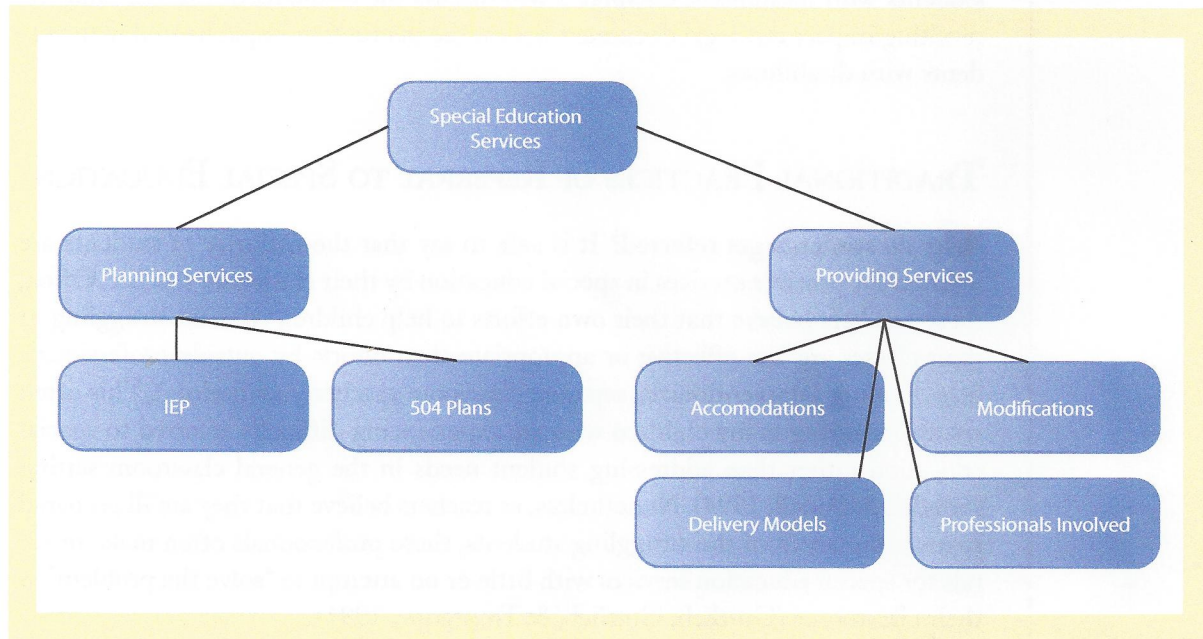


CHAPTER

2

Planning and Providing Special Education Services

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THE TOP TEN TERMS FOR CHAPTER 2:

The following key terms or big ideas are critical to your understanding of the content for chapter 2 and the in-class discussions to follow.

• 504 Plan	• Accommodations
• Consultation	• Co-teaching
• IFSP	• Modifications
• Resource Room	• Response to Intervention (RTI)
• Self-Contained classroom	• Transition

Chapter 1 told us that special education can be many things to many people. Each person involved with students with special needs, including the student, potentially brings his or her own interpretation of what IS and what SHOULD BE. This is why there are laws that govern what we do in our schools as we work with these learners. Regardless of one's interpretation or bias relating to students with disabilities, there are several underlying truths that guide just about everything that happens in special education in our schools. Toward the end of Chapter 1, we stated that students are likely to perform more effectively if and when the expectations for their performance are set high. Effective interventions and support are crucial to ensure that students reach the level of the expectations. Special education is not a "one size fits all" model; rather, special education emphasizes that it may likely take better or different techniques to help all students with disabilities perform at a higher level. This alternative instruction begins with the completion of the Individualized Education Program (IEP). How and where students with disabilities receive services and who provides these services are identified in the IEP. This "blueprint" consequently guides the instruction to be provided for all students with disabilities. Chapter 2 will discuss the elements of the IEP and the resulting impact this legal document has on the instruction implemented with students with disabilities.

TRADITIONAL PRACTICES OF REFERRAL TO SPECIAL EDUCATION

Why do students get referred? It is safe to say that the majority of students are referred for possible services in special education by their classroom teacher. Often, these teachers believe that their own efforts to help children who are struggling in their classes are less effective or appropriate than efforts by outside professionals (e.g., reading interventionists, separate classroom teachers, counselors). This often results in having many children who are experiencing difficulty referred to special education rather than addressing student needs in the general classroom setting (Soodak & Podell, 1994). Nonetheless, as teachers believe that they are ill prepared to meet the needs of the struggling students, these professionals often make referrals for special education services with little or no attempt to "solve the problem" in their classrooms (Gottlieb, Gottlieb, & Trontgone, 1991).

Occasionally parents request a special education evaluation for their children. The parents relate their experiences with the child and seek to find answers to the issues that confront them in their home environment. Given the teacher's experience with the child, the teacher may agree with the parent and initiate the referral process. Conversely, the teacher may not observe the challenges noted in the home environment and suggest that more observations may be necessary to ensure the greatest opportunity for the student to experience success.

