

# **SPECIAL NEEDS HANDBOOK**

## **LEBANON TOWNSHIP SCHOOLS**

Developed by: Marjorie G. Meyer  
Supervisor of  
Special Education

With the help of The Special Needs  
Advisory Council

2008 (Revised)

## TABLE OF CONTENTS

I.	Early Warning Signs	3
II.	What Should I Do If I Suspect My Child May Have a Disability?	8
III.	The Role of the Intervention and Referral Services Committee (I&RS)	9
IV.	Nature and Scope of a Child Study Team Evaluation	11
V.	Who is Eligible for Special Services?	13
VI.	What is an Individualized Education Plan (IEP)	14
VII.	The IEP Meeting	17
VIII.	Annual Review	19
IX.	Re-evaluation	20
X.	Least Restrictive Environment	21
XI.	Program Options	22
XII.	Class Size	24
XIII.	Inclusion in Statewide Assessments	25
XIV.	The Child Study Team	26
XV.	Who is the Case Manager?	34
XVI.	What is a 504 Plan?	35
XVII.	Community Resources	37
XVIII.	Government Resources	41
XIX.	Organizations	43

## EARLY WARNING SIGNS

All children develop at different rates and in different ways. Some children are born with special needs that can affect their growth and development. Other children may not show developmental problems, delays or differences until later in childhood. Fortunately, these children can get the support they need to reach their potential if parents recognize the signs and get help early.

The early warning signs described on these pages are only some of the indicators that a child may need further observation and assessment. If, for any reason you suspect that your child may have special needs, we urge you to seek help as soon as possible. From birth to three years of age call:

Hunterdon County  
Special Child Health Services  
Case Management Unit  
Hunterdon Medical Center  
Route 31  
Flemington, NJ 08822  
908-788-6398

If your child is three years of age or older, and you live in Lebanon Township, call the Supervisor of Special Services for the Lebanon Township Schools, Mrs. Marjorie Meyer, at 908-832-2174.

**EARLY WARNING SIGNS**  
**That Your Child**  
**Or a Child in**  
**Your Care**  
**May Need Help**

**RISK FACTORS**

The following situations place children at greater risk for health and developmental difficulties:

- Prematurity and/or low birth weight
- Prenatal or other exposure to drugs, alcohol, or tobacco
- Violence in the community or home
- Poor nutrition
- Family stress (for example, poverty, poor housing, homelessness, death in the family)

**GENERAL BEHAVIOR**

Some behaviors may be causes for concern or just part of the child's temperament or personality. The following behaviors should be looked at in light of the whole child.

The child...

- By six months of age, avoids being held or talked to or resists being soothed and comforted
- Does not pay attention or stay focused on an activity for as long a time as other children of the same age do
- Avoids or rarely makes eye contact with others
- Gets unusually frustrated when trying to do simple tasks that most children of the same age can do
- Often acts out; appears to be very stubborn or aggressive
- Acts extremely shy or withdrawn
- Does not like being touched
- Does not like having certain types of materials or clothing next to body
- Treats other children, animals, or objects cruelly or destructively
- Tends to break things a lot
- Displays violent behavior (tantrums, fighting, screaming, or hitting other children) on a daily basis

- Stares into space, rocks body, or talks to self more often than other children of the same age
- Often bangs head against an object, floor, or wall
- Does not recognize dangerous situations, such as walking in traffic or jumping from high places
- Tends to be sick often; complains of headaches or stomachaches
- Has sleeping, feeding, eating or toileting problems
- Is overly impulsive, active, or distractible
- Does not respond to discipline as well as children of the same age
- Has difficulty putting thoughts, actions, and movements together
- Does not seek approval from parent or caregiver

### **HEARING**

The child...

- Has frequent earaches
- Has had many ear, nose or throat infections or allergies
- By four months, does not look at the source of sounds or voices or react to loud noises
- Talks in a very loud or very soft voice
- Seems to have difficulty responding when called from across the room, even when it is for something interesting
- Turns body so that the same ear is always turned toward a sound
- Breathes through mouth
- Has difficulty understanding what is said

### **MOVING**

The child...

- Has stiff arms or legs
- Has floppy or limp body posture
- Uses one side of the body more than the other
- Has poor coordination or moves in a disorganized, clumsy manner compared with other children of the same age
- At three months, still has difficulty holding head up
- By age one, has difficulty sitting without help, standing up, reaching for objects, or picking up objects with thumb and index finger

- By age two, has difficulty walking without help, kicking a large ball, scribbling, or building a tower with two or three blocks
- By age three, does not walk up or down stairs, run without falling frequently, or turn pages of a book
- By age four, has difficulty with such activities as standing on one foot, jumping from a bottom step, pedaling a tricycle, catching a large bounced ball, closing a fist, or wiggling a thumb
- By age five, has difficulty skipping using alternate feet, pumping self on a swing, or cutting with scissors

### **SEEING**

The child...

- Rubs eyes frequently
- Seems to have difficulty following objects or people with eyes
- Has reddened, watering, or crusty eyelids
- Holds head in a strained or unusual position when trying to look at an object
- Has difficulty focusing or making eye contact
- Seems to have difficulty finding or picking up small objects dropped on the floor
- Closes one eye when trying to look at distant objects

### **COMMUNICATING**

The child...

