12

Multidisciplinary Team and the Role of Parents

Student Learning Outcomes

After completing this chapter, the reader should be able to do the following:

- Identify the function of the prereferral team.
- Explain the role of each member of the multidisciplinary team (MDT).
- Develop a plan for a comprehensive assessment of a student suspected to have a disability.
- Use data from a comprehensive assessment as part of the team discussion regarding the presence of a potential disability.

INTRODUCTION: DETERMINING ELIGIBILITY

In order for students with exceptionalities to receive special education services, they must first be determined eligible. Other avenues, such as in-class interventions, typically are tried prior to referral for special education testing. Once the referral is made, certain time lines and procedures must be followed to keep the school within recognized federal guidelines. Federal legislation (Individuals with Disabilities Education Improvement Act [IDEIA], 2004) specified the eligibility process for students to receive services, the people involved in the process, and the roles that each person plays. This chapter outlines how this process works, with emphasis on the role of the assessment process.

PREREFERRAL PROCESS

Determining the eligibility of a student for special education services is usually a last resort for schools unless there is an issue of safety or physical access to the curriculum. Teachers are legally mandated to provide high-quality instruction in the general

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education classroom using evidence-based practices. They are also required to use progress-monitoring techniques to determine which students do not comprehend the material and/or instruction provided in the general education classroom. The Response to Intervention (RtI) process, as detailed in previous chapters, is used to provide increasingly individualized interventions to students who appear to be struggling in the classroom. As the interventions are provided, the teacher often monitors progress in order to determine the intensity of the necessary interventions (i.e., whether the student should move up to a higher tier or back to a lower tier). Schools typically start the prereferral process with students when they have demonstrated that they need interventions at the Tier 3 level, but sometimes the process is started for students at the Tier 2 level.

Schools will often complete a form as part of the prereferral process. The form is used to define the exact issue that is prompting the teacher to seek help, to document the interventions that have been tried in the classroom, and to indicate current progress levels for the student. The general education teacher must complete documentation of the various interventions that have been tried in the classroom as well as evidence of growth (or lack thereof). After the documentation has been received, the prereferral team meets. These teams are known by a variety of names, including intervention assistance team, student assistance team, student support team, and prereferral intervention team. Regardless of the name, the purpose of the group is to develop additional interventions to help the struggling student succeed in the general education classroom prior to determining whether a disability is preventing the student from learning at a similar rate as his or her peers.

The prereferral team is composed of many of the same people as the multidisciplinary team (MDT) and the individualized education program (IEP) team; however, the purpose of the prereferral team is to do everything possible to support the student in the general education setting prior to referring the student to an MDT for eligibility testing. A local education agency (LEA) representative—frequently an administrator such as a principal or assistant principal—leads the team. General education teachers who interact with the student are members of the team, and the special education teacher is often on the team to provide information about interventions. The school nurse may be part of the team if the student has suspected physical problems (e.g., student did not pass a vision or hearing screening). The school psychologist, guidance counselor, and other relevant personnel are also part of the team. The parents are not legally required to be notified or involved in the team process at this level (though parental involvement is highly encouraged), as the legal process for determining eligibility has not begun. The parent and student, however, may attend the meeting. It is recommended getting the parents and student involved at this stage because they have information that could be helpful to the team. This team, as stated previously, is attempting to facilitate success in the general education curriculum without special education services. This team is a group of educators brainstorming ways to help teachers assist students who require additional support to be successful in the general education setting and to provide evidence that the school has exhausted all options before moving to refer the student for an eligibility assessment. Along the way, data is being collected that may help if the student continues to struggle after team interventions are provided.

In the team meeting, the general education teachers make the case for providing additional interventions to the struggling student. They identify the specific issue of

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concern, the interventions that have been implemented, and the amount of growth seen after each of the interventions. They provide work samples, curriculum-based measurement charts, anecdotal notes, frequency charts, or other pieces of evidence that have been collected. The other members of the team may ask questions for additional information or clarification. The team will review the student's cumulative file for information about absences, disciplinary occurrences, prior referral for special education, anecdotal notes from previous teachers, and other relevant facts.

After all the necessary information has been gathered, the team will brainstorm ideas for interventions that may assist the student in succeeding in the general education curriculum. The team should create a list of ideas without regard to practicality or feasibility. Once the list is generated, then the team can go through the items to determine which ones are most appropriate, considering cost, time and effort, practicality, and other relevant variables. When determining the appropriateness of an intervention, the team should consider the willingness of the teacher to try the intervention. If the teacher has reasons for not wanting to implement the intervention (e.g., will take too much time, will cause too much trouble, will be too hard to do, will be unfair to other students in the class), the proposed intervention will most likely fail.

Interventions must be implemented with consistency and fidelity for an appropriate length of time. They must be completed when specified (e.g., every day) and accurately executed for the specified duration (e.g., 6–8 weeks). The special education teacher can be a resource for the general education teacher during this time. The special education teacher may need to assist the general education teacher in appropriately and effectively implementing the intervention. The general education teacher may consult with the special education teacher or the school psychologist after the implementation of the intervention in order to clarify the technique or work out unforeseen issues that may arise. The special education teacher may check in with the general education teacher periodically to ensure the fidelity of implementation. Fidelity of implementation can unfortunately fade over time. For example, an intervention may require that specific instructions be read prior to each event, but after a week, the teacher may decide that he or she does not need to read those specific instructions. The special education and general education teachers also work together to monitor student progress after the intervention is implemented.

The amount of time that an intervention is implemented and monitored varies depending on the needs of the individual student. The team is free to discuss and determine a future date for review. At that time, the team reconvenes to discuss the results of implementing the intervention. The general and special education teachers bring documentation about how the intervention was implemented and the evidence of growth (or lack thereof). The team then discusses the effectiveness of the intervention. If the student made sufficient growth, the team decides to either continue or gradually fade the intervention. If the student did not make sufficient growth, the team can decide to either attempt a different intervention or to refer the student for further assessment to determine whether he or she is eligible for special education services. The process of brainstorming potentially effective interventions continues if the team decides to implement additional interventions. The child is referred to the MDT if the team determines that the student may have a disability. Figure 12-1 demonstrates the components of the prereferral cycle.

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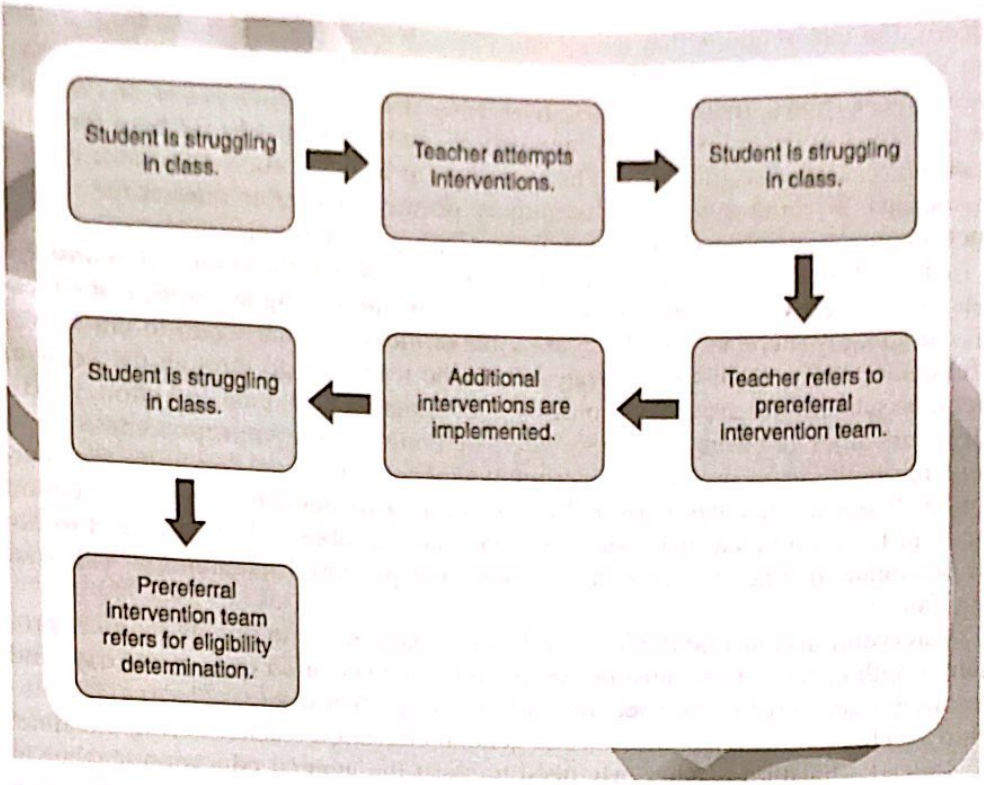
FIGURE 12-1 The Prereferral Cycle



CHAPTER EXERCISE: PREREFERRAL INTERVENTION TEAM FOR A STRUGGLING READER

Tobias is a second grader in Ms. Sabina's class. Ms. Sabina noticed that Tobias has been struggling with reading since the beginning of the school year. She asked Tobias's first-grade teacher about his performance and was told that he struggled there as well. Tobias never mastered decoding skills. The first-grade teacher tried to help him, but Tobias missed a good deal of the school year while on a medical leave. According to the district's Response to Intervention (RtI) model, Tobias needs more intense instruction and Tier 2 interventions. Ms. Sabina consulted with Mr. Wilder, the special education teacher, to ask about possible interventions. He recommended some computer programs that could be tailored to the specific skills on which Tobias needs to work. Ms. Sabina chose one of the programs and set it up for Tobias. Before she started him on the program, she gave Tobias a short assessment to evaluate his knowledge of letter sounds and decoding strategies. This data served as the *baseline* (i.e., Tobias's performance prior to the start of the intervention).