How teachers have traditionally decided when to refer. Crowl, Kaminsky, & Podell (1997) suggested that teachers ask themselves a series of questions prior to referring students for special education services:

- Initially, classroom teachers should determine that all possible interventions and strategies have been implemented in an attempt to meet the needs of the struggling student(s).
- Next, teachers must ensure that they have collaborated with their colleagues and other professionals in an effort to find alternatives to the existing classroom instruction.
- Once the alternative instructional practices have been implemented, the teacher should then determine if the general education setting does indeed provide services appropriate to the needs of the student(s).
- Finally, after carefully considering the answers to the first three questions, the teacher should reflect on the situation and *decide if a referral is in the best interests of the student*. If the teacher determines that additional services would be beneficial in helping the student(s) succeed, the referral for special education services should be made.

What traditionally happens after the special education referral process begins?

Upon referral for special education, the student is assessed by professionals from various disciplines. These professionals administer a series of standardized tests designed to measure the student's intellectual ability, academic skills, verbal and written language, behavior, and any other area of concern (Algozzine, Christenson, & Ysseldyke, 1982). Historically, evidence suggests that the significant majority of referrals to special education will result in placement in special education programs (Algozzine, et al., 1982).

How final decisions are traditionally made to determine students eligible for special education?

Upon completion of the test administrations noted above, the results of the student's performance on the battery of tests are scored, analyzed, and interpreted in an effort to determine the possibility of placement in a special education program. These results are compared to the specific criteria established by each state for each of the disability categories (e.g., learning disabilities, intellectual disabilities). For example, Chapter 5 describes the criteria used to identify a student as having intellectual disabilities. These criteria state that the student must have general intellectual ability that is significantly below average compared to the student's peers. The student must also experience difficulty with adaptive behavior skills such as counting money or riding a city bus. These difficulties must also occur before the child turns 18 (see Chapter 5 for more details regarding the identification criteria for students with intellectual disabilities). If it is determined that, prior to the student's 18th birthday, the student has an Intelligence Quotient (IQ) that is significantly below average (i.e., 70 and below) co-occurring with deficits in adaptive behavior, the individual qualifies to receive services in a program for students with intellectual disability. At this point, a meeting is arranged to produce a plan designed to meet the needs of the student throughout the academic year.

What traditionally happens before an individualized education program is developed?

Students may struggle in the general education classroom for various reasons. Some students enter the school environment with limited exposure or

experience in pre-academic and academic skills. These children begin their academic careers without the necessary skills displayed by the majority of their peers. It is possible that these students will lag behind their peers until they are exposed to and learn the skills exhibited by their peers upon entering school. These students will likely benefit from instruction and, with time, often “catch up” to their peers. This may be accomplished by entering into a summer enrichment program, or receiving support beyond the scope of the traditional school day (e.g., after school tutoring). These students will likely perform at a level commensurate to their peers and require no support.

However, there are students who function significantly below their grade level peers and demonstrate limited success in the general education setting. Students who are in this situation often require instruction that is different from that typically provided in the general education setting. When a student is identified as having significant academic or behavioral difficulty in the general education classroom, the student often receives intervention strategies specifically designed to meet his/her needs. The interventions are developed by a committee and incorporated into the general education classroom setting. These interventions are implemented by the general education teacher and data are collected as to the student’s progress over a 2 or 3 week period. If the student makes progress as a result of the “new” interventions, the intervention technique(s) continues. However, if the student does not make progress and continues to struggle, further steps are taken. The student may receive more extensive support as his/her progress continues to be monitored. Once again, if the student makes appropriate progress, the intervention continues and no further services are required. If, however, the student fails to benefit from this instruction, the intervention team or committee proceeds with a referral for special education services. After obtaining parental consent, a traditional evaluation is completed and if the student meets the disability criteria established, the student may begin to receive special education services.

RESPONSE TO INTERVENTION (RTI)

Why RTI? Problems with the Traditional Evaluation Process

A recent innovation of the special education referral process has been presented to school systems that strongly emphasize prevention of school failure. The three-tier model referred to as RTI is an attempt to define efforts for monitoring student performance in school and providing interventions in areas of struggle with progressively greater intensity corresponding to student needs. The development of RTI was in response to a number of key issues related to general education service delivery. First, the role of instructional materials and practices used with the majority of students (core instruction) had been largely ignored as it related to inadequate student learning. For example, students received poor general instruction and were thought to be disabled because they did not perform well. These students were “instructional casualties” of the poor core instruction they received.

Second, general education classrooms lacked differentiation. Instruction in classrooms had primarily been delivered in whole group formats, with emphasis on teaching to the average student (Baker & Zigmond, 1990). In addition, struggling students were typically provided environmental adjustments, such as preferential seating or extra time on assignments, instead of instruction geared toward areas of need.

Lastly, instructional practices within general education lacked scientific evidence. In other words, teachers were using methods not proven to work for most students. All of these factors, have in part, lead to large numbers of students referred, evaluated, and found eligible for special education services due to the poor quality of instruction and limited range of services received through general education. As you can see, RTI is intended to provide more research-based and appropriate intervention techniques to students in an effort to reduce the number of students who are inappropriately identified as students with disabilities. This intervention takes place in tiers; IDEA suggests using a three-tiered approach (see Figure 2.1).

