■ Explanation of Frequently Provided Related Services Specified in the Individuals with Disabilities Education Act		
Related Service	**Explanation**	**Provider**
Adaptive physical education (therapeutic recreation)	Assesses leisure function; provides therapeutic recreation and leisure education	Recreational therapist
Assistive technology (AT)	Assists with the selection, acquisition, or use of any item, piece of equipment, or product system used to enhance functional capabilities (assistive technology device)	Assistive technologist
Audiology services	Identifies and diagnoses hearing loss; determines proper amplification and fitting of hearing aids and other listening devices	Audiologist
Counseling services/ rehabilitative counseling	Provides psychological and guidance services, including career development and parent counseling; develops positive behavior intervention strategies	School counselor, social worker, psychologist, guidance counselor, vocational rehabilitation counselor
Diagnostic and evaluation services	Identifies disabilities	School psychologist, diagnostician, psychometrician
Occupational therapy	Improves, develops, or restores the ability to perform tasks or function independently	Occupational therapist
Orientation and mobility training	Enables students who are blind or have low vision to move safely and independently at school and in the community	Orientation specialist, mobility specialist
Physical therapy	Works to improve individuals' motor functioning, movement, and fitness	Physical therapist (PT)

Related Service	Explanation	Provider
School health services	Provides health services designed to enable a student with a disability to participate in FAPE	School nurse
Social work	Mobilizes school and community resources and works in partnership with family members to resolve problems in a child's living situation that affect school adjustment	Social worker
Speech/language therapy	Provides services for the prevention and treatment of communicative disorders	Speech/language pathologist (SLP)
Transportation	Assists with travel to, from, between, and within school buildings, typically using specialized equipment (e.g., special or adapted buses, lifts, ramps)	Orientation specialist, mobility specialist

Source: Adapted from 71 Fed. Reg. 46539 (2006), pp. 1257–1258, 1284–1294.

Many students with disabilities need help beyond that given through the partnership of general and special education. This student requires physical therapy from a related services provider.

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therapy, school health services, speech/language therapy, or other services needed by the student. Unfortunately, particularly for students with disabilities with higher prevalence rates (e.g., learning disabilities), some school districts fail to fully consider students' needs for related services. It is important for all teachers to understand that IDEA guarantees all students, regardless of their disabilities, needed related services (Wrightslaw, 2016).

With exceptions for very young children in some states, related services are provided at no cost to the student's family. However, in some cases costs for related services are paid for by agencies other than schools (e.g., Medicare or private insurance companies). Some medical services are considered related services. Here's a guideline to whether a medical service is also a related service: If a school nurse can provide the medical services the student needs, they are likely to be related services. If, however, the services need to be performed by a physician, they are not. The regulations to the IDEA law are clear on

this issue. For example, the costs of surgically implanting devices (e.g., cochlear implants, breathing or other such devices), their maintenance, and their replacement are not to be considered a related service. However, related services that assist a child benefiting from special education services shall be provided (IDEA regulations, 34 C.F.R. §300.34 [2022]).

You have learned that at the heart of special education are the professionals who join with families to collaborate and provide multidisciplinary services and supports to students with disabilities. These teams are unique because they are individually determined and their membership reflects the individual needs of the student. These multidisciplinary teams of experts not only deliver critical services to students with disabilities and their families but also are valuable resources to teachers as they strive to meet the needs of each student. You as a teacher should always remember that these professionals are available to help you as well as your student. When everyone works together, IEP teams ensure more than the protection of basic rights guaranteed by IDEA: They orchestrate the best education possible. When each individually arranged IEP team develops partnerships, so that students' programs are coordinated, the results are remarkable, allowing individuals to overcome challenges caused by disabilities.

SUMMARY

The ADAPT Framework and MTSS (RTI and PBIS) are important ways academic and behavioral outcomes can be improved for students with disabilities and students who are at risk for learning problems. Students who are gifted and talented do not typically demonstrate issues with low performance, but many have learning characteristics that warrant specialized instructional approaches. A cornerstone of the federal laws ensuring all infants, toddlers, preschoolers, and students with disabilities a FAPE in the LRE is the individualized education created through the special education process. IDEA guarantees these individuals and their families a tailor-made education program, which is guided by uniquely created planning documents: the IFSP and the IEP. The IEP is further supported, when necessary, by BIPs and the statement of transitional services. These plans bring together multidisciplinary teams of parents, general educators, special educators, and related service providers for the purpose of helping young children and students with disabilities reach their full potential and achieve community presence and independence as adults.

REVIEW THE LEARNING OBJECTIVES

Let's review the learning objectives for this chapter. If you are uncertain and cannot talk through the answers provided for any of these questions, reread those sections of the text.

2.1   Describe how the five components of the ADAPT Framework are put into action.
Putting the ADAPT Framework into action requires the teacher to A—analyze the expectations of the task or assignment, D—determine the requirements or prerequisites of the task or assignment, A—pinpoint where the student has challenges with the assignment, P—select the instructional intervention, implement it, and T—assess its effectiveness.

2.2   Discuss the purpose of the three tiers used in the multi-tiered systems of support (MTSS) framework.
The MTSS framework combines evidence-based interventions and progress-monitoring measures for the purposes of identifying and providing necessary supports to students who have learning (i.e., RTI) or behavior difficulties (i.e., PBIS). The goal is to improve each student's academic performance or reduce or eliminate inappropriate behavior at the least intrusive level necessary before moving on to implement more successively intensive interventions. The MTSS framework targets academic, emotional, behavioral, and social outcomes for students. MTSS is a tiered approach used for both the identification of students with learning difficulties and the implementation of interventions for these students.