- By age six months, rarely makes sounds like cooing or gurgling
- Is unusually quiet
- Does not shake head *no*
- By age one, does not understand first words, such as *milk*, *bottle* or *bye-bye*
- By age one, does not say *mama* or *dada*
- By age two, rarely names family members and/or common objects
- By age two, does not speak in two-word phrases
- By age two, does not point to objects or people to express want or need
- By age three, does not follow simple directions or speak in three- or four-word sentences
- By age four, does not tell stories, either real or make-believe, or ask frequent questions

- By age four, does not speak in four- or five-word sentences and has speech that is not understandable by adults
- By age five, does not know age and cannot answer *who, what, where, when* or *why* questions or use various types of sentences

### **THINKING**

The child...

- By age one, has a hard time figuring out simple problems, such as finding an object after seeing it hidden
- By age two, does not identify simple body parts by pointing, match similar objects, or recognize self in a mirror
- By age three, does not understand simple mathematical concepts such as *one, more, less*, or count 1-2-3
- By age four, does not give correct answers to questions, such as *What do you do when you are sleepy or hungry?*
- By age four, cannot tell the difference between different shapes or colors
- By age five, does not understand the concepts of *today, tomorrow, or yesterday*

### **PLAYING**

The child...

- By three months, does not coo or smile
- By age one, does not play games like *peek-a-boo* or *pat-a-cake* or wave *bye-bye*
- By age two, does not imitate parent or caregiver doing routine tasks such as washing dishes, cooking, or going to work
- By age three, tends to play alone more than with other children
- By age three, does not play purposefully or initiate play through pushing and hitting
- By age three, does not interact with adults and children outside the family
- By age four, does not play make-believe games and group games such as *hide-and-seek* with other children
- By age five, does not share and take turns
- By age five, does not express concern or compassion, when appropriate
- By age five, does not show off occasionally

California Department of Education, Child Development Division 1999.

**WHAT SHOULD I DO IF I SUSPECT  
MY SCHOOL-AGED CHILD HAS A DISABILITY?**

1. Contact your child's teacher and make an appointment.
2. With the teacher, brainstorm ideas to remediate the problem.
3. After brainstormed ideas are tried for 4-6 weeks, request assistance from the Intervention & Referral Services Committee (I&RS)
4. The Intervention and Referral Services Committee (I&RS) will meet approximately 2-4 weeks after the request is made.
5. The I&RS Committee will do informal assessments and/or create interventions to remediate the problem.
6. The interventions will be tried for a minimum of 4-6 weeks.
7. If interventions are successful, the child will exit from the process, but interventions may stay in place if needed.
8. If interventions are not successful, the I&RS may modify or create additional interventions.
9. When it is decided that the interventions are not working and the student is still struggling, the committee may decide to refer the student for a Child Study Team evaluation.
10. When such a referral is received, the Child Study Team will meet with the student's parent(s) and teacher within 20 days to decide if an evaluation is warranted.
11. If the evaluation indicates that the student is eligible for special education (specially designed instruction and/or related services), an Individualized Education Plan (IEP) will be developed.



**THE ROLE OF THE INTERVENTION AND  
REFERRAL SERVICES COMMITTEE (I&RS)**

In April 2001, the State Board of Education adopted rules that provide district boards of education with standards for the delivery of intervention and referral services. These services must be formal, coordinated and well articulated and must provide supportive activities and services for staff who have identified student difficulties and those who will be involved in the amelioration of the identified educational concerns. The end result of intervention and referral service activities is intended to be student improvement.

As a result of this legislation, each school in Lebanon Township has established an Intervention and Referral Service (I&RS) Committee. The Committees are multidisciplinary, bringing together representatives from various professional constituencies in the school. Serving on the committees are the building principal, the school counselor, a representative of the Child Study Team, general education teacher(s), the student's teacher(s) and, sometimes, the school nurse. This approach is essential for effective problem solving that will help students grow.

While this legislation allows the I&RS Committee to provide service for both general and special education students, its main focus is the general education student. It is intended to address the full range of student learning, behavior and health problems. Its purpose is to assist staff or parents with problems related to the educational process that they are experiencing with students or with their children. It is also a mechanism for enabling staff and parents to work jointly to solve problems in a systematic manner over a period of time.

**The functions of the I&RS Committee are as follows:**

- Identify learning, behavior and health difficulties of students
- Collect information on the identified learning, behavior and health difficulties
- Develop and implement **action plans** which provide for appropriate school or community intervention or referrals to ameliorate the difficulties

- Provide support, guidance and professional development to school staff that identify difficulties
- Involve parents or guardians in the development and implementation of I&RS action plans
- Assess the effectiveness of the I&RS action plan in achieving the desired outcomes and modify the plan if necessary

The I&RS Committee welcomes requests for assistance from both school staff and from parents. The school principal should be contacted with any such requests for assistance.

Interventions in the general education setting shall, according to the law, be provided to students exhibiting academic difficulties and shall be utilized, as appropriate, prior to referring a student for an evaluation of eligibility for special education and related services. When it is determined through analysis of relevant documentation and data concerning the interventions utilized in the general education program that the interventions tried have not adequately addressed the educational difficulties, and it is believed that the student may have a disability, the student shall be referred for evaluation to determine eligibility for special education programs and services.

A direct referral to the Child Study Team may be made when it can be documented that the nature of the student's educational problem(s) is such that evaluation to determine eligibility for special education services is warranted without delay.