Ms. Sabina assigned Tobias to the computer program for 15 minutes daily to help him with decoding. Every Friday, she gave Tobias the same short assessment to evaluate his progress and graphed the score on a chart. After 6 weeks, she and Mr. Wilder examined the chart and compared Tobias's progress to that of the baseline. Tobias did not appear to have progressed much. Ms. Sabina and Mr. Wilder made the decision to provide Tobias with individualized and intensive Tier 3 interventions and to discuss his problem with the building's prereferral intervention team.

The prereferral intervention team asked Mr. Wilder to work with Tobias during study period (time set aside in the school's daily schedule for students to receive enrichment or tiered interventions). During this time, Mr. Wilder and the other special education teachers in the building were assigned a small number of students receiving Tier 3 interventions. Mr. Wilder decided to use direct instruction techniques with modeling and repeated practice to help Tobias with decoding. First, Mr. Wilder evaluated Tobias's skills to determine what Tobias already knew and to establish a baseline. Then, for 30 minutes daily, Tobias and Mr. Wilder worked one-on-one to learn the letter sounds and decoding

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strategies. Every other day, Mr. Wilder evaluated Tobias's progress and graphed it on a chart. At the end of 6 weeks, Ms. Sabina and Mr. Wilder sat down again to examine the chart. Once again, Tobias was not making adequate progress with his decoding.

The next week, Ms. Sabina and Mr. Wilder attended the prereferral intervention team meeting. The principal asked them to tell the group about Tobias's problem and what had been tried in the classroom. Ms. Sabina and Mr. Wilder presented what they had learned, including the information from the first-grade teacher, the charts from both Tier 2 and Tier 3 interventions, and anecdotal information about Tobias's increasing frustration about his ability to learn to read. Tobias continued to struggle with remembering letter sounds, even after Tier 2 and Tier 3 interventions.

1. Suppose you are a member of the prereferral intervention team. What questions do you have for the two teachers who have been working with Tobias? You may ask for additional information, such as what interventions (if any) were tried in first grade, was there progress in any specific areas, what is Tobias's actual reading level, did he pass the last vision and hearing screening, and when were those screenings conducted.
2. Would you recommend additional interventions? If so, identify what you would like the teachers to try. If not, justify your opinion. You may wish to recommend interventions provided by specialists in reading (e.g., Title I teacher, reading coach, reading specialist).
3. Would you recommend referral for testing? If so, which disability category do you suspect? If not, justify your opinion. Consider such things as Tobias's particular area of weakness relative to the provided interventions and how long the interventions were tried.

ELIGIBILITY PROCESS

The eligibility determination process is regulated by federal legislation (IDEIA, 2004). The process is conducted by the MDT and includes assessments that are individualized to the needs of the student. The MDT may be referred to by other names: child study teams, student support teams, or student study teams. Regardless of the name that is used, the function is the same (Klingner & Harry, 2006). The team analyzes and interprets the data collected during the assessment process to write a comprehensive report about the student's strengths and weaknesses. The report is used to determine whether the student qualifies for one of the 13 disability categories and whether he or she is eligible for special education and/or related services.

IDEIA (2004) provided two options for LEAs determining the eligibility of a student under the category of specific learning disabilities. First, an LEA has the option to use the discrepancy method. In this method, the school psychologist administers an IQ test and an achievement test. The scores are then compared to determine whether a significant discrepancy exists between student ability and student achievement. If so, then the discrepancy, in conjunction with other assessment data, can be used to indicate the presence of a specific learning disability. IDEIA (2004) also specified that districts may use an evidence-based alternative that evaluates student response to high-quality instruction and interventions in lieu of the discrepancy model. Many schools have chosen to implement an RtI model to identify students with specific learning disabilities. In the RtI option, districts provide high-quality instruction to all students, teachers use universal screening and progress monitoring, and educators collaborate to provide increasingly individualized intensive interventions to struggling students in an effort to provide access to the general curriculum for these students without subjecting them to the disability identification process (Fletcher, Lyon, Fuchs, & Barnes, 2007). RtI was developed as an alternative method of determining eligibility in this category as a result of research extolling the benefits of early intervention (Bradley, Danielson, & Hallahan, 2002; Gresham, 2002).

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As mentioned in other chapters, the RtI process is designed to create frequent opportunities for teachers to document student growth through the use of short assessments as interventions are implemented to assist struggling students. By the conclusion of the RtI process, some struggling students may still not be progressing at a rate commensurate with their peers. Teachers should have enough assessment data to provide evidence that the interventions were implemented with fidelity for an appropriate amount of time but did not provide a significant impact on student progress. IDEIA (2004) allowed data from this process to replace the discrepancy model in the eligibility process for use in identifying a specific learning disability. The use of this method has grown; however, many districts still use a combination of both methods to identify the presence of a specific learning disability.

IDEIA (2004) and previous iterations of the federal legislation mandated specific provisions for the eligibility determination process. One is the legal requirement for parental involvement. The school cannot proceed with the eligibility process unless the student's parents have been notified and have provided informed consent or a due process hearing has permitted the school to proceed. In conjunction with this is the provision of a team decision. No one person is permitted to determine whether a student is eligible for special education services. The parents are part of the team and have an equal voice with all other team members. Another legal requirement is the use of a comprehensive battery of tests; an eligibility decision is never based on a sole assessment (National Joint Committee on Learning Disabilities, 2011). As part of this, it is also legally required that the assessors be trained and competent, that the assessments be used appropriately and in the manner in which they have been created, and that the assessments be individualized to the needs of the student. In addition, all assessments must be given to the student in his or her primary language. If a student is given a test outside of his or her primary language and/or it is not reflective of his or her native culture, his or her performance will be negatively affected, and the results from the assessment will not be an accurate reflection of the student's true knowledge and abilities.

TEAM MODELS

IDEIA (2004) mandated the use of a team to conduct assessments and make decisions about whether a student is eligible for special education and services under one of the 13 disability categories. Schools, however, may choose from a selection of team models, depending on their philosophy for working with the child. For example, schools can use an interdisciplinary team model. In this model, one specialist works with the child, and the teacher acts as the case manager. The specialist interacts with the other professionals in meetings about the child, but professionals do not interact to deliver services. This model uses minimal collaboration because only one person provides the services for the student.

The transdisciplinary team model makes the family and child the direct and immediate focus of the team. Each specialist on the team works with the other team members to conduct assessments and provide services, either through consultation or directly. Educational objectives are developed across service areas to provide a comprehensive and collaborative program for the student.

Finally, the MDT model is associated with the medical model because professionals work with the student in isolation. It is similar to a person seeing a variety of doctors who specialize in different areas in order to find out what is causing the person's problem. The professionals do their specific assessments in isolation and rarely collaborate about what they are doing. The results are not discussed until the end, when the assessments are complete and each team member reports on his or her assessment and the outcomes. This model can make educational planning difficult because services are also provided in isolation; it is difficult to coordinate instruction that crosses areas of expertise.

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MULTIDISCIPLINARY TEAM

Once the prereferral team has made every effort to support a struggling student in the general education classroom, the child is referred for eligibility testing. The MDT gathers to determine if the student is eligible for special education and/or related services under one of the recognized disability categories specified by IDEIA (2004). Each team member brings his or her unique knowledge and expertise to the table to identify and gather relevant knowledge about the child. Each team member has a specific role to play on the team, and each role is highly valued. Each bit of information about the child serves to create a more complete picture of the specific strengths and weaknesses of the child, of the instruction practices and interventions that have been tried in the classroom, of the specific needs of the child, and of the tools that may be beneficial to the child in providing access to the general education curriculum.