2.3 Explain the seven steps of the evaluation and identification process.

IDEA mandates that an individualized program be delivered to every infant, toddler, and student who is identified as having a disability and is in need of special education. The purposes of these individualized programs are to ensure that each of these individuals receives FAPE, is provided an education in the LRE, is specific to the student, and is provided services with the expectation of outstanding results. IDEA requires that these steps, at a minimum, be included in the IEP process: (1) Prereferral, (2) Referral, (3) Identification, (4) Eligibility, (5) Development of the IEP, (6) Implementation of the IEP, and (7) Evaluation and reviews.

2.4 Summarize situations that can put children at risk for poor school and life outcomes.

Many factors contribute to poor school outcomes, particularly for those attending urban schools. Disproportionately, students attending urban schools are diverse and poor (receiving free or reduced lunches), and the schools they attend are often large, old, underfunded, and lacking in modern technology, curriculum materials, and other basics that their counterparts in suburbia take for granted. Compounding these challenges is high teacher turnover rates, leaving these students with the least experienced teachers to meet their complex learning and social needs.

2.5 List the required members of individualized education program teams.

IDEA is very clear about membership in IEP teams (OSEP, 2006a). The parents, general education and special education teacher of the child, and a representative from the public agency are members of the team, along with a person who can interpret the instructional implications of evaluation results. In addition, the team can include, at the discretion of the parent or the agency, other individuals who have knowledge or expertise, such as related services professionals and, whenever possible, the child with a disability.

2.6 Identify the individualized plans for students with special learning needs: the four individualized education plans for students with disabilities and the additional statement for transition and the one for students who do not qualify for special education services.

The plan that guarantees an appropriate education to infants and toddlers (i.e., individuals from birth to age 3) is called the IFSP; the plan for preschoolers and schoolchildren is called the IEP. IEPs may have additional components, such a transition component for students age 16 or older and a BIP for students with disabilities who violate schools' conduct codes.

Once an IEP is developed, there are three primary purposes of evaluating the student's performance:

- Evaluate the student's progress toward IEP goals.
- Evaluate the effectiveness of services or supports.
- Monitor progress.

Related services are a unique feature of special education, offering a wide range of services and expertise to students and their families. These experts facilitate the attainment of LRE and FAPE. The definition of disability is broader under Section 504 and extends beyond school age. For instance, any condition that greatly limits a major life activity, including the ability to learn in school, is defined as a disability. Students who qualify as having a disability under Section 504 but do not require special education through IDEA are assessed, and a Section 504 plan is developed and monitored. The plan includes the accommodations and adaptations chosen, the person(s) responsible for implementing the plan, and the procedures for monitoring its implementation.

2.7 Name four related services and the professionals who provides these services.

The three most commonly used related services are speech therapy (speech/language pathologist), physical therapy (physical therapist), and AT (assistive technology specialist). However, related services also include school nurses, occupational therapy, and many others.

<div style="text-align:center; background:#2aa198; color:white">**REVISIT THE OPENING CHALLENGE**</div>

Check your answers to the Reflection Questions from the Opening Challenge and revise them on the basis of what you have learned.

1. Are Mr. Taylor and Ms. Rymes overly concerned about being able to meet their students' needs? Why or why not?

2. What advice would you give them about working with special education teachers regarding any supports and services specified in their students' individualized education programs?

3. What kind of assistance should Mr. Taylor and Ms. Rymes expect from the individualized education program team members?

4. Is Mr. Taylor justified in expressing concerns about the educational progress of Emma's classmates? Why or why not?

5. How can special education and related service professionals help Mr. Taylor and Ms. Rymes support their students' needs and enable them to teach the rest of their class?

6. How does the multi-tiered systems of support model affect instruction in these teachers' classes?

7. How can the ADAPT Framework be utilized to address the needs of students with individualized education programs in both teachers' classes as they provide an inclusive education for all their students?

<div style="text-align:center; background:#2aa198; color:white">**KEY TERMS**</div>

504 plan

assistive technologist

at risk

audiologist

behavior intervention plan (BIP)

child find

data-based decision making

fidelity

interim alternative educational setting (IAES)

manifestation determination

multi-tiered systems of support (MTSS)

occupational therapist

physical therapist (PT)

prereferral

Positive Behavioral Interventions and Supports (PBIS)

present levels of academic achievement and functional performance (PLAAFP)

response to intervention (RTI)

self-advocacy

self-determination

service manager

speech/language pathologist (SLP)

transition component of IEPs

universal screening

<div style="text-align:center; background:#2aa198; color:white">**PROFESSIONAL STANDARDS AND LICENSURE**</div>

CEC Initial Preparation Standards

Standard 1: Learner Development and Individual Learning Differences

Standard 2: Learning Environments

Standard 3: Curricular Content Knowledge

Standard 4: Assessment

Standard 6: Professional Learning and Ethical Practice

Standard 7: Collaboration

INTASC Core Principles

Standard 1: Learner Development

Standard 2: Learning Differences

Standard 3: Learning Environments

Standard 4: Content Knowledge

Standard 6: Assessment

Standard 7: Planning for Instruction

Standard 9: Professional Learning and Ethical Practice

Standard 10: Leadership and Collaboration

Praxis II: Education of Exceptional Students: Core Content Knowledge

  I.   Understanding Exceptionalities: Basic Concepts in Special Education

 II.   Legal and Societal Issues: Federal Laws and Legal Issues

III.   Delivery of Services to Students With Disabilities: Background Knowledge