According to law, if a parent makes a written request for an evaluation, it will immediately be sent to the Child Study Team for consideration. A meeting will be held to determine if an evaluation is warranted. Minimum participants at the meeting will be the members of the Child Study Team, the parent making the referral and the student's teacher. Parents will be informed in writing as to whether an evaluation will be conducted. The team may also determine that an evaluation is not warranted and, if so, determine other appropriate action. Again, the parent will be provided written notice of the determination.

## **THE NATURE AND SCOPE OF THE EVALUATION**

Not all evaluations are the same. To determine the nature and scope of the initial evaluation, the IEP Team will:

1. Review existing data on the student including prior evaluations, group test data, information provided by the parents, current classroom-based assessments and observations and the observations of teachers and related-service providers
2. Consider the need for any health appraisal or specialized medical evaluation
3. On the basis of the review of existing data, identify what additional data, if any, is needed to determine
  - Whether the student has a disability
  - The student's present levels of academic and functional achievement and related developmental needs
  - The educational needs of the student
  - Whether the student needs specially designed instruction and related services
4. Determine which child study team members and/or specialists will conduct the evaluation

### **WHAT IS INCLUDED IN AN INITIAL EVALUATION?**

An initial evaluation consists of a multi-disciplinary assessment in all areas of suspected disability. It will include at least 2 assessments by at least two members of the child study team and other specialists in the area of disability, if required or determined to be necessary.

The assessment shall include:

1. Where appropriate or required, the use of individualized standardized test(s)
2. Functional assessment of academic performance and, where appropriate, behavior. At least one evaluator shall complete:

- A structured observation in other than a testing session
- An interview with the student's parent
- An interview with the teacher(s) referring the potentially disabled student
- A review of the student's developmental/educational history
- A review of interventions documented by the classroom teacher(s) and others who work with the student
- One or more informal measures - e.g. inventories, analysis of work, trial teaching, self-report, curriculum-based assessment, informal rating scales, criterion referenced tests, etc.

A **written** report of the results of each assessment will be prepared. At the discretion of the district, the written report may be prepared collaboratively by the evaluators or each evaluator may prepare an individually written report of the results of his or her assessments. A copy of the report(s) will be sent to parents at least 10 days in advance of the IEP meeting at which the results of the evaluation will be discussed. Parents may waive this 10-day time period if they wish.

**WHO IS ELIGIBLE FOR SPECIAL EDUCATION  
AND RELATED SERVICES?**

In order to be eligible for special education and related services, the following **three criteria** must be met:

1. The student **is determined to have one of the following disabilities:**
  - Auditorily Disabled
    - Deafness
    - Hearing Impairment
  - Autistic
  - Cognitively Impaired
    - Mild
    - Moderate
    - Severe
  - Communication Impaired
  - Emotionally Disturbed
  - Multiply Disabled
  - Deaf/blindness
  - Othopedically Impaired
  - Other Health Impaired
  - Preschool Child with a Disability
  - Social Maladjustment
  - Specific Learning Disability
  - Traumatic Brain Injury
  - Visually Impaired
  
2. The disability **adversely affects the student's educational performance.**
  
3. The student **is in need** of special education (specially designed instruction) and/or related services.

## WHAT IS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)?

An IEP is a **written plan** that tells how the school district will meet your child's needs. It gives you the chance to be involved in your child's education. It puts down on paper the services you can expect for your child. An IEP must be in effect before special education and related services are provided.

### HOW IS AN IEP DEVELOPED?

In general, the process follows these steps:

#### **1. The school evaluates your child**

They will take into account your observations, teachers' observations, their observations, tests that measure your child's development, abilities, intelligence and academic progress, your child's health history etc.

#### **2. The school makes recommendations**

They will share the results of the evaluation. They will tell you whether he or she is in need of and entitled to specially designed education.

#### **3. You are invited to an IEP meeting**

If specially designed instruction is needed, an IEP meeting is held.

The meeting includes:

- you
- your child's case manager
- a member of the evaluation team who can help explain the evaluations
- an administrator or his or her designee
- other people invited by you or the school
- your child if he or she is 14 or older

#### **4. You and the school develop an IEP**

You and the school agree on a plan that sets specific learning goals and objectives, explains the help your child will receive to reach these goals and determines your child's placement. The IEP will be implemented as soon as possible following the IEP meeting.

#### **5. The IEP is reviewed each year**

The IEP is reviewed each year but may be reviewed more often if you or the school feels that it is necessary.

### **WHAT DOES THE IEP COVER?**

#### **1. A Statement of the child's abilities**

This is called the Present Level of Academic Achievement and Functional Performance. It will note areas where your child does well and specific areas of need. It will also tell how the student's disability affects his or her involvement and progress in the general curriculum.

#### **2. Goals for the school year**

The IEP sets specific goals as well as benchmarks/short-term objectives that will hopefully be achieved during the year. Progress may be measured by test scores or teachers' observations.

#### **3. Services the school will provide**

To help your child meet the IEP's goals and objectives, the school may provide services such as:

- speech and language therapy
- accommodations in the general education classroom
- resource room programs
- teachers' assistants
- physical and occupational therapy
- counseling
- special transportation

**4. Opportunities for general education**

As much as possible, the IEP includes your child in general education activities with students who do not have disabilities. The IEP will indicate the amount of time that he or she will be with typically developing peers and, if not, why not.