How does RTI improve upon the Traditional Referral Process?

Traditionally, students with unique learning needs were referred by their teachers for evaluation. This process is discussed as “pre-referral.” As mentioned above, this process had a host of problems ranging from poor instructional practices to subjective referrals for evaluation. In an RTI model, students move through the process in response to their learning. For example, in the traditional model, teachers were not required to collect data on direct student response to instructional practices. This led to teachers making referral decisions based on opinion rather than objective data. RTI systems are designed to improvement this problem by requiring data on student learning to make educational decisions. Core or Tier 1 instruction takes place in the general education classroom. Tier 1 consists of research-based instructional materials and strategies documented to be effective for most students. Nonetheless, it is important to recognize that attention to student diversity and differentiated instruction is incorporated into the Tier 1 setting. Primary prevention or Tier 2 requires more support from the classroom teacher and other professionals who have the training or background to provide more focused, intense support. See Table 2.1 for descriptions on how to make activities “more” intense. These interventions are typically provided in small group settings. If a student does not respond to these interventions, the student progresses to Tier 3. At this level, the student receives the most intensive level of support available. This means the student receives even more carefully designed instruction to match student needs. The delivery of Tier 3 instruction may vary (general or special education delivery) depending on local procedures and resources. Typically, if a student is not responsive to Tier 3 instruction, this begins the process designed to determine eligibility for special education services.

Figure 2.1.

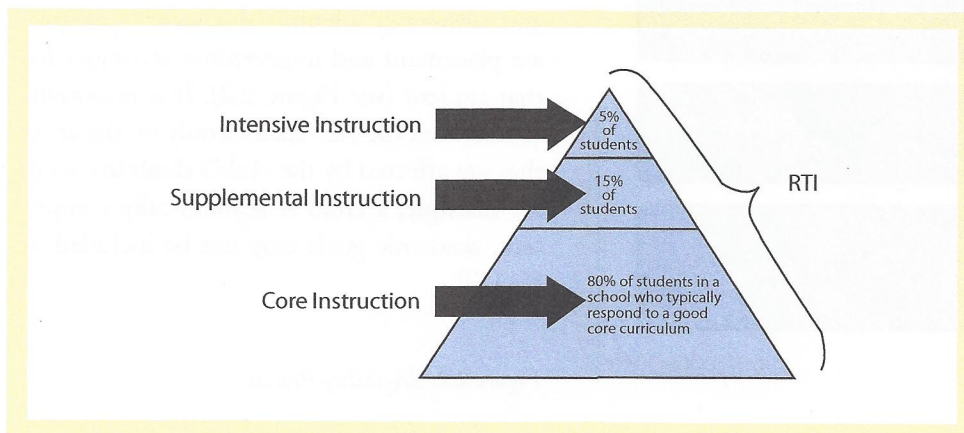


Table 2.1. How Instruction Can Become “More” Intense

“More” **explicit and clear explanations**
 “More” exposure to **multiple instructional examples**
 “More” **instructional time** in area(s) of need
 “More” **error correction, feedback, and monitoring** procedures
 “More” opportunities to **model instruction**, with **guided and independent practice**

Prereferral intervention

(Core instruction and primary prevention)

- This is essentially a tier 1–2 procedure relating to RTI;
- If the intervention is successful, the process stops;
- If the intervention is not successful, the student is referred for an evaluation.

Tier 3 instruction and multifaceted evaluation

- Daily, small group instructed tailored specifically to individual student needs;
- Appropriate assessment tools are used to determine student’s academic performance, general intellectual ability, social skill development, hearing acuity, and visual acuity.

Determining student eligibility

- If no disability is determined, special education services not needed;
- If disability is determined, student is eligible for special education services.

IEP is planned and developed

- IEP team meets to plan and develop the IEP.

Student is placed in least restrictive environment (LRE)

- Team decides the most appropriate educational placement for the child.

Special education services provided (FAPE)

Progress monitoring

- Data collected to determine student’s progress within the curriculum.

Annual review

- Review the IEP at least once per year to ensure that the document remains appropriate.

Reevaluation

- The multifaceted evaluation must be completed at least every three years to determine if the student continues to require special education services.

DEVELOPING AN INDIVIDUALIZED EDUCATION PROGRAM

Now that the student has been identified as a student with a disability, the student’s Individualized Education Program (IEP) must be developed. The IEP is a written statement for each child with a disability that is developed, reviewed, and revised in a meeting (34 C.F.R. 300.320 (a)). As described in Chapter 1, a student with a disability may be classified in one or more of the 13 disability categories (see Chapter 1, pp. 9–12 for descriptions of the disability categories). *All children who are ages 3–21 and have been identified as a student with a disability must have an IEP written to ensure that their individual needs are met.* Regardless of the category of disability, the IEP is developed by a team of professionals, the parents of the student, and when appropriate, the student himself/herself (see Table 2.2 for a list of IEP team members). The IEP team meets to discuss the strengths and weaknesses of each individual student and ultimately identify the most appropriate placement and intervention strategies for that student (see Figure 2.2). It is important to note that the IEP focuses only on the areas that are affected by the child’s disability, so if, for example, a child is academically competent, academic goals may not be included in his IEP.