The members of the MDT vary according to the student who is being evaluated. To begin, the LEA representative is present; this is a school administrator or other staff person who has the authority to represent the building and/or district. The school psychologist leads the meeting and is responsible for ensuring the completeness of required forms for the report. The school psychologist also ensures that the team completes its responsibilities in a timely fashion in order to satisfy the legally mandated time frame. The general education teachers who work with the student are part of the team because they contribute information about the interventions tried in the classroom, data from progress-monitoring assessments, and anecdotal information about student behavior and attitude. The parents or guardians of the child are part of the team, providing informed written consent to initiate the assessment process and contributing information about the child's developmental history, physical background, attendance, home and family life, interests, social life and involvement, and other relevant data. The parents can also provide specific information about the cultural and linguistic needs of the child. Background information about the family's culture allows the team to better understand how the child's behavior and attitudes affect his or her educational performance. The special education teacher is a member of the team to assist with achievement assessment, collecting work samples, conducting environmental observations, and completing other assessment pieces as needed. The school nurse may be part of the team to share data from vision and hearing screenings; the physical education or adapted physical education teacher may be asked to evaluate the student's fine and gross motor skills for the team. The speech-language pathologist assesses the child's speech and communication skills. Other team members may include a physical therapist, an occupational therapist, a mobility specialist, a social worker, and other personnel who are relevant to the child. All members have something to contribute and are given the opportunity to share their specific knowledge.

MULTIDISCIPLINARY TEAM ASSESSMENTS

Several common assessments are given to students as part of the eligibility process, regardless of which of the 13 disability categories the MDT suspects. Before any of these assessments are conducted, the team must obtain written informed consent from the parent. Once permission is obtained, the team makes a plan to identify which areas will be assessed, which instruments will be used, and who will be conducting the assessments. Only assessments included in the plan can be carried out; if the team decides that additional assessments must be done, they must get informed consent for the additional tests. Figure 12-2 outlines the assessment process from the time the child is referred to the MDT to the point where the student's eligibility for special education is determined by the team.

The communication assessment typically evaluates the student's receptive and expressive language skills. The speech-language pathologist conducts this assessment, although in smaller school districts, the special education teacher may have this responsibility. A short screening instrument is usually administered, followed by a longer, more in-depth instrument

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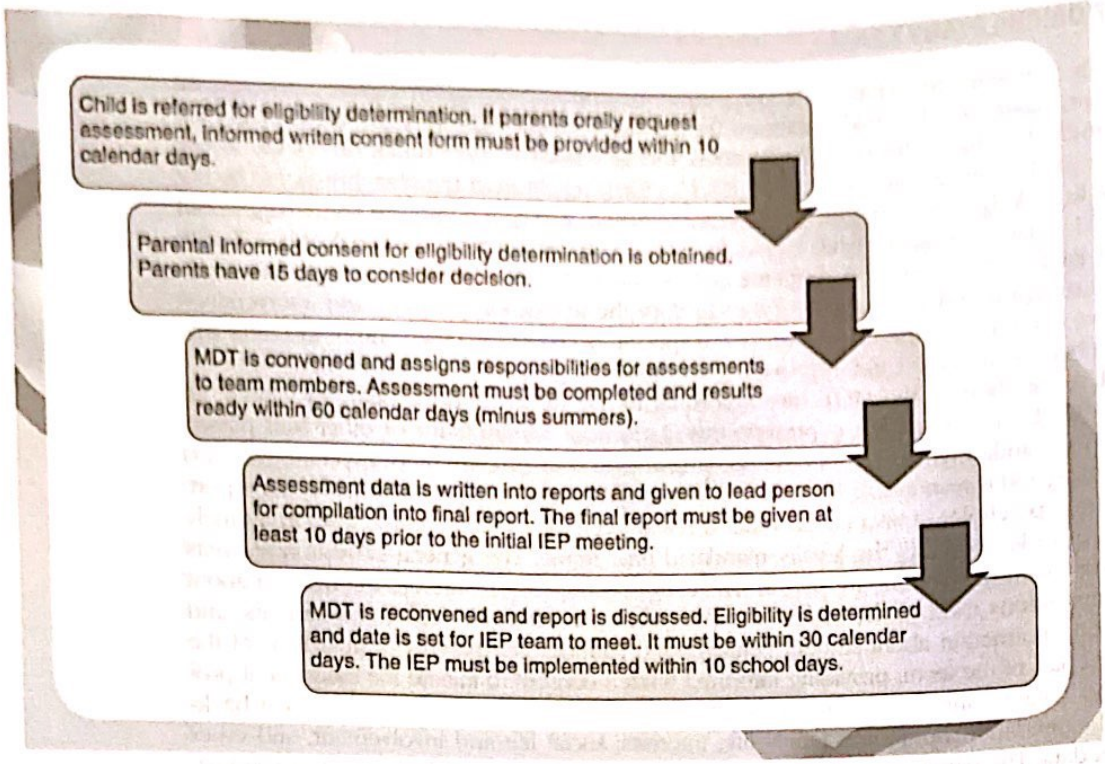

FIGURE 12-2 Eligibility Assessment Steps

if the screener indicates a problem. If the child is believed to be eligible for special education services under the category of speech-language disability, then the team may decide to skip the screening instrument and use the more specific evaluation instead. Administering a screener to determine if there is a problem does not make sense if there is a suspected problem in that area. Beginning with a diagnostic assessment is more time efficient because the test is designed to determine areas of strength and weakness. Fine and gross motor skills are again typically measured through the use of a screening instrument, with a more in-depth follow-up if a problem is indicated. An adaptive physical education teacher, general physical education teacher, or occupational or physical therapist usually conducts the screening. If the student has been identified as having a physical disability, a physician may have already conducted motor skill assessments. The parents can provide permission for that information to be shared with the school. The guidance counselor and special educator typically use a screening instrument to evaluate the social-emotional level of the child, gathering input from other teachers and personnel who interact with the child.

Vision and hearing screenings that are conducted by a physician can be shared with the school if the parent provides written permission. Those tests are run outside of the school as part of an official medical diagnosis for blindness or hearing impairment, and there is no need to subject the child to them repeatedly. For all other categories (e.g., specific learning disability, cognitive impairment, speech-language disability), these tests should be used to evaluate student ability. In some cases, the tests are used to rule out problems. In the case of a learning disability, the legal definition specifies that the problem not be caused by other factors such as vision impairment. A screening instrument is administered in order to confirm the child has no vision problems.

Academic progress is almost always assessed; however, it can be assessed in a variety of ways depending on the suspected area of disability. This area is common to most of the disability categories because it serves as the foundation for the IEP. The academic

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goals and objectives included on the IEP are developed using data from this area of the comprehensive assessment. Some schools choose to use standardized, individually administered achievement assessments such as the Woodcock-Johnson III Tests of Achievement or the Kaufman Test of Educational Achievement. These instruments include the basic subject areas such as reading, writing, spelling, and mathematics but also more general tests such as general knowledge, following directions, and listening. A teacher trained in assessment and testing procedures can administer these assessments. Specific procedures must be followed when administering these types of assessments, and it is important to ensure they are followed to the letter in order to gather accurate and useful data. Some schools choose to use evidence gathered through the RtI process as their evaluation of academic progress. Teachers bring in charts created as part of the progress-monitoring process to demonstrate the average performance by peers and where the student in question falls relative to that level. The teacher also indicates on the charts when interventions were changed, how long each intervention lasted, and how frequently progress-monitoring data were collected. General education teachers may wish to consult with their special education colleagues as this process evolves to ensure accurate collection of the correct data as well as the clearest format to display the data. The student progress data that is used as a comparison between the student in question and his or her peers must be provided as well.

The school psychologist may also administer an ability assessment, or intelligence test (See Chapter 7). The intelligence test may only be administered by trained and licensed psychologists. These instruments should not be administered for use in eligibility determination by anyone who is untrained or unlicensed. In some districts, the data gathered from this evaluation are compared to data from the academic assessment to determine the existence of a significant discrepancy between the two areas. This process has historically been used to indicate the presence of a specific learning disability. In the case of a suspected cognitive impairment, intelligence test data are used to affirm the legal definition of the condition—a decreased level of ability.

Adaptive behavior is another area of assessment required for identification of cognitive impairments. Assessment provides evidence of depressed adaptive behavior skills, which is part of the legal definition of the disability. The assessments are typically rating scales filled out by both teachers and parents. Comparing the two sets of answers can provide additional information, such as differences in behaviors that can be attributed to varied environments, authority figures, and events. Parents may see specific behaviors at home, whereas teachers see no evidence of said behavior at school. Getting to the bottom of the differences can assist teachers in developing a program that is tailored to the abilities and needs of the students.

As stated previously, a screening evaluation of the student's social-emotional status is typically administered. For students suspected of having emotional-behavioral disabilities, more in-depth assessments of both social-emotional status and behavior are administered. These instruments typically are rating scales completed by teachers and parents. They are used to identify whether the student is having issues with externalizing (e.g., acting out, fighting) versus internalizing (e.g., excessive worrying, stomach pain) behaviors as well as to determine the specific characteristics of the problems experienced by the child.

Other relevant assessments may be conducted, depending on the needs of the student. Examples of other assessments include attitudes regarding school and specific academic tasks, technology abilities, English language proficiency, and study skill and organization abilities. Assessments can be added if the team decides additional information in a specific area is needed to determine eligibility for special education services or to clarify the student's strengths and weaknesses within that area.