**5. Transition services**

These are activities that help prepare students for the challenges of life after school. They will be part of the IEP if your child is 14 or older.

**6. Participation in district and/or statewide testing**



## THE IEP MEETING

### HOW TO PREPARE

#### **Consider your child's abilities**

Your insights can be a great help to school staff when it comes to developing an IEP. Ask yourself:

What are my child's strengths and special qualities?

What skills does he or she need help with?

#### **Consider what your child needs to succeed**

Think of ways that the school can help your child make the most of his or her abilities.

#### **Think about what you would like your child to learn**

While the school will have ideas about what is important for your child to learn based upon his age, grade level and level of development, think about what you feel are the most important goals and objectives to be accomplished during the year.

#### **Write down what you want to say**

Make an outline of what you think should be covered in the IEP. Note any points you feel are important so you won't forget to bring them up during the meeting.

## **TIPS FOR A SUCCESSFUL MEETING**

### **Share your ideas**

Remember - you and the school are partners in developing the IEP. School staff need and want to hear your thoughts.

### **Invite someone for support, if needed**

This could be a spouse, a relative, a friend, an advocate, an expert, etc. The person can help you by taking notes, offering suggestions, lending moral support or asking questions you might not think of.

### **Keep the discussion positive**

Listen to what the school staff has to say. Make your points calmly and clearly. Use records and personal observations to support your opinions.

### **Ask questions**

Sometimes school staff use terms that are unfamiliar. Ask them to explain anything that is not clear.

### **Don't feel pressured**

You don't have to agree to the IEP right away. Be sure that you understand all of its points first. You may also take it home to review it if you are not sure. On an initial classification, the IEP can not be implemented until you provide your consent. For other IEPs, you have 15 days from the date that you receive the proposed IEP to provide consent. After 15 days, the IEP will be implemented as written even if you do not provide consent. If you desire that something in the IEP be changed, you can agree to all other parts of the IEP and request a change to that part.

## ANNUAL REVIEW

Annually, or more often, if necessary, the IEP Team will meet to review and revise the IEP and determine placement.

The IEP Team will review:

- Any lack of expected progress
- Information about the student, including information provided by parents, current classroom - based assessments and observations and the observations of teachers and related service providers
- The student's anticipated needs
- Other relevant matters

At the end of the meeting, parents will be provided with a copy of the IEP or a written summary setting forth agreements with respect to the IEP. If you do not receive a copy of the IEP at the meeting, you will receive it within 15 days. If the school and the parent cannot reach agreement at the meeting, the law requires that the school prepare an IEP document specifying the proposed program and placement and send it to the students' parents.

## **RE-EVALUATION**

Within three years of a child being found eligible for special education programs and related services and every three years thereafter, a multi-disciplinary re-evaluation shall be completed to determine whether the student continues to be a student with a disability. Re-evaluation may be conducted sooner if conditions warrant or a student's parent or teacher requests one. However, a re-evaluation shall not be conducted prior to the expiration of one year from the date eligibility was last determined, unless both parents and district agree that it is warranted.

The IEP Team will review existing data on the student and input from the student's parents and decide if any additional data is needed and, if so, what the data is. Parents will be provided with written notice regarding the determination of need for additional data.

If additional data are needed, the IEP Team will determine which CST members and/or specialists will administer tests or other assessment procedures. Parents will be requested to provide consent to conduct these assessments. After several attempts to obtain consent, the IEP Team will proceed with the evaluation.

When the re-evaluation is completed, there will be a meeting of the student's IEP Team to determine whether the student continues to be a student with a disability. If the student remains eligible, the student's IEP will be reviewed and revised.

## LEAST RESTRICTIVE ENVIRONMENT

The Lebanon Township School System is committed to educating students with disabilities, to the maximum extent appropriate, in the least restrictive environment (with students who are not disabled).

Removal of the student with a disability from his or her general education class will occur when the nature and/or severity of the disability is such that he or she cannot be educated satisfactorily in the general education classroom, even with the use of supplementary aids and services.

Research shows that exposure of disabled students to typically-developing peers enhances their social development, allows for opportunities to model positive role models in the classroom, the playground and the community and elevates self-esteem.

Studies also indicate that students without disabilities are not harmed by and may actually benefit from being educated with their disabled peers. Potential benefits include:

- Reduced fear of human differences accompanied by increased comfort and awareness (Children have less fear of people that look and act different from themselves.) \*
- Growth in social cognition (Children gain an understanding of the needs of peers with disabilities and gain more positive feelings about themselves.)\*
- Improvement in self-concept (Children gain improvements in self-esteem and a sense of belonging as a result of their relationships with individuals with disabilities.)\*
- Development of personal principles (Children become more committed to moral and ethical principles and less prejudiced toward people who are different from themselves.)\*
- Warm and caring friendships (Children enjoy developing relationships and meaningful friendships with people with disabilities.)\*

\* Taken from Cooperative Learning and Strategies for Inclusion by JoAnne Putnam, Paul Brookes Publishing Company, 1998.

## **PROGRAM OPTIONS**

The Lebanon Township Schools provide a full continuum of placements to meet the needs of students with educational disabilities who are eligible to receive special education and related services. Within the school district, these include the following:

### **Instruction in a regular class with supplementary aids and services**

In this type of program, the student is placed in a general education classroom. The curriculum presented is usually the general education curriculum; however, the student may receive curricular or instructional modifications, specialized instructional strategies, supplementary instruction and/or related services. Similarly, assistive technology devices and services may be provided along with or in addition to the services of a teacher's assistant.