Figure 2.2. Eligibility Process

Table 2.2. Members of the IEP Team

General participants to be invited:
Parents At least one general education teacher Child's special education teacher School system representative (LEA) Professional who can interpret evaluation results (School Psychologist) Student, as appropriate
Where transition is a component, meeting should include:
Appropriate service agency and/or post-secondary representative(s) Student aged 16 or older must be invited according to IDEA
Other participants that may be informed or invited by parents/school:
Related service providers All teachers who work with the student The principal, if other than the school representative Other individuals who have knowledge or pertinent information to contribute Parent advocate



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As the team develops the IEP, several pieces of information must be included. These include:

1. A statement of the child's present levels of academic achievement and functional performance. This statement must indicate how the child's disability affects the child's involvement and progress in the general education curriculum (i.e., the same curriculum as for non-disabled children). For preschool children, the IEP must describe how the disability affects the child's participation in age appropriate activities;
2. A statement of measurable academic and functional annual goals. These statements outline the primary needs for educational performance based on the student's present level of performance. When possible, these annual goals should be aligned with the standardized curriculum experienced by non-disabled peers. When it has been determined that the student's progress will be most accurately measured using alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives must also be included in the IEP;
3. A description of the process for measuring the child's progress toward meeting the annual goals. In addition, information must be provided that identifies when reports on the progress the child is making toward meeting the annual goals will be provided to parents, guardians, and other key stakeholders (e.g., general education teachers);
4. A statement of the special education and related services, and supplementary aids and services to be provided to the child, or on behalf of the child. Information must also be provided that describes the program modifications or supports to be incorporated into the child's educational setting. This provision is included to ensure, to the maximum degree possible, that the child is making appropriate progress toward attaining the annual goals established in the IEP. The overriding goal here is that the child is involved in and is making progress in the general education curriculum, thereby ensuring that the child will be educated and participate with other children with disabilities and non-disabled children in the activities described in this section;
5. An explanation of the extent, if any, to which the child will not participate with non-disabled peers in the general education class;
6. A statement of any accommodations necessary to measure the academic achievement and functional performance of the child on state and district-wide assessments. It is important to note at this time that should the IEP Team determine that the child must take an alternate assessment instead of the regular state or district-wide assessment of student achievement, it is necessary to provide a description of why the child cannot participate in the regular assessment, as well as the specific alternate assessment tool that will be used to measure the child's performance; and
7. The projected date for the beginning of the services, accommodations, and modifications described earlier, and the anticipated frequency, location, and duration of those services and modifications.

Individualized Programs for Young Children

As mentioned earlier in this chapter, all children ages 3–21 who have been identified as a student with a disability must have an IEP written to ensure that their individual needs are met. The Individuals with Disabilities Education Act (IDEA, Public Law 99-456, 1986) extends and enhances this age range to include children who are identified prior to their third birthday. IDEA encouraged states to provide early intervention services to children birth through age 2 but did not mandate these services. Instead, states that chose to participate in these birth-to-two programs were allocated additional funding to help defray the cost inherent to developing such programs. Participating states and individual programs continue to be responsible for meeting the needs of the children served under IDEA; to ensure that the needs were met and to maintain consistency, documentation is also required for children birth-to-two who are receiving special education services. An **Individualized Family Service Plan (IFSP)** must be completed for each child and family receiving services. The IFSP identifies the services to be provided to the child in cooperation with the child's family. Given the nature and age of the child, the IDEA authors recognize the vital role that parents and families play in the early development of all children. Consequently, the IFSP must also identify services designed to help families in their support of their young child with a disability. The most recent updates of IDEA further emphasize the importance of utilizing research-based intervention strategies as instruction is provided to help these young children develop pre-literacy and language skills crucial to school readiness (U.S. Department of Education, 2005).

Individualized Programs for Older Students

Previous discussion noted that students aged 16 or older must be included on the IEP team. As students near the end of their public school careers, it is critical that consideration be given to their future outside the schools. These students are continuing their transition from the public schools to the “real world.” The success of this ongoing transition is enhanced through the IEP. As students with disabilities approach adulthood (i.e., age 16 and above), the IEP must identify individual goals for the student beyond the public school setting. These goals must incorporate age appropriate transition assessments focusing on training, education, employment, and, where appropriate, independent living skills that will increase the likelihood of success in the “real world.”