After team members conduct the assessments for which they are responsible, they write a detailed and interpretative report identifying (1) the test used, (2) whether there were any anomalies during the test administration, (3) information about the subtests

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administered, (4) scores achieved on the subtests, (5) analysis of the data with regards to specific strengths and weaknesses, and (6) area-specific recommendations for the student's education. A designated member of the team—typically the special educator or the school psychologist—collects the individual reports from each team member and compiles them into a comprehensive assessment report that is used to present all the data during the team meeting.

Another component of the comprehensive report, parent information, is not necessarily considered an evaluation or assessment; however, it is one of the most important pieces of the process. Parents contribute background information through interviews conducted by the school psychologist or social worker. First, they can discuss the developmental history of the student: problems with birth, when developmental milestones were reached, and any history of problems during development. The parents can also provide a family background: how many people live in the home and their relationship to the child, major family events that may affect the child's performance in school, and how the child gets along with others in the home. The parents can provide information about the child's conveyed thoughts and perceptions toward school (e.g., what the child likes and does not like, what the child struggles with, relationships with peers and teachers), the child's relationships with friends outside of school, extracurricular activities, and comments other teachers have made about the child.

Depending on the issues that led to the child being referred for an eligibility determination, the school psychologist and special education teacher may conduct observations of the child in various environments. This step typically happens for all children, but it definitely occurs if there is a suspicion of an emotional-behavioral disability. The team member conducting the observation will ensure that the student is observed in multiple settings at different times of day. The observer may look at teacher–student and peer interactions, academic behavior, frustration tolerance (how well the child handles being frustrated), and any specific areas of concern. The results of the observations are integrated into the comprehensive report.

After all the information has been gathered into the comprehensive report, the MDT reconvenes to discuss the findings. The meeting is typically led by the school psychologist, and each team member shares data from the assessments. Questions and requests for clarification or additional information are welcomed throughout the process. Once all the information has been shared and a thorough picture of the child has been established, the school psychologist or leader of the meeting invites discussion about the presence of a suspected disability. After that discussion, the question is posed: Is the student eligible for special education under one of the 13 disability categories? If all of the team members agree, a date is set for the IEP team to meet to develop the educational plan for the student. Further discussion may occur if the team members do not agree, or team members may submit a dissenting opinion if the issue is not resolved. The team also has the option to agree that the student is not eligible for special education. The final report is signed and copied for the parents. One copy is filed at the district or regional level (depending on the organizational system used by each state), and another copy is placed in the student's cumulative file.

IDEIA (2004) mandated that an identified student be reevaluated every 3 years to determine if he or she continues to be eligible for special education services; however, students are no longer required to undergo the same battery of tests unless there has been a significant event or change that affects student performance. For example, if a child has previously been identified as having an emotional-behavioral disability and no significant events have occurred (e.g., traumatic injuries or illnesses), the child would not need to undergo repeated tests of ability. Rather, the comprehensive assessment for reevaluation purposes would focus on current academic functioning and an in-depth social-emotional and behavioral evaluation. A review of records would be conducted as a refresher regarding previous assessment outcomes in those areas determined by the team.

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TIPS FOR CONDUCTING MULTIDISCIPLINARY TEAM MEETINGS

It is important to consider the needs of the team members during the MDT meeting. Figure 12-3 summarizes expectations that will make the meeting effective and efficient for all. The provided guidelines are intended to help all team members feel valued and empowered during the meeting. They will help the team remember the reason for the meeting: to find the best way to help the student.

First, make sure everyone feels welcome. Provide an appropriate-size table and chairs in an environment conducive to confidentiality. Offering the team light refreshments or beverages enhances the comfort level as well. Greet all team members as they arrive, and welcome them to the meeting. Ensure that all of the team members have a chance to introduce themselves and state their role on the team; this is especially important for parents. Parents may not have met other team members or know exactly why some team members are at the meeting. At the beginning of the meeting, have each person state his or her name and role.

During the meeting, avoid the use of acronyms and jargon. Explain any acronyms, rather than assume that everyone understands. In some cases, team members who are not trained in special education may feel embarrassed to ask for clarification. Parents may feel intimidated about stopping the flow of the meeting to ask a question. Avoiding jargon and acronyms in the first place ensures clear communication and prevents embarrassment.

Avoid a complete focus on numbers. Instead, discuss the unique strengths and challenges of the child. Although it is important to impart the data collected in the assessments, it is not useful to only spew numbers such as percentile ranks, standard scores, and so forth. What do these numbers mean? Provide examples of test questions and the answers given by the student. Show examples of student work. Talk about the student in terms of his or her unique set of strengths and challenges. This *strength-based assessment* focuses on strengths and competencies instead of negatives and only test scores. Strengthen the meeting relationship and atmosphere by exploring the strengths of the student in each assessment before delving into the weaknesses. What can this child do? For example, the child was able to sit in his or her seat and pay attention to the test administrator. Or the child greeted the administrator when he or she came into the room. If these are the child's only strengths, so be it. Starting the conversation with the child's strengths goes a long way toward building a more positive team relationship.

Another tip for facilitating an effective meeting is to stop periodically and ask for questions. If team members hold questions until the end, they may feel embarrassed about having to go back to a topic discussed earlier in the meeting. They may also forget what they wanted to ask. They may think of the question later and regret that they do not have that piece of information. It is useful to state at the beginning of the meeting that questions are encouraged throughout the discussion and that all questions are welcomed.

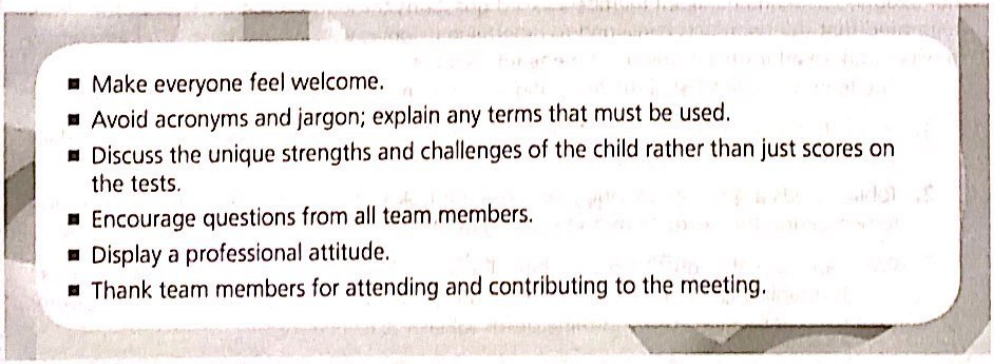

FIGURE 12-3 Professional Actions in Multidisciplinary Team Meetings

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Another important thing to remember is to display a professional attitude. Be mindful of the tone of voice used to answer questions. In addition, pay attention to nonverbal actions that may make others feel uncomfortable (e.g., facial expression, eye rolling, sitting with arms crossed, slouching at the table).

Finally, after the meeting is concluded, make sure to thank everyone for attending and contributing to the meeting. Provide team members with a name and contact information for someone who can answer questions that may come up later. Parents who are unfamiliar with the layout of the school may be escorted out so that they do not end up lost in the building.

CASE STUDY

Tobias received numerous interventions that were intended to improve his decoding skills. His teacher, Ms. Sabina, worked with the intervention specialist, Mr. Wilder, to implement both Tier 2 and Tier 3 interventions in the classroom. When those did not show adequate growth for Tobias, Ms. Sabina and Mr. Wilder approached the building's prereferral intervention team for further assistance. They recommended two additional interventions that were implemented simultaneously for 4 weeks. These two interventions did not have a sufficient impact on Tobias's progress. At the second meeting of the prereferral intervention team, the committee recommended that Tobias be referred to the MDT for assessment to determine his eligibility for special education services for specific learning disability.

Mr. Terrill, the school psychologist, talked to Tobias's parents to explain that the school wanted to do a comprehensive assessment to determine if Tobias qualified for special education and related services. Mr. Terrill sent the form requesting informed consent to the parents, who quickly signed and returned it. Once the school received the signed form, Mr. Terrill sent notices to everyone on the MDT to set an initial meeting.

At the initial meeting, Mr. Terrill filled out the planning page that specified which assessments would be administered and who would be responsible for each assessment. He set the date for completion and explained the procedures for submitting completed reports. He gave Tobias's parents the form to collect background information. The team decided that the RtI information would be collected from Ms. Sabina, but as part of the current model used by the school district, Mr. Wilder would also administer a standardized achievement assessment. An intelligence test would not be administered, but Mr. Terrill would review existing records. The speech-language pathologist would administer the communication screener, and the physical education teacher would administer the fine and gross motor skill screener. The school nurse had already completed a vision and hearing screening within the past 3 months. Ms. Sabina would compile work samples and the RtI information as well as gather information from Tobias's other teachers. Mr. Wilder would be responsible for the achievement assessment and would collect completed reports from all the team members. Mr. Terrill would also conduct the social-emotional and behavior screening. The team's completed report is shown in Figure 12-4.

The MDT reconvened in 30 days. Each team member presented information from his or her assigned assessment. Team members asked questions throughout the discussion. Mr. Terrill reiterated that the team was convened to determine if Tobias was eligible for special education services and asked for the opinions of the team members.