### **Resource Center programs**

Resource center programs in the district offer individual and small group specially designed instruction to students with disabilities. These programs may be provided in a general education classroom or in a pull-out resource program. In the general education classroom, they provide either modifications or accommodations to the student. In the pull-out resource room, only modified instruction is provided. Resource programs are available at both Valley View and Woodglen schools.

- An in-class resource program may be provided up to the student's entire instructional day.
- A pull-out resource program may be provided for up to one-half of the instructional day

In a program where the instruction is accommodated, the student must meet the general education curriculum requirements for the grade or subject being taught. Instructional strategies and/or testing procedures may be accommodated. The primary instructional responsibility belongs to the regular classroom teacher with input from the resource program teacher.

In a program where the instruction is modified, the general education curriculum and the instructional strategies may be modified. The primary educational responsibility belongs to the resource program teacher. If the replacement program is in the general education classroom, the student with special needs is included in as many general education activities as may be appropriate.

Lebanon Township has also established another type of in-class resource program. It is available at the Valley View school only. (This is due to the departmentalized nature of the programs at the middle school). In this model, a general education and special education teacher are assigned to the class full-time. They provide modifications and/or accommodations to the special needs students in the class as appropriate according to their IEPs.

### **Special class programs**

There are special class programs at both the Valley View and the Woodglen Schools. They serve students who have similar educational needs. Because of the nature and/or severity of these needs, these students are unable to make satisfactory educational progress in the general education class, even with supplementary aids and services and/or resource programs. These classes offer specially designed instruction in the core curriculum standards at a level appropriate to the student's development.

If the needs of the student cannot be met in the above-described programs, the following will be investigated:

1. A special class in another local school district
2. A special class in a county special services school district, an educational services commission or a jointure commission
3. An approved private school for the disabled
4. Other appropriate settings

### **Integrated preschool program**

For students 3-5 with disabilities, there are two integrated preschool programs, one in the morning and one in the afternoon. They are currently composed of nine typically-developing three or four-year olds. Special needs students are integrated as is appropriate according to their IEPs, with a maximum of six special needs students at any one time. The program utilizes the Creative Curriculum, which is approved by the New Jersey Department of Education. Related services are provided for special needs students only, according to their IEPs.

## Class Sizes

### Resource Programs

In-class Resource Program	8
Pull-Out Replacement Resource Program	6 (7-9 with paraprofessional)

### Self-Contained

Learning and/or Language Disabilities

Mild to Moderate	10 (11-16 with paraprofessional)
Severe	8 (9-12 with paraprofessional)
Preschool Disabilities	1-8 (with one paraprofessional)
	9-12 (with two paraprofessionals)



## **INCLUSION IN STATEWIDE ASSESSMENT PROGRAMS**

**ALL** students, regardless of their disability, will be considered for inclusion in statewide assessment programs. Currently, these assessments occur in Grades 3 through 8.

The decision whether or not the student will participate will be made, subject-by-subject, on an individual basis, by the IEP Team at the time of a student's Annual Review.

A student will not be required to participate if the nature of his or her disability is so severe that he or she is not receiving instruction in any of the knowledge and skills measured by the assessment and the student can't complete any of the questions with or without accommodations.

If the student does not participate, he or she will participate in the Alternate Proficiency Assessment (APA). This assessment involves the development of a portfolio containing a collection of student work, student data and educational information that relates to a student's progress on the New Jersey core curriculum content standards.

Accommodations and/or modifications that are needed so that a student can participate in the statewide assessment and that have been approved by the Department of Education will be listed in the student's IEP. Some of the more frequently utilized accommodations and modifications are:

- Testing individually or in a small group
- Use of large print materials
- Use of manipulatives in the math area
- Having the test read aloud to the student except for the literacy passages
- Clarification of directions
- Use of a scribe to record student answers

## **THE CHILD STUDY TEAM**

The Child Study Team consists of an interdisciplinary group of appropriately certified individuals, specifically a school psychologist, a learning disabilities teacher-consultant (LDT) and a school social worker. For a child aged three to five, a speech-language specialist is also a member of the team. The Child Study Team uses a multidisciplinary model of assessment and intervention for students with special needs. This model is a team approach in which separate professionals assess the educational impact of a child's learning, behavioral, emotional, social, community, health, communication and language functioning. This provides students and parents the most comprehensive and reliable method of assessing children's needs and recommending appropriate educational and related services.

## **WHAT ARE THE ROLES OF THE CHILD STUDY TEAM MEMBERS?**

### **THE ROLE OF THE LEARNING CONSULTANT**

The Learning Disabilities Teacher-Consultant is an educational diagnostician, instructional programmer and Child Study Team member. He or she uses his or her understanding of classroom functioning, effective teaching and adaptive instruction to help students maximize their learning potential and provide practical assistance to their teachers.

### **EDUCATIONAL ASSESSMENT**

The Learning Consultant makes an assessment of and analyzes a child's learning characteristics and contributes to the determination of how a child is functioning in relation to his own strengths and weaknesses and to the demands placed upon him or her by school curriculum and expectations. The learning consultant must determine:

- Are there sensory or processing deficits that would interfere with learning?
- What is the child's characteristic level of thinking? Concrete? Abstract?