ADDITIONAL LEGAL CONSIDERATIONS

The Individualized Education Program (IEP) is a significant part of the Individuals with Disabilities Education Act. Students with identified disabilities that meet the standards established in IDEA are consequently eligible for an IEP. However, there are many students with disabilities who need specific special education or related services but will not qualify to receive services under IDEA. Nonetheless,

these students may require specific accommodations (see further description of accommodations later in this chapter) to enable them to work and achieve to the maximum of their ability. The needs and consequent accommodations of these students are often provided for under Section 504 of the Rehabilitation Act. Section 504 is a civil rights law that was developed to protect persons with disabilities from discrimination based solely on their disability. The goal of Section 504 is to ensure that the student with a disability has access to an education similar to that of students without disabilities (Chambers, 2008). The specific considerations provided for an individual student is documented in the “504 Plan.” The 504 Plan, often referred to as an “Accommodation Plan,” does not guarantee that the individual student will benefit from the services provided. Instead, the 504 Plan is the document that states that the student with a disability will have the same opportunity as other students to benefit from classroom instruction (Chambers, 2008).

SPECIAL EDUCATION SERVICES IN TODAY’S SCHOOLS

Special education services are provided in various classroom settings. As described in Chapter 1, the continuum of special education services ranges from the general education classroom to a homebound or hospital setting. At this point, we will consider the classroom settings in which the needs of students with disabilities are met.

General Education Classroom/Inclusion

As noted in the continuum of services model, services provided in the general education classroom setting take place “under the direction of the general education classroom teacher.” The classroom teacher is often considered to be the “content expert.” That is, the general education teacher knows and understands the specific elements of the particular content material presented to the students in that classroom setting. In other words, a third grade teacher has learned the curriculum involved in teaching third grade students to use prefixes or suffixes, make predictions about specific reading material, or to solve problems using measurement concepts. However, general education teachers often do not have the training or confidence to work with students with disabilities. One of the most significant comments from general education teachers is that they lack the knowledge and skills necessary to provide appropriate interventions for students with special needs (Soodak, Podell, & Lehman, 1998). Therefore, it is critical that general educators receive support from special educators who are trained to meet the special learning and behavioral needs of students in special education. The support is designed to provide intervention strategies directed to the content while taking into consideration the student’s disability. It is important to recognize at this point that students with special needs placed in the general education setting are able to meet the requirements of this classroom setting with appropriate accommodations and/or modifications. These specific accommodations or modifications are often necessary in one or two academic content areas. For example, many students with learning disabilities may have difficulty with language arts or reading material but are superior mathematicians.

The accommodations or modifications would be incorporated into the instruction focusing on the language arts content with no such consideration necessary for math. More information regarding accommodations and modifications will be provided later in this chapter.

The additional support that is necessary to meet the needs of ALL students in the general education classroom setting is often provided by the special educator. It is important to remember that the student with special needs continues to receive instruction in the general education classroom setting along with his/her non-disabled peers. This support is typically provided in one of two broad models.

Consultative support. Once again, the general education teacher assumes the overall direction of the classroom and the activities and lessons that take place in the general education classroom setting. However, additional support is often provided via a consultative support model. The special education teacher does not provide direct services to the students with and without special needs. Rather, the special educator “consults” with the general educator regarding the specific needs of an individual student(s). This consultative support may involve specific intervention strategies, classroom management techniques, or simply providing resources for the general educator. While this consultation often takes place whenever it is possible for the general and special educators to meet, this approach is far more effective when designated times and places are arranged to meet to discuss the student(s) with special needs. This usually occurs on an “as needed” basis although consistent meeting times are likely to be far more beneficial. While not always true, this consultation model often takes place in small schools which do not have the population to warrant a full time special educator. In this situation, it is often determined that the most effective use of the limited availability of the special educator is to consult rather than co-teach. However, more and more schools are using the co-teaching model in their efforts to provide the best possible education to students with and without special needs.

Co-Teaching Model. This model implies that the general and special educators provide instruction in which each professional assumes and completes a specific role. This model is often incorporated into the inclusion classroom setting. As defined in Chapter 1, inclusion is the special education philosophy that values social integration and access to general curriculum standards for children with disabilities by providing specialized services in general education classes.

In other words, inclusion classrooms are designed to provide appropriate instruction to students with and without special needs. Students without disabilities are provided with the opportunity to interact with students with disabilities in both academic and social circumstances. This can only be accomplished when a strong partnership between the general education teacher and the special education teacher has been established. Initially, this suggests that both the general education and special education teachers want to be in a co-teaching setting. There may also be a need for additional training for each teacher. This training may focus on the unique needs of students with disabilities, typically provided for the general education teachers. Similarly, the special education teachers benefit from training that focuses on the specific content taught in the inclusion classroom (Beattie, Jordan, & Algozzine, 2006; Friend & Cook, 2004; Keefe, Moore, & Duff, 2004; Murawski & Dieker, 2004).