The team then developed the following academic recommendations for Tobias's teachers:

1. Tobias has a competitive spirit. The use of game formats to help him practice new skills will be instrumental to his success.
2. Tobias needs a quiet space when he is given a task so that he can focus on hearing and remembering the instructions and keeping his attention on task.

What are your thoughts? Do you think Tobias is eligible for special education services? Under which disability category do you think he qualifies? Why do you think that? What other academic recommendations can you think of for Tobias's teachers?

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S INFORMATION:

CHILD'S NAME: Tobias Smith — ID NUMBER: 123456789
STREET: 123 Main St — GENDER: ____ GRADE: 2
CITY: Sometown — STATE: OH ZIP: 11111
DATE OF BIRTH: 8/16/2004
DISTRICT OF RESIDENCE: Sometown City Schools
DISTRICT OF SERVICE: Sometown City Schools

TYPE OF EVALUATION:

☑ INITIAL EVALUATION ☐ REEVALUATION

DATES

DATE OF MEETING: May 10, 2012
DATE OF LAST ETR: ____
REFERRAL DATE: 3/1/2012
DATE PARENTS CONSENT RECEIVED: 3/25/2012

PARENTS'/GUARDIAN INFORMATION

NAME: Mr. & Mrs. Smith
STREET: 123 Main St.
CITY: Sometown — STATE: OH ZIP: 11111
HOME PHONE: 111-222-3333 — WORK PHONE: ____
CELL PHONE: ____ — EMAIL: ____
NAME: ____
STREET: ____
CITY: ____ — STATE: OH ZIP: ____
HOME PHONE: ____ — WORK PHONE: ____
CELL PHONE: ____ — EMAIL: ____

ETR FORM STATUS

☐ PART 1: INDIVIDUAL EVALUATOR'S ASSESSMENT (Separate Assessment from each Evaluator)
☐ PART 2: TEAM SUMMARY
☐ PART 3: DOCUMENTATION FOR DETERMINING THE EXISTENCE OF A SPECIFIC LEARNING DISABILITY
☐ PART 4: ELIGIBILITY
☐ PART 5: SIGNATURES

INSTRUCTIONS

Evidence of planning for the evaluation process is a requirement. Using one of the two planning forms (early childhood or school age) that are included with this ETR form is required.

There are five parts to this form, i.e., Part 1,2,3,4 and 5. Parts 1,2 and 4,5 must be completed for all initial evaluations and reevaluations. Part 3 must be completed for initial evaluations if the suspected area of disability is Specific Learning Disability. Part 3 must be completed for reevaluations if the child is currently a child identified as having a specific learning disability or the team is considering a change in the child's disability category to Specific Learning Disability.

In Part 1 each member of the evaluation team will list in the "Areas of Assessment" box the area or areas that they will be assessing, i.e., vision, hearing, fine motor, gross motor, emotional/behavioral or intellectual ability. The evaluator will also provide, in Part 1, the evaluation method and strategies used to conduct the assessment by checking the appropriate boxes. A detailed summary of the results of the assessment or assessments will be provided in the "Summary of Assessment Results" section. The evaluator will sign their assessment page and include his or her position title. The date on this section will be the date the evaluator completed his or her assessment.

Part 2 will be completed by the team chair or district representative by gathering all team members' assessments (Part 1) and summarizing them in the boxes provided in Part 2. The interventions summary is completed for both initial evaluations and reevaluations per the instructions found on the form and in Procedures and Guidance for Ohio Educational Agencies serving Children with Disabilities. The reason(s) for the evaluation is also completed for both initial and reevaluations. The summary of information provided by the parents of the child will include information from the referral form as well as any information provided by the parent through behavioral checklists, interviews or meetings, outside evaluations.

Once all assessment information is gathered and summarized, the team will meet and review all information. The team will then describe the child's educational needs based on the information gathered, and state the implications for instruction and progress monitoring in the appropriate text box.

The team will then consider whether or not the child may have a specific learning disability based on the elements found in Part 3. If no one suspects a disability under this category, the team may skip Part 3 and move into Part 4.

In Part 4 the team determines whether or not the child is eligible for special education and related services by addressing each of the statements found in this section. The final text box in this section is completed with the information that supports the team's eligibility determination.

In Part 5 all members of the team sign the report at the conclusion of this section. If any team member disagrees with the team's determination, the team member must attach a written statement of disagreement to the report.

Tobias Smith 8/16/2004

FIGURE 12-4 Tobias's Evaluation Team Report

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ETR Evaluation Team Report — **Sometown City Schools**

SCHOOL AGE EVALUATION PLANNING FORM *(Required)*

School Age Disability Determination

CHILD'S NAME: Tobias Smith

ID NUMBER: 123456789

DATE OF BIRTH: 8/16/2004

TEAM CHAIRPERSON: P. Terrill

SUSPECTED DISABILITY: Specific Learning Disability

DATE OF PLAN: 3/27/2012

☑ INITIAL EVALUATION

☐ REEVALUATION

TEAM MEMBERS: P. Terrill, Ms. Sabina, Mr. Wilder, Mr. & Mrs. Smith, Principal Jones, Nurse Brown, speech-language pathologist, physical education teacher

ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY(IES)	DATA AVAILABLE[1]	FURTHER TESTING NEEDED[2]	PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT
Information Provided by Parent	Yes	☐	Mr. & Mrs. Smith, Mr. Terrill
General Intelligence	Yes	☐	Mr. Terrill
Academic Skills	No	☑	Mr. Wilder
Classroom Based Evaluations and Progress in the General Curriculum	Yes	☐	Ms. Sabina
Data from Interventions	Yes	☐	Ms. Sabina, Mr. Wilder
Communicative Status	No	☑	speech-language pathologist
Vision	Yes	☐	Nurse Brown
Hearing	Yes	☐	Nurse Brown
Social Emotional Status	No	☑	Mr. Terrill
Physical Exam/General Health	Yes	☐	Mr. & Mrs. Smith
Gross Motor	No	☑	Physical Education Teacher
Fine Motor	No	☑	Physical Education Teach
Vocational/Transition	NA	☐	
Background History	Yes	☐	Mr. & Mrs. Smith, Mr. Terrill
Observations	No	☑	Mr. Wilder, Mr. Terrill
Behavior Assessment	No	☑	Mr. Terrill
Adaptive Behavior	NA	☐	
Other: (circle) Braille needs as determined by VI teacher or appropriately trained/licensed personnel. Audiological needs as determined by certified/licensed audiologist. Assistive Technology needs.	NA	☐	
Other:	NA	☐	

[1] Sufficient data to determine eligibility

[2] Additional data required to determine eligibility. Check if further testing is needed

☑ The Team has taken into consideration limited English proficiency to plan this assessment

☑ The Team has taken into consideration possible sources of racial or cultural bias in planning this assessment

SIGNATURES

Mr. P. Terrill 3/27/12
School District Representative (Name/ Date)

Mr. & Mrs. Smith 3/27/12
Parents (Name/Date)

Ms. Sabina 3/27/12
Regular Education Teacher (Name/ Date)

Mr. Wilder 3/27/12
Intervention Specialist (Name/ Date)

FIGURE 12-4 (*Continued*)

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith — ID NUMBER: 123456789 — DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Ms. Sabina

POSITION: 2nd grade teacher

AREAS OF ASSESSMENT: Reading

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☐ OBSERVATIONS
- ☐ INTERVIEWS
- ☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ NORM-REFERENCED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS

OTHER (Specify)

- ☑ Dynamic Indicators of Basic Early Literacy Skills (DIBELS™)

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

Tobias' DIBELS™ results were examined to determine the levels of basic literacy skills. He was tested on phonemic awareness in kindergarten and first grade. In initial sound fluency, Tobias remained consistently below average throughout kindergarten, scoring about 13 correctly identified initial sounds in the winter testing phase. Average for that time frame is the identification of around 35 initial sounds. When Tobias was assessed on phonemic segmentation, he remained below average during both kindergarten and early first grade. Tobias was performing above average on segmentation, scoring 60 correctly segmented phonemes on both winter and spring testing, with aver performance being around 40 phonemes. Tobias was assessed on the alphabetic principle during kindergarten, first, and second grades. He consistently scored below average all three years, correctly identifying only 20 letter sounds in September, October, and November. Average performance is identifying approximately 60 correct letter sounds throughout second grade. Finally, Tobias was assessed on fluency and comprehension from kindergarten through second grade. He has consistently performed below average. The score on the February progress monitoring assessment was 60 correctly read words per minute. Average performance is approximately 120 CWPM.

DESCRIPTION OF EDUCATIONAL NEEDS:

Tobias continues to need assistance matching sounds with letters. His weakness in this area has affected his ability to decode words which has in turn affected his oral reading fluency and his comprehension. Tobias needs to learn strategies for decoding and to have opportunities to practice his reading fluency.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Tobias may need text that is written at an appropriate reading level, may need supplemental instruction in decoding, and may need frequent opportunities to practice his reading fluency. His progress should be monitored often in these areas using curriculum-based measurement probes, observation, and checklists.