- Are there gaps in specific skills areas that would impede academic progress?
- What level of achievement has the child attained?
- How does the child learn best?
- How is the child affected by the various demands of the curriculum?

The Learning Consultant accomplishes this by analyzing and synthesizing information gathered through teacher consultation, clinical observation, review of significant data from school records and educational testing.

### **PROGRAM PLANNING/IEP DEVELOPMENT**

The Learning Consultant, as a member of the Child Study Team, is also responsible for helping to make decisions about eligibility, placement and programming and to develop the concrete educational plans that result from the assessment. For a newly classified student, the Learning Consultant:

- Sets up appropriate instructional sequences consistent with the core curriculum standards (develops goals and objectives/benchmarks)
- Makes suggestions regarding instructional methods and materials
- Recommends classroom accommodations and modifications

### **CONSULTATION/STAFF DEVELOPMENT**

The Learning Consultant not only consults with school staff regarding students who are eligible, but provides information to staff that will lead to improved learning experiences for all children. The Learning Consultant serves as a member of the Intervention and Referral Services Committee, providing suggestions that may help to alleviate whatever problems are interfering with a child's educational success. He or she also plans and provides staff development activities that will increase the skill levels of the educators providing direct services to students.

### **CASE MANAGER**

The Learning Consultant also serves as case manager for some of the students determined eligible for special education and related services.

## **THE ROLE OF THE SCHOOL PSYCHOLOGIST**

School Psychologists play a variety of roles in improving students' educational opportunities. They are specialists with training and expertise in psychology as it is applied to education. They use their training and skills to collaborate with parents, educators and other professionals to ensure that every child learns in a safe and supportive environment. Their roles include:

### **CONSULTATION**

School Psychologists may talk with parents, teachers and other school personnel about:

- How to best help students learn and grow
- Ways to improve teaching methods or the learning environment of the classroom or home
- Child development
- Ways to improve working relationships between parents, teachers and administrators

### **ASSESSMENT**

The School Psychologist observes, interviews and evaluates students to determine:

- Learning aptitude
- Social skills
- Emotional status
- Level of adaptive functioning
- Functions of their behavior(s)

### **CHILD STUDY TEAM MEMBER**

In cooperation with the other members of the Child Study Team and other professional staff:

- Determines eligibility for special education and related services
- Recommends specially designed instruction
  
- Develops and monitors the implementation of individualized education programs (IEP)
- Serves as case manager for some of the students in the district that have been determined eligible for special education and related services

### **DIRECT INTERVENTION**

When appropriate, School Psychologists work directly with students or families to help solve problems. Counseling, behavior management and other approaches may be used.

### **OTHER SERVICES**

School Psychologists may also provide programs to help parents, school personnel and others be more effective in their roles.

As a member of the Intervention and Referral Services Committee (I&RS), they help to develop intervention strategies to remediate educational and behavioral difficulties.

Some School Psychologists conduct research to learn more about students, parents, teachers and the learning process.

School Psychologists can also provide crisis management.

### **THE ROLE OF THE SCHOOL SOCIAL WORKER**

The School Social Worker has a variety of responsibilities in helping students meet their full educational potential. These responsibilities include:

## **ASSESSMENT**

The focus of the School Social Worker's assessment is to assess the family, social and cultural factors which influence the student's learning and behavior in the educational setting. This assessment usually includes information about:

- The parents' perception of the students educational difficulties
- A review of the child's developmental history
- Relevant medical information
- Family dynamics as they relate to the student
- The student's educational experiences prior to entering school
- Parental concerns and expectations
- The student's social adjustment

This information is gathered through interviews with parents, observations of the student and, sometimes, interviews with teachers and the student himself or herself.

## **DIRECT SERVICES**

Sometimes, the School Social Worker interacts directly with parents and students to bring about changes in the student's school adjustment. Counseling is one of these services.

## **OTHER SERVICES**

The School Social Worker advises team members, school staff and parents about community agencies and/or other resources, which can offer help with a variety of problems.

The School Social Worker serves as a consultant to the principal and teacher by helping them understand family dynamics as well as neighborhood and cultural influences that may affect a student's learning.

They can also provide crisis management services when needed.

### **CHILD STUDY TEAM MEMBER**

As a member of the Child Study Team, the School Social Worker brings to the table a unique configuration of knowledge and skills from the social work discipline. In collaboration with the other team members, he or she:

- Determines eligibility for special education and related services
- Recommends specially designed instruction
- Develops and monitors the implementation of individualized education programs (IEP)
- Serves as case manager for some of the students in the district that have been determined eligible for special education and related services

### **THE ROLE OF THE SPEECH-LANGUAGE SPECIALIST**

The Speech-Language Specialist is an expert in all areas of communication. His or her role is three-fold. He or she functions primarily as:

1. Diagnostician - makes assessments, analyzes and classifies student's communication competencies and characteristics
2. Provider of Direct Service - prepares and delivers treatment programs for students with speech and language deficiencies
3. Consultant - serves as a resource person to teachers, parents, administrators and child study team members in the area of speech and language development

## **ASSESSMENT**

Students suspected of having a disorder of voice, articulation and/or fluency are referred directly to the speech-language specialist. The decision to evaluate and the determination of the nature and scope of the evaluation will be made by the speech-language specialist, the parent and the general education teacher of the student who has knowledge of the student's educational performance. If it is felt that an evaluation is warranted, the speech-language specialist will conduct the evaluation and determine, along with the other members of the student's IEP Team, whether the student is eligible for speech services (ESLS). If so, the speech-language specialist will develop an Individualized Education Program that will meet the needs of the student.