Effective co-teaching can be accomplished using various classroom approaches. An approach often used in the inclusion classroom identifies one teacher as the “lead” teacher who presents most of the instruction to the entire class. The second teacher observes the class members during the whole group instruction and is available to answer questions or provide small group instruction as needed (Beattie, Jordan, & Algozzine, 2006). Co-teaching may also involve certain models like Station Teaching, in which each teacher presents content to two groups located in different sections of the classroom. Station teaching is a means for providing differentiated instruction to the class. A third approach to co-teaching is referred to as Parallel Teaching. This is accomplished by dividing the class into two heterogeneous groups (Friend & Cook, 2003). Each teacher presents essentially the same content material to her/his “half” of the entire class. Team Teaching is the final approach to be considered in this chapter. Instruction in the team teaching approach is shared by the co-teachers. One teacher may be designated as the “lecturer” for the target content material, while the second teacher demonstrates or models the concept being discussed. This is not an exhaustive list of co-teaching approaches. Rather, these examples are presented in an effort to demonstrate the basic elements of co-teaching and to emphasize that co-teaching can only be effective when each professional assumes and adheres to the specific duties of the presentation model.

Resource Room

Regardless of the general classroom placement, there is often the need for additional instruction to ensure that each student with disabilities is provided with the most appropriate opportunity to learn and master the target skill. In some circumstances, it is necessary for students to be pulled out of the general education classroom. These students work with a special educator in a format designed to provide direct attention to specific academic skills. Support in a resource room is provided in a small group setting, which enables the teacher to focus on the specific areas of need for each student. This instruction usually emphasizes specific skill development or additional opportunity to learn class material. There are several approaches that may guide the instruction that takes place in the resource classroom. One common approach emphasizes the remediation of basic skills, which the students with disabilities have not mastered in the general education classroom. The special educator uses alternative instructional techniques designed to meet the unique learning needs of the individual students in the resource setting. For example, instruction may be directed to the remediation of basic reading or math skills. Alternatively, instruction in the resource room provides opportunities to teach students learning strategies that may facilitate success in their general education classroom. Students may learn strategies that enable them to learn specific content material (e.g., mnemonics such as HOMES to remember the Great Lakes) or to be more effective with classroom assignments (e.g., previewing techniques prior to reading new content material). Additional instruction in a resource setting might include tutorial support with particular attention to content material from the general education classroom. Oftentimes, students with disabilities do not learn the material from a general education classroom lesson. These students often have the wherewithal to do so but are unable

to process the information at the rate at which the material is presented. Therefore, the resource room teacher may present the material using different stimulus information or at a reduced rate. The same material is emphasized simply using an alternative approach. Finally, resource room instruction is often directed at meeting the student's needs outside of the educational environment. The attention to functional skills, such as completing a job application, assists the student in making the transition to the "real world."

Separate or Self-contained Classroom

The overriding goal that guides all work completed with students with disabilities is driven by the Least Restrictive Environment (LRE) provisions of IDEA. Every effort is made to provide the most appropriate education possible for these students in a classroom environment that allows for the greatest exposure to students without disabilities. However, there are circumstances when the LRE is not the general education classroom. In these situations, students with disabilities receive instruction in what is often referred to as a separate or self-contained classroom. This separate setting reduces the opportunity for students with disabilities to interact with students without disabilities. However, this decision is made with the individual student's best interests at heart. If the IEP Team determines that an individual student will not benefit from instruction with non-disabled peers, the student may likely receive instruction in a separate or self-contained class. This placement option is one that requires considerable thought and caution. As noted previously in this chapter, one of the required components of the IEP is an explanation of why an individual student with a disability will not participate with non-disabled children in the general education class. Therefore, the IEP Team must ensure that the decision to place a student in a separate classroom is the least restrictive and one that will provide the student with the greatest opportunity to grow academically and socially.

When the decision is made to place a student with disabilities in a separate classroom, additional issues must be taken into account. The No Child Left Behind Act (2004) has established strict policies to ensure that all children will be taught by highly qualified teachers (HQT). One of many implications of this mandate for HQT may have an ever-increasing impact on instruction in the separate or self-contained classroom. The special educator assumes the responsibility for teaching specific content information to students with disabilities in the separate setting. This suggests that special educators teaching in the separate classroom setting must be highly qualified in the academic content area for which they are responsible. The implication of this may be that a teacher certified in special education who teaches math in a separate class environment, may be required to secure additional certification in math to continue to teach in the math self-contained classroom. These standards have not been established at this time; however, if there is such a mandate, the implications will be far reaching and likely have a significant impact on the separate/self-contained placement option.

WHAT IS DIFFERENT ABOUT INSTRUCTION FOR STUDENTS WITH DISABILITIES?

As noted previously in this chapter, students with disabilities can and do learn in a variety of academic situations. However, there are occasions in which specific consideration must be given to the nature and severity of the disability. There are circumstances during which a student with a disability may need some adjustment to the content material, the way in which the material is presented, the way in which the student responds, and/or the way in which the student is evaluated. These considerations are typically referred to as Accommodations or Modifications to the curriculum.

Accommodations

An accommodation involves taking the steps necessary to make something more suitable or appropriate to the needs of an individual. This is accomplished by making adjustments to the classroom instruction or assessment used with a student (Beattie, Jordan, & Algozzine, 2006). It is an attempt to “level the playing field,” so students with disabilities have access to the same curriculum standards as their peers without disabilities (Beattie, Jordan, & Algozzine, 2006). That is, students with disabilities are exposed to content material that is as similar to their non-disabled peers as possible. Further, accommodations do not reduce the quantity of material for which students are responsible.