Evaluator's Signature: Ms. Sabina — Date: 4/1/2012

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FIGURE 12-4 *(Continued)*

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Mr. Wilder

POSITION: Special Education Teacher

AREAS OF ASSESSMENT: Reading

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☐ OBSERVATIONS
- ☐ INTERVIEWS
- ☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ NORM-REFERENCED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS

OTHER (Specify)

- ☑ Woodcock Reading Mastery Test

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

The Woodcock Reading Mastery Test is a broad-based assessment for reading that includes subtests on word identification, word attack, and comprehension. An average standard score is 100; the average percentile is 50. In the Word Identification segment of this assessment, Tobias pronounced 57 words correctly. When presented with a word that he did not know, Tobias attempted to sound it out. For example, he said "cleandoor" for "calendar," "curtain" for "certain," "winded" for "wounded," "college" for "cologne," and so forth. His scores indicate that his word identification skill is in the 11th percentile with a standard score of 82 and an age-equivalent of 7-1. This score is below average for this assessment. Tobias' performance on the Word Attack section of the assessment was also well below the expected performance for his age. He decoded 10 words of the 24 that he attempted. Some substitutions included saying "ilt" for "ift," "fi" for "fay," "oos" for "oss," "wed" for "weat," and "verp" for "vunhip." His standard score of 69 (2nd percentile) places him over two standard deviations below the mean for this assessment.

DESCRIPTION OF EDUCATIONAL NEEDS:

Decoding words is a weak area for Tobias. He needs additional practice in matching letters and sounds, breaking words into manageable chunks, and stategies for attacking unknown words.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Tobias may need text written at a more appropriate reading level or text that has been adapted to meet his needs. Tobias needs practice and supplemental instruciton on decoding skills and strategies. Progress monitoring should be done regularly and frequently in this area.

Evaluator's Signature: Mr. Wilder Date: 4/15/2012

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FIGURE 12-4 (*Continued*)

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Mr. Wilder

POSITION: Special Education Teacher

AREAS OF ASSESSMENT: Reading and math

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☑ OBSERVATIONS
- ☐ INTERVIEWS
- ☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ OTHER (Specify)
- ☐ NORM-REFERENCED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

Tobias has an extremely difficult time completing independent assignments. Even when classroom accommodations were made (e.g., moving his seat closer to the teacher's desk, 1:1 instruction and assistance), Tobias' attention drifted to the point that he was unable to maintain his concentration for more than a few minutes at a time. Tobias does get along with his peers in both reading and mathematics; however, he tends to talk to them when he is distracted from doing his own work. Tobias seems to be embarrassed to ask questions in class when he does not understand something and does not even feel comfortable in putting his hand up during independent work when he needs assistance. Tobias also has a hard time remembering to take unfinished work home with him. His teacher tries to pay special attention to ensure he has everything he needs but finds it difficult with 24 other students also needing to be attended to at the same time. Tobias does enjoy activities that are in game format and competitive.

DESCRIPTION OF EDUCATIONAL NEEDS:

Tobias needs to work on staying focused when working on independent tasks, to work on asking questions when he does not understand something, and to organize his assignments/work.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Tobias may need to be seated in a quieter part of the room away from other students when working independently. Tobias may need to be reminded to ask questions or to use a cue that allows the teacher to see that he needs assistance. Tobias may need a dedicated folder that can be used to help him transport materials to and from school.

Evaluator's Signature: Mr. Wilder Date: 5/6/2012

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FIGURE 12-4 (*Continued*)

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Mr. Wilder

POSITION: Special Education Teacher

AREAS OF ASSESSMENT: Mathematics

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☐ OBSERVATIONS
- ☐ INTERVIEWS
- ☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ NORM-REFERENCED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS

OTHER (Specify)

- ☑ Woodcock-Johnson III Test of Achievement

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

Tobias was given the mathematics subtests (Applied Problems, Calculation, and Fluency) on the WJ-III Test of Achievement. On the Applied Problems, Tobias earned a standard score of 82, putting him in the 12th percentile. He was asked to solve progressively more complex mathematical word problems for this assessment. He was able to be successful on the word problems requiring only basic computation, but struggled on problems involving multiple steps or more complex skills such as decimals and fractions. Tobias was assessed on computation, where he was asked to complete a set of numerical mathematical problems. On this assessment, Tobias earned a standard score of 108, putting him in the average range of performance. Tobias was able to calculate using the four basic operations with whole numbers and decimals. Operations involving fractions and mixed numbers posed problems for Tobias, but overall Tobias seems to be on target with his peers for mathematics calculation. On the Fluency assessment, Tobias earned a standard score of 114. He was very accurate and set a good pace when answering basic fact problems involving addition, subtraction, and multiplication.

DESCRIPTION OF EDUCATIONAL NEEDS:

Tobias' primary issue in mathematics relates to the completion of word problems. Tobias is able to solve simple, one-step word problems that involve the basic operations; however, he tends to be come confused when the problems require more than one step to solve or involve more complex mathematical sills such as decimals and fractions. Tobias needs strategic instruction in word-problem solving.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Tobias needs explicit instruction in word problem solving strategies to give him specific steps to work through as he solves word problems. The use of a checklist detailing the necessary steps for solving word problems may be useful for Tobias so that he can check off each step as he completes it. Word problem probes should be used on a regular basis to determine Tobias' effectiveness in implementing word problem solving strategies and his progress in successfully solving the word problems.

Evaluator's Signature: Mr. Wilder Date: 5/1/2012

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FIGURE 12-4 (*Continued*)

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Mr. Terrill

POSITION: School Psychologist

AREAS OF ASSESSMENT: Cognitive Ability

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☐ OBSERVATIONS
- ☐ INTERVIEWS
- ☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ NORM-REFERENCED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS
- ☐ OTHER (Specify)

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

The Woodcock-Johnson III NU Tests of Cognitive Abilities is a norm-referenced measure of cognitive ability designed to assess a person's skills used to learn new information. It includes subtests that measure different aspects of cognitive ability. Overall resutls indicate that Tobias' general intellectual ability falls in the average range.

The Verbal Ability cluster is a measure of language development that includes comprehension of individual words and relationships among words. Verbal ability is an important predictor of cognitive performance. Tobias' performance falls in the low average range.

The Thinking Ability cluster represents an aggregate of the abilities that allow a person to process information placed in short-term memory but not processed automatically. Tobias' performance falls in the average range.

The Cognitive Efficiency cluster represents the capacity of the cognitive system to process information automatically. Tobias' performance was in the average range.

The Long-Term Retrieval cluster indicates the capacity to process information automatically. Tobias earned a score in the average range.

Working Memory refers to the ability to hold information in the memory while performing a mental operation on the information. Tobias performed in the average range.

The Short-Term Memory cluster represents the ability to capture and hold information and use it within a few seconds. Tobias performed within the average range.

DESCRIPTION OF EDUCATIONAL NEEDS:

This measure indicated that Tobias does not have a cognitive disability that would cause academic difficulty. Tobias' educational needs will be more specific to the individual content areas.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Instruction and progress monitoring will be specific to individual content areas.

Evaluator's Signature: Mr. Terrill Date: 4/25/2012

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FIGURE 12-4 *(Continued)*

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Mr. Terrill

POSITION: School Psychologist

AREAS OF ASSESSMENT: Social/Emotional

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☐ OBSERVATIONS
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ NORM-REFERENCED ASSESSMENTS
- ☑ INTERVIEWS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS
- ☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- OTHER (Specify) ☐

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

Tobias was informally interviewed by the school psychologist regarding his feelings about friendships, home, and school. Tobias named friends at both home and school with whom he likes to play. He named age-appropriate activities that he likes to do with his friends such as playing football, baseball, and board games. Regarding his home life, Tobias stated, "I have a great family. They take care of me, we do stuff together, and they really rock!" At school, Tobias feels that he is good at writing, drawing, and math problems "with numbers, but not words." Tobias feels like he could use more help with reading and working harder. When asked about Ms. Sabina, his teacher, Tobias responded that she is "a good teacher, but sometimes too busy to help me for a long time." Overall, Tobias presented as a pleasant, polite, and friendly young man. He is aware of his difficulty in reading and staying on task, but appears to be comfortable in his class and with his teacher. Tobias' social/emotional status seems to be on par with his age-level peers.

DESCRIPTION OF EDUCATIONAL NEEDS:

No recommendations for this area - everything is on par with Tobias' age-level peers.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Tobias' social/emotional status does not call for any specialized instruction; however, Tobias should check in with the school psychologist periodically to make sure that have been no drastic changes in his status.

Evaluator's Signature: Mr. Terrill Date: 4/29/2012

PR-06 ETR FORM REVISED BY ODE: May 22, 2012 PAGE 8 of 17

FIGURE 12-4 (*Continued*)

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Nurse Brown

POSITION: School Nurse

AREAS OF ASSESSMENT: Vision/Hearing

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☐ OBSERVATIONS
- ☐ INTERVIEWS
- ☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ NORM-REFERENCED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS

OTHER (Specify)

- ☑ Routine screenings

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

Vision and hearing skills were both in the average range for Tobias. No recommendations needed.