If it is suspected that the student's disability includes a language disorder, the Child Study Team will also be involved.

## **DIRECT SERVICE PROVIDER**

The Speech-Language Specialist implements the IEP for every child who has been determined eligible for speech services only (ESLS) and the appropriate portion of the IEP for students who are determined eligible for special education and related services by the Child Study Team and receive speech-language services as a related service. These services may be provided on a pull-out basis and/or within the classroom setting. For ESLS students, the speech-language specialist is the case manager and conducts an annual review to evaluate the progress of each child in the program. He or she also makes recommendations for the termination or continuation of services and conducts re-evaluations as appropriate.

Some Speech-Language Specialists provide social skills training for students on the Autistic Spectrum who demonstrate delays in development of these skills.



## **CONSULTANT**

As a consultant, the speech-language specialist:

- Advises the Child Study Team on the speech and/or language needs of students being considered for eligibility
- Consults with classroom teachers on how to facilitate language development in their classrooms
- Consults with teachers and paraprofessionals on how to facilitate social communication and interaction in their classrooms, in the lunchroom and on the playground
- Consults with parents on how to stimulate speech development and language growth in their children
- Provides feedback to case managers about the progress of students receiving speech and/or language services as a related service

## **CHILD STUDY TEAM MEMBER**

For preschool-aged students, the Speech-Language Specialist participates as a member of the Child Study Team in the meeting to determine whether an evaluation is warranted and, if so, determine the nature and scope of the evaluation.

### WHO IS THE CASE MANAGER?

1. A case manager is assigned to a student when it is determined that an evaluation will be conducted.
2. The case manager coordinates the development, monitoring and evaluation of the effectiveness of the IEP.
3. The case manager facilitates communication between home and school.
4. The case manager coordinates the annual review.
5. The case manager is knowledgeable about the student's educational needs and program.
6. The case manager is knowledgeable about special education procedures and procedural safeguards.
7. The case manager is responsible for transition planning.

## WHAT IS A 504 PLAN?

Section 504 of the Rehabilitation Act applies to educational entities, public or private, that receive federal financial assistance.

Section 504 covers individuals with "physical or mental impairments that **substantially** limit one or more major life activities". This is an **anti-discrimination law** as opposed to the Individuals with Disabilities Educational Improvement Act (IDEIA), which is an **entitlement law**.

504 regulations define "physical or mental impairment" fairly broadly, unlike IDEIA, which is limited to 11 specified impairments. The possible coverage appears to include, for example, Attention Deficit Hyperactivity Disorder, Allergies, Asthma, Chronic Fatigue Syndrome, Diabetes, Juvenile Rheumatoid Arthritis, Oppositional Defiant Disorder, etc.

The IDEIA is a narrower law than Section 504. People who are eligible under IDEIA might also be eligible under Section 504. The opposite; however, is not true. Students who may be eligible under 504 are not automatically eligible under IDEIA.

It should also be noted that students found ineligible for services under the IDEIA are not automatically eligible under Section 504. As a matter of fact, at least in cases where the focus is the major activity of learning, students who are not eligible under IDEIA may similarly be ineligible under Section 504.

Major life activities must be "of central importance to daily life". They include:

- caring for one's self
- performing manual tasks
- walking
- seeing
- hearing
- speaking
- breathing
- learning
- working

"Substantial" means a higher degree of limitation than minor or moderate.

A 504 evaluation may be requested by a staff member or a parent. When a request is received, the school's 504 committee will determine if such an evaluation is warranted. If an evaluation is undertaken and the student is found to be eligible, an **accommodation plan** is developed. It will be reviewed periodically.

A student is not entitled to a 504 plan when the district has offered services/accommodations in an IEP under the auspices of the IDEIA and parents have not agreed.

It is also district policy that a student must have been found ineligible under IDEIA, before he or she is considered for a 504 plan.

## COMMUNITY RESOURCES

### To Access Early Intervention Services for students 0-3:

Special Child Health Services  
Hunterdon County Case Management Unit  
(908) 788-6398

### When Your Child's Medical Bills are Too Big To Handle

The Catastrophic Illness in Children Relief Fund  
1-800-335-FUND

### Resources for the Autism Community

1. Center for Outreach and Services to the Autistic Community (COSAC)  
Office - 609-883-8100  
Information & Referral - 1-800-4-AUTISM
2. Support Group for Hunterdon County Parents of Children with Autism  
Sher DeGenova 908-782-8948
3. Internet Support:  
[http://health.groups.yahoo.com/group/autism\\_in\\_hunterdon/](http://health.groups.yahoo.com/group/autism_in_hunterdon/)
4. National Autism Registry  
<http://www.dimensionsspeech.com/autism-registry.htm>

### Association of Schools and Agencies for the Handicapped (ASAH)

609-890-1400  
[ASAHINC@aol.com](mailto:ASAHINC@aol.com)

Tourette Syndrome Association of New Jersey, Inc.  
908-575-7350

### **Spina Bifida Association of New Jersey**

84 Park Ave.  
Flemington, NJ 08822  
(908) 782-7475  
[www.sbatsr.org](http://www.sbatsr.org)

**Brain Injury Association of New Jersey**

1090 King George Post Road, Suite 708

Edison, NJ 08837

(800) 669-4323

[www.bianj.org](http://www.bianj.org)

**Epilepsy Foundation of New Jersey**

429 River View Plaza

Trenton, NJ 08611

(609) 392-4900 1(800) 336-5843

[www.efnj.com](http://www.efnj.com)

Cerebral Palsy of New Jersey, Inc.