Accommodations are put into place for students with IEPs and/or 504 Plans. These documents identify the specific accommodations that will be available to the student. It is important to note that the accommodations may not be used in all circumstances or at all times. The key is that they are available to the student during all of the identified academic activities so as to provide equal access to those activities. These accommodations can be incorporated into a variety of daily tasks in which the student is involved. Students can receive accommodations related to the manner in which material is presented, to how the students respond, the location in which they receive services, and the timing and scheduling of specific academic activities (Thompson, Morse, Sharpe, and Hall, 2005). Specific accommodations are presented in Table 2.3.

Table 2.3. Examples of Possible Accommodations

Accommodation to the way material is presented:
<ul style="list-style-type: none"> Material at a lower reading level, focusing on same content Utilize hands-on materials Provide for multiple opportunities to respond Use technology as needed/appropriate Present information in a multi-sensory format whenever possible
Accommodation to the way students respond:
<ul style="list-style-type: none"> Provide alternatives to traditional response systems (e.g., oral v. written tests) Use technology as needed/appropriate (e.g., computer to complete written assignments) Incorporate a scribe into the classroom setting as appropriate Reduce the number of items on homework assignments or on tests Extend deadlines in consideration of specific areas of concern (e.g., processing disorders)
Accommodation to the location of the service delivery:
<ul style="list-style-type: none"> Provide instruction in small group or one-to-one settings Provide “quiet” zones in the classroom for ALL students to complete work, if necessary or desired Enable student with disabilities to take tests in quiet setting Allow students to move, sit on the floor, or doodle during class time Incorporate peer tutoring into the classroom
Accommodation to the timing and/or scheduling:
<ul style="list-style-type: none"> Provide extended time for tests and other appropriate academic tasks Break testing into segments, conceivably over a period of days Attempt to schedule more content-intensive classes (e.g., reading and math at the elementary level) in the early part of the day Break instruction into smaller segments (e.g., 30 minutes) followed by some hands-on, application activity Provide breaks for students that enable them to move independently for a short period of time

Modifications

As noted above, accommodations are put into place in an effort to provide students with disabilities an equal opportunity to benefit from the curriculum and instruction that is available to their peers without disabilities. It is often necessary to provide further adjustments to a student’s daily academic or behavioral activities. These are often referred to as modifications. Modifications are changes in the content material that change, lower, or often reduce learning expectations (Thompson, Morse, Sharpe, and Hall, 2005). These authors warn that the utilization of modifications may result

in a more significant gap between the academic work of students with disabilities from their peers without disabilities. This concern is often exacerbated by the resultant lowering of expectations for students with disabilities. In other words, as the demands placed on students with disabilities are reduced, the expectations for future performance may likely also be reduced. Beattie, Jordan, & Algozzine (2006) note the potential Catch-22 that may occur as a result of implementing specific modifications; while the intent of modifying instruction is to provide access to the general education curriculum, the modifications often eliminate the possibility of such access. Thompson, Morse, Sharpe, and Hall (2005) make a similar observation; they note that

Providing modifications to students during classroom instruction and/or classroom assessments may have the unintended consequence of reducing their opportunity to learn critical content. If students have not had access to critical, assessed content, they may be at risk for not meeting graduation requirements. Providing a student with a modification during a state accountability assessment may constitute a test irregularity and may result in an investigation into the school's or district's testing practices (p. 15).

When modifying instruction for students with disabilities, it is important to keep in mind that modifying content material should occur only if the modification will provide access to the content material used in the standard curriculum. It is also crucial to realize that not all students with disabilities will require modifications in all academic areas. Many students will benefit from modifications to one content area with no such consideration in other academic areas.

WHO IS INVOLVED IN DELIVERING THESE SERVICES

We have discussed the core factors that lead to effective interventions with students with disabilities. This section will briefly discuss the professionals who assume the responsibility of meeting the needs of students with disabilities in various settings.

Audiologist. The trained professional who administers various hearing tests in an effort to determine the potential presence of a hearing loss. If a hearing impairment is identified, the audiologist works closely with the child, family, and school to identify the most appropriate use of hearing aid technology and to facilitate the use of this technology in the classroom setting.

Counselors. These professionals are trained to assist all children with social and emotional issues that may have a negative impact on relationships in school. Issues and concerns are also considered in relationship to students' family life and life outside the school environment.

Interpreter. An interpreter is that professional who translates the verbal language occurring in the classroom for students with hearing impairments. Typically, the interpreter uses sign language to enable the deaf or hard-of-hearing student to function in the general education classroom.

Music/Art Teacher. These teachers, while not necessarily trained to work with students with disabilities, often provide exposure to the arts enabling students with

disabilities to express themselves when they are unable to do so with verbal language. Students may express themselves by drawing a picture or “writing” a song to describe their feelings rather than discussing this with other professionals in the school.