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Evaluator's Signature: Nurse Brown Date: 4/2/2012

PR-06 ETR FORM REVISED BY ODE: May 22, 2012 PAGE 9 of 17

FIGURE 12-4 *(Continued)*

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Physical Education Teacher

POSITION: Physical Education Teacher

AREAS OF ASSESSMENT: Motor skills

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☐ OBSERVATIONS
- ☐ INTERVIEWS
- ☐ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ NORM-REFERENCED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS

OTHER (Specify)

- ☑ Fine/gross motor skills screening

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

Fine and gross motor skills were both in the average range for Tobias. No recommendations needed.

DESCRIPTION OF EDUCATIONAL NEEDS:

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Evaluator's Signature: Physical Education Teacher Date: 4/2/2012

PR-06 ETR FORM REVISED BY ODE: May 22, 2012 PAGE 10 of 17

FIGURE 12-4 (*Continued*)

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

1 INDIVIDUAL EVALUATOR'S ASSESSMENT

Section to be completed by each individual evaluator

EVALUATOR NAME: Speech-language pathologist

POSITION: Speech-language pathologist

AREAS OF ASSESSMENT: Communication

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance

- ☑ OBSERVATIONS
- ☐ INTERVIEWS
- ☑ REVIEW OF RECORDS AND RELEVANT TREND DATA (SCHOOL RECORDS, WORK SAMPLES, EDUCATIONAL HISTORY)
- ☐ SCIENTIFIC, RESEARCH-BASED INTERVENTIONS
- ☐ CURRICULUM BASED ASSESSMENTS
- ☐ OTHER (Specify)
- ☐ NORM-REFERENCED ASSESSMENTS
- ☐ CLASSROOM BASED ASSESSMENTS

ASSESSMENT INFORMATION

Provide a summary of the information obtained from the assessment results per the evaluation plan including the child's strengths, areas of need and baseline data

SUMMARY OF ASSESSMENT RESULTS:

Tobias was observed for expressive and receptive oral communication; work samples were obtained to examine for expressive and receptive written communication. Tobias had some difficulty with receptive written communication. He was given a set of ten individually listed written instructions to get him to perform specific tasks; of the ten instructions, Tobias was only able to perform five of them successfully. Tobias also had some difficulty with receptive oral communication. When he asked to move to specific areas of the classroom during the observation, he did not immediately comply and needed to ask for several repetitions of the instructions. He does understand and follow social conversation conventions.

DESCRIPTION OF EDUCATIONAL NEEDS:

Tobias has difficulty with receptive communication in both oral and written formats.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Tobias may need to have instructions repeated and/or read aloud to him. It may be beneficial to have Tobias repeat those instructions back to the teacher prior to starting to follow them. It is also important to make sure that you have Tobias' full attention before giving instructions on tasks or assignments. The speech-language pathologist will check in with Tobias' teachers periodically to monitor Tobias' progress.

Evaluator's Signature: Speech-language pathologist Date: 4/25/2012

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FIGURE 12-4 *(Continued)*

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

2 TEAM SUMMARY

Combine all Part 1's Individual Evaluator's Assessment from all evaluators into team summary

INTERVENTIONS SUMMARY

Provide a summary of all interventions done prior to the child's referral for an evaluation or done as part of the initial evaluation. For all reevaluations provide a summary of interventions routinely provided to this child.

The Intervention Assistance Team met earlier this year and created a plan of interventions for Tobias. The team recommended that: 1) the teacher implement a classroom management plan that involved a point system to help Tobias stay on task which has helped the behavior slightly (still much room for improvement here); 2) the teacher shorten word problem assignments while still maintaining integrity - this has helped some with completion but accuracy is still an issue; 3) teacher provides short breaks (i.e. run an errand to another room) which has helped some with the restlessness, but upsets the other students because they can't run errands too; and 4) two different classroom Tier 3 level interventions be implemented to work on decoding (these have minimally helped performance in this area).

REASON(S) FOR EVALUATION:

The interventions provided in the general education classroom over the course of the past three months have not been effective in bringing Tobias' performance up to the level of his classmates.

SUMMARY OF INFORMATION PROVIDED BY PARENTS OF THE CHILD:

Mr. & Mrs. Smith spend a lot of time "pumping up" Tobias at home. They go out of their way to involve him in leisure activities that he enjoys such as a local baseball team in the summer, involvement in scouts, and nature classes at the museum. Tobias has an older sister who is in the gifted program and Tobias knows that she gets mostly A's on her report cards. Tobias is becoming increasingly convinced that he is a failure at school and is starting to express negative thoughts to attending school. Tobias has always attended school in this district and attendance has not been an issue for him.

SUMMARY OF OBSERVATIONS: (only required for preschool and SLD)

The observations done in the general education classes for Tobias indicate that he has trouble staying focused, particularly when instruction focuses on anything related to or requiring extensive reading. When Tobias loses focus he tends to try to talk to his neighbors, stare out the window, or fidget in his seat. When the instruction involves a hands-on activity or game, Tobias is focused and engaged.

MEDICAL INFORMATION:

Mr. & Mrs. Smith report that there have been no significant medical issues in Tobias' life. He has had several ear infections as an infant/toddler and did have tubes put in his ears when he was 6. That has eliminated the majority of the infections. He tends to have the usual colds/flue during the winter and has minimal respiratory allergies in the summer. Tobias is reported to have developed normally, beginning to crawl, walk, coo, and talk at the appropriate developmental ages.

SUMMARY OF ASSESSMENT RESULTS:

The assessments administered to Tobias indicated that while there is not a deficit in his cognitive ability to learn, there is a deficit in his academic achievement. Tobias is not able to meet the demands of general education instruction and needs more individualized instruction to help him be successful.

DESCRIPTION OF EDUCATIONAL NEEDS:

Tobias has specific problems in decoding, fluency, and comprehension. These problems carry across content areas into science, social studies, and mathematics as well as his reading class. Tobias may need to have assistance with understanding instructions, staying focused on his work, and organizing his materials/homework/etc.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

Tobias needs individual assistance in several aspects of general education and may benefit from having a peer "buddy" help him with organization, asking questions, modeling appropriate behavior, etc. Checklists detailing steps needed to complete tasks may be useful, as well as a written schedule and advanced warnings of transitions. Academic skills should be monitored often through probes.

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FIGURE 12-4 *(Continued)*

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

3 DOCUMENTATION FOR DETERMINING THE EXISTENCE OF A SPECIFIC LEARNING DISABILITY

REQUIRED NOTIFICATION

If the child has participated in a **process that assesses the child's response to scientific, research based intervention,** indicate if the parents were notified about the following prior to the evaluation:

The state's policies regarding the amount and nature of student performance data that would be collacted and the general services that would be provided. (See Procedures and Guidance for Ohio Educational Agencies serving Children with Disabilities)	☑ YES ☐ NO
Strategies for increasing the child's rate of learning	☑ YES ☐ NO
The parents right to request an evaluation	☑ YES ☐ NO

Section A must be completed

Either Section B or Section C must be completed

A. IDENTIFIED AREAS

Identify one or more of the following areas in which the team has determined that the child is not achieving adequately for the child's age or state-approved grade-level standards when provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards.

☐ Oral Expression	☑ Reading Fluency Skills	☐ Written Expression	☐ Mathematics Calculation
☐ Listening Comprehension	☑ Reading Comprehension	☑ Basic Reading Skill	☑ Mathematics Problem solving

B. RESPONSE TO SCIENTIFIC, RESEARCH-BASED INTERVENTION

Assessment information should be summarized in this section if the evaluation team used a process based on a child's response to scientific, research-based interventions to determine whether the child has a specific learning disability in one or more of the areas identified in Section A.

Benchmark assessments given in the fall indicated that Tobias was behind his peers in the 2nd grade. Ms Sabina implemented a recommended computer program to provide Tier 2 intervention in decoding for Tobias as well as weekly progress monitoring probes. Upon examination of Tobias' performance after six weeks of implementation, Tobias had only improved by a very small amount. After consulting with Mr. Wilder, Ms. Sabina moved Tobias into Tier 3 interventions with Mr. Wilder, where direct instruction techniques with modeling and repeated practice were implemented to help Tobias with decoding. Tobias completed progress monitoring probes at least twice weekly. After six weeks, Mr. Wilder and Ms. Sabina examined Tobias' performance and learned that he was still not progressing satisfactorily. Additionally, two other interventions to help with decoding were implemented upon recommendation of the Pre-Referral Intervention Team and they were not successful either.

C. PATTERNS OF STRENGTHS AND WEAKNESSES

Assessment information should be summarized in this section, if the evaluation team used alternative research-based procedures to determine if the child exhibited a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards or intellectual development that the team determined to be relevant to the identification of a specific learning disability in one or more of the areas identified in Section A.