354 South Broad Street

Trenton, NJ 08608

(609) 392-4004

[www.cpofnj.org](http://www.cpofnj.org)

**National Information Center for Children**

And Youth with Disabilities

1-800-695-0285

[www.nichcy.org](http://www.nichcy.org)

**Division of Developmental Disabilities:**  
**Department of Human Services**

**Who is eligible?**

Developmental disabilities begin during the developmental years, before age 22, and are lifelong conditions that affect a person's ability to live without some assistance. To be eligible for the Division the developmental disability must be severe, chronic and meet all of the following:

- The disability is attributable to a mental or physical impairment or combination of mental or physical impairment, other than mental illness.
- The disability is manifested before the age of 22
- The disability is likely to continue indefinitely.
- The disability results in substantial limitations in at least three or more of the six major life activities which include:
  - Self-care
  - Communication (receptive and expressive language)
  - Learning
  - Mobility
  - Self-direction
  - Capacity for independent living and economic self-sufficiency
- The disability reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are lifelong or extended duration and are individually planned and coordinated.
- 

**Services Available**

The Division offers a variety of programs, supports, and services to help meet the care, training, psychological, social, vocational, health and other important needs of eligible individuals who have varying levels of ability. Programs and services are available as resources permit.

For additional information about the system, refer to the internet at the Department of Human services website [www.state.nj.us/humanservices/DDD/dddindex.html](http://www.state.nj.us/humanservices/DDD/dddindex.html) or call DDD at 1-800-832-9173.

***Division of Developmental Disabilities Serving***  
Hunterdon, Mercer and Middlesex Counties  
240 West State Street, Trenton, NJ 08625  
(609) 292-4500



**Government Resources**

**NJ Division of Developmental Disabilities**

(NJ DDD)

P.O. Box 726

Trenton, NJ 08625-0726

<http://www.state.nj.us/humanservices/ddd/Regional>

(800) 832-9137

Upper Central (973) 324-2000

Lower Central (609) 292-4500

Southern (856) 614-3400

Northern (973) 927-2600

**Division of Mental Health Services**

P.O. Box 727

Trenton, NJ 08625-0727

(800) 382-6717

(609) 777-0702

<http://www.state.nj.us/humanservices/dmhs>

**Division of Disability Services**

222 South Warren Street

P.O. Box 700

Trenton, NJ 08625-0700

<http://www.state.nj.us/humanservices/dds>

**NJ Division of Vocational Rehabilitation Services**

(NJ DVRS)

P.O. Box 398m

135 East State Street

Trenton, NJ 08625-0398

(609) 292-5987

<http://www.wnjpin.state.nj.ud>

**NJ Protection and Advocacy (P & A)**

210 South Broad Street, 3<sup>rd</sup> Floor

Trenton, NJ 08608

(800) 922-7233

(609) 292-9742

<http://www.njpanda.org>

**ADA Technical Assistance**

(800) 949-4232

**Social Security Administration**

(800) 772-1213

<http://www.ssa.gov>

**Division of Deaf and Hard of Hearing**

P.O. Box 074

Trenton, NJ 08625-0074

(609) 984-7281

<http://www.state.nj.us/humanservices/ddhh/>

## **Organizations**

### **The Arc of NJ**

985 Livingston Avenue  
North Brunswick, NJ 08902  
(732)246-2525, ext. 20  
[www.arcnj.org](http://www.arcnj.org)

### **Statewide Parent Advocacy Network (SPAN)**

35 Halsey Street  
Newark, NJ 07102  
(800)654-7726  
[www.spannj.org](http://www.spannj.org)

### **Education Law Center**

155 Washington Street  
Suite 205  
Newark, NJ 07102  
(973)624-1815  
[www.edlawcenter.org](http://www.edlawcenter.org)

### **NJ Center for Outreach Services for the Autism Community (COSAC)**

1450 Parkside Avenue  
Suite 22  
Ewing, NJ 08638  
(609)883-8100  
[www.njcosac.org](http://www.njcosac.org)

### **Parent Information Center**

104-A Fort Lee Road  
Teaneck, NJ 07666  
(201)692-0898

**Association of Children of New Jersey**

33 Halsey Street  
Newark, NJ 07102  
(973) 643-3876

[www.acnj.org](http://www.acnj.org)

**The N.J. Coalition of Inclusive Education (NJCIE)**

P.O. Box 186  
East Brunswick, NJ 08816  
(732) 613-0400

**Cerebral Palsy of New Jersey**

354 South Broad Street  
Trenton, NJ 08608  
(609) 392-4004

[www.cpoenj.org](http://www.cpoenj.org)

**Family Support Center of New Jersey**

Lions Head Office Park  
35 Beaverson Blvd., Suite 8A  
Brick, NJ 08723  
(732) 262-8020

[www.familysupportnj.com](http://www.familysupportnj.com)