Occupational Therapist (OT). The OT helps students improve their ability to perform motor tasks in the school environment. They work with students with mental, physical, developmental, or emotional conditions. Occupational therapists use treatments to develop, recover, or maintain the daily living and work skills of their patients. The therapist helps students to perform activities such as using a computer or caring for daily needs such as dressing, cooking, and eating.

Physical Education (PE) Teacher. Aside from the responsibilities to the entire school, the PE teacher may also provide adaptive support for students with disabilities. This may include work mobility or participation in leisure activities such as bowling or basketball. The Adaptive PE teacher is knowledgeable of the developmental and physical needs of students as well as the rules governing the target leisure activities, which are the focus of the PE class.

Physical Therapist (PT). Physical therapists evaluate and diagnose areas concerned with movement and use targeted interventions in their work with children and adults alike. In their work with students, PTs may use interventions including manual therapy techniques, functional training, and training in using assistive and adaptive devices and equipment. Physical therapists evaluate the students in an effort to develop treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability.

General Education Teacher. The general education classroom teacher is often responsible for providing instruction, with or without the support of the special educator, to students with disabilities. This instruction is intended to focus on content material that is as similar as possible to that of his/her peers without disabilities. This education professional typically works closely with special education and related services personnel in an attempt to meet the needs of the students with disabilities placed in the general education classroom.

School Nurse. The school nurse is ultimately responsible for the medical services provided to all children in the school setting. The role of the school nurse has changed somewhat over time as more and more students receive medical treatment for disorders such as ADHD, depression, or diabetes. The nurse is often responsible for administering the appropriate medication as well as monitoring the individual student’s reactions to that medication.

School Psychologist. The role of the school psychologist has also changed over time. Given the nature and extent of the psycho-educational testing that exists in public schools today, the psychologist’s primary role is to administer, score, and interpret students’ test performance. In addition, the school psychologist typically serves on the IEP team, and interprets and explains the test results and the academic implications of these test results to the members of the IEP team.

Social Worker. These specially trained professionals help students who are having trouble in school. They might find a mentor or a learning expert with whom an individual student may work. Social workers often attend to individual student concerns that may include child abuse, poverty, and violence. They work closely with students and families in an attempt to help them understand and solve their problems and make plans to remedy the concerns.

Special Education Teacher. As noted earlier in this chapter, the special education teacher is specially trained in identifying and implementing alternative intervention techniques designed to meet the needs of students with disabilities. The special educator may work with students in an inclusion setting, a resource room, a separate or self-contained classroom, or in more restrictive settings. This work may include indirect services in which the special educator consults with the regular education teacher or in providing direct services to students in the various settings mentioned above.

Speech Pathologist. The speech pathologist, often called the speech teacher or speech therapist, is initially responsible for evaluating students' speech and/or language disorders. Once a diagnosis has been made, the speech pathologist provides direct speech therapy to students in the school setting. These services include therapy designed to meet the speech and/or language needs of the identified students. The speech pathologist may also provide consultative support for teachers. This support often results in the development of specific activities that the classroom teacher can incorporate into the daily classroom regimen.

GLOSSARY IN PLAIN TERMS

504 Plan: The document that is used for students who do not qualify for an IEP but still have disabilities that impact their academic, behavioral, or social behavior. It is often called an "Accommodation Plan" as it provides specific accommodations to the student's school activities.

Accommodations: Specific considerations that are taken into account as the student completes his/her daily work. The purpose of accommodations are to provide access for students with disabilities to material available to students without disabilities.

Consultation: A method of enhancing the instruction provided to students with disabilities. The special education teacher works with the regular education teacher to provide alternative instructional strategies that are in turn implemented by the regular educator. The special educator has no direct contact with students but merely serves as a consultant.

Co-teaching: The teaching process in which the regular and special education teachers plan and carry out lessons in the regular/included classroom setting. The class consists of both students with and without disabilities.

IFSP: The service program developed to meet students' needs who are identified prior to beginning the traditional public school Kindergarten program. These students must be identified as having specific disabilities or being at-risk for disabilities.

Modifications: These are adaptations to the content material that change, lower, or often reduce learning expectations for the target student. Modifications alter the curriculum to the degree that students with disabilities who receive the designated modifications are often no longer able to learn the same content material as their peers.

Resource room: The pull-out classroom in which students with disabilities are removed from the general education classroom setting to receive instruction that typically focuses on specific academic, learning, or behavioral skills. The students return to the regular classroom after a specific period of time (i.e., 45–90 minutes).

Responsiveness to Instruction (RTI). The IDEA mandate that incorporates a tier approach to working with students. RTI is designed to utilize research-based interventions in the general education classroom setting with progressively more support provided to the classroom teacher. The intent is to provide appropriate instruction to students in the general education classroom thereby reducing the number of students inappropriately identified as students with disabilities.

Self-contained classroom. The special education classroom setting in which the majority of academic content is delivered by the special education teacher. Students placed in this setting spend limited periods of time interacting with students without disabilities.

Transition. The term that describes the attempt to adequately prepare students with disabilities to move into the world of work or, in some circumstances, higher education (e.g., community college programs).

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