Classroom reading progress monitoring measures (DIBELS™) and a standardized reading assessment (Woodcock Reading Mastery Test-Revised) were administered to determine Tobias' ability to decode, read fluently, and comprehend text. The DIBELS™ measures indicated problems specifically with decoding and fluency. The WRMT-R confirmed these issues and indicated additional issues with passage comprehension. Tobias' score on the WRMT-R was more than 1 standard deviation below the mean, indicating that Tobias is not performing these skills at a level commensurate with his age-level peers.

FIGURE 12-4 *(Continued)*

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

D. EXCLUSIONARY FACTORS

The evaluation team has determined that its findings are NOT primarily the result of:

- ☑ A Visual, Hearing, or Motor Disability
- ☑ Mental Retardation
- ☑ Emotional Disturbance
- ☑ Limited English Proficiency
- ☑ Environmental or Economic Disadvantage
- ☑ Cultural Factors

E. DOCUMENTATION-UNDERACHIEVEMENT NOT DUE TO A LACK OF APPROPRIATE INSTRUCTION

Regardless of the process used to identify a child as having a specific learning disability, the team must ensure that the child's underachievement is not due to a lack of appropriate instruction in reading or math by considering the following information:

1. Data that demonstrate that prior to, or as part of the referral process, the child was provided appropriate instruction in general education settings, delivered by qualified personnel.

   Summarize the data used by the team to document this requirement:

   Instruction was provided by Ms. Sabina who has 5 years experience in teaching the second grade. Ms. Sabina is considered highly qualified to teach this grade level, having both a Bachelor's of Science and a Master's of Education in Early Childhood Education, licensing her to teach K-3. These degrees were both obtained through accredited university programs and she is licensed to teach by the state of Ohio. The Intervention Assistance Team collaboratively developed the intervention plan to be implemented to assist Tobias and qualified members of the team observed to ensure the interventions were being implemented with fidelity. Instruction in the classroom has aligned with the Ohio Academic Content Standards in reading, mathematics, and social studies.

2. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, that was provided to the child's parent.

   Summarize the data-based documentation used by the team to document this requirement:

   In accordance with district policy, all teachers in this school administer DIBELS™ benchmarking assessments during the fall, winter, and spring of each school year. The data is kept on file for each student so long-term trends can be observed on the students both as a group and on an individual basis. Ms. Sabina also has implemented a curriculum-based measurement system in her reading and mathematics classes where fluency measures are taken twice weekly. Parents receive results of student progress every other week with an updated graph and summary of progress.

F. OBSERVATION

Summarize the child's academic performance and behavior in the areas of difficulty as observed in the child's learning environment including the regular classroom setting.

Tobias has demonstrated problems in both academic and behavior in the regular classroom setting. With regard to the academic issues, Tobias has demonstrated that reading decoding, fluency, and comprehension are significant problem areas. Tobias struggles to decode words when reading which in turn affects his fluency and comprehension of text. In behavior, Tobias struggles to stay on task and focused on his work. He struggles to understand both oral and written instructions. This leads to Tobias not understanding what is expected of him and performing distracting behaviors that affect the other students in the class.

G. MEDICAL FINDINGS

Describe the educationally relevant medical findings, if any:

Tobias experienced a significant number of ear infections as an infant/toddler. These infections were curtailed through tubes in the ears.

FIGURE 12-4 *(Continued)*

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

4 ELIGIBILITY

ELIGIBILITY DETERMINATION

It is the determination of the team that:

The determining factor for the child's poor performance is not due to a lack of appropriate instruction in reading or math or the child's limited English proficiency. For the preschool-age child the determining factor for the child's poor performance is not due to a lack of preschool pre-academics.	☑ YES ☐ NO
The child meets the state criteria for having a disability (or continuing to have a disability) based on the data provided in this document.	☑ YES ☐ NO
The child demonstrates an educational need that requires specially designed instruction	☑ YES ☐ NO

If the response is **NO** to any question, then the child is **NOT** eligible for special education.

If the response to all three questions is **YES,** then the child **IS** eligible for special education.

The child is eligible for special education and related services in the category of: Specific Learning Disability

BASIS FOR ELIGIBILITY DETERMINATION: (or Continued Eligibility)

Provide a justification for the eligibility determination decision, describing how the student meets or does not meet the eligibility criteria as defined in OAC 3301-51-01 (B)(10) (Definitions) and OAC 3301-51-06 (Evaluations). Include how the disability affects the child's progress in the general education curriculum.

Tobias has an academic deficit in reading decoding, fluency, and comprehension that negatively impacts his performance in the classroom as determined by standardized assessment, curriculum-based assessment, and classroom observations. It has been determined that Tobias does not have a cognitive disability, vision/hearing problem, emotional/behavioral disorder, Limited English Proficiency, or other medical issue that might cause such a deficit. It has been determined that Tobias has received appropriate instruction in reading by a highly qualified, experienced teacher and that evidence-based interventions have not increased Tobias' performance to a level typical of his age-level peers.

FIGURE 12-4 *(Continued)*

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ETR Evaluation Team Report — **Sometown City Schools**

CHILD'S NAME: Tobias Smith | ID NUMBER: 123456789 | DATE OF BIRTH: 8/16/2004

5 SIGNATURES

DATES

DATE OF MEETING: May 10, 2012
DATE OF LAST ETR:
REFERRAL DATE: 3/1/2012

EVALUATION TEAM

The names, titles and signatures below identify the members of the evaluation team and indicate whether or not each team member is in agreement with the conclusions of the report.

NAME	TITLE	SIGNATURE	DATE	STATUS
Mr. & Mrs. Smith	Parent		5/10/2012	☑ Agree ☐ Disagree
Mr. P. Terrill	School Psychologist		5/10/2012	☑ Agree ☐ Disagree
Mr. Wilder	Special Education Teacher		5/10/2012	☑ Agree ☐ Disagree
Ms. Sabina	2nd grade teacher		5/10/2012	☑ Agree ☐ Disagree
Nurse Brown	School Nurse		5/10/2012	☑ Agree ☐ Disagree
	Physical Education Teacher		5/10/2012	☑ Agree ☐ Disagree
	Speech language pathologist		5/10/2012	☑ Agree ☐ Disagree
Mr. Green	Principal		5/10/2012	☑ Agree ☐ Disagree
				☐ Agree ☐ Disagree
				☐ Agree ☐ Disagree
				☐ Agree ☐ Disagree

STATEMENT OF DISAGREEMENT

If a team member is not in agreement with the team's determination, the team member shall attach to this report a written statement explaining his or her reason for disagreeing with the team's determination.

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FIGURE 12-4 (*Continued*)

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CHAPTER REFLECTION

When a student is struggling in the classroom and the teacher has attempted increasingly intensive interventions with little to no measureable progress, the time comes to seek additional assistance. The teacher can refer the child to the building's prereferral team to brainstorm further interventions. Interventions must be properly implemented, and proper documentation of the student's progress must be collected throughout the intervention's use. If additional interventions are not sufficient to ensure measurable progress, the child may need to be referred to the building's MDT to determine if the child is eligible for services. By design, the team works collaboratively to conduct a comprehensive assessment. Each member brings his or her personal expertise to the table, and the completed report provides a complete picture of the child's areas of strength and weakness. If the child is found eligible under one of the disability categories, the IEP team then uses the data from the comprehensive evaluation to develop an IEP and to determine the least restrictive environment for the child.

As a future special educator, you will one day be a member of an MDT. What important things do you know about facilitating such a meeting?

CONCLUSION

Students cannot receive special education services unless they are found eligible under one of the 13 disability categories identified by federal legislation. Referral for eligibility is typically a last resort after multiple intervention efforts have been attempted in the classroom, unless there is a clear safety issue. Data are gathered from a comprehensive assessment of numerous instruments in a variety of areas related to the individual strengths and weaknesses of the child. No single assessment and person makes the decision. Once a decision has been made, the process continues with the development of the IEP and determination of the amount, type, and placement for provision of services.

PROGRESS CHECK

Review and answer the following questions; these queries are designed to help provide a self-check of the material and concepts that have been covered in the chapter:

1. Why do we attempt numerous interventions in class and use eligibility testing as a last resort for students (except in extreme cases of safety)?
2. Why are multiple assessments and a team of people used to determine eligibility for special education services?
3. How are the assessments used in the eligibility determination process tied to the development of the IEP?

RESOURCES

Wright's Law: Eligibility at **www.wrightslaw.com** includes frequently asked questions, articles, and legal resources to explain the mandates of IDEIA (2004) in more detail. The site contains resources appropriate for teachers as well as parents.

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National Council on Learning Disabilities (NCLD) (**www.ncld.org**) focuses on the eligibility process for students suspected of having a specific learning disability. It has a slant toward parent information; however, it can also be of use to teachers. Once on the homepage, go to the tab labeled "For Parents" and choose the "Parent Guide to IDEA." Chapter 6 of the guide provides information on the eligibility process.

National Dissemination Center for Children with Disabilities at **nichcy.org** provides a guide for evaluating children for special education services under the "Children (3-22)" tab. The guide includes a summary of IDEIA, the purpose and timeframe for evaluation, and determining eligibility.

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