



Special Education Policies, Procedures, and Practices

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INTER- AND INTRA-TRANSFER OF STUDENTS WITH IEPs

Furlow Charter School's post-lottery enrollment form asks parents to indicate if the child has an existing IEP. Further, every transferring student from a Georgia public school to Furlow Charter School will be checked through the SLDS system in order to determine if he/she received special education services from the transferring school. If either measure indicates the student has an active IEP, records will be requested from that school. Records will also be requested from students outside of Georgia. Once received, the records will be reviewed by the Special Education Director in order to determine the presence of all required information and documentation. While waiting on a new IEP meeting, the student will be placed in the appropriate program(s) based on records from the transferring school. The Special Education Director will review all records and dates and enter the information into the student information system and/or online IEP. Within sixty (60) days of the transfer or receipt of records, the Special Education Director will set up a time to meet with the student's IEP team and a new Furlow Charter School's IEP will be developed, following the review of the transferring IEP and eligibility information. A new Furlow Charter School's Consent for Placement form will be signed at the IEP meeting and parents will be provided with a copy of Parent's Rights in Special Education.

Intra-Transfer Students with IEP's

IEPs for Children who Transfer to Furlow Charter School from Another Georgia System:

If a child with a disability transfers to Furlow Charter School in the same school year from another school within Georgia, Furlow Charter School (in consultation with the parents) will provide a Free and Appropriate Public Education (FAPE) to the child (including services comparable to those described in the child's IEP from the previous school), until Furlow Charter School either:

- Adopts the child's IEP from the previous school; or
- Develops, adopts, and implements a new IEP that meets all IEP requirements set forth in State Board of Education rules.

Inter-Transfer Students with IEP's

IEPs for children who transfer from another state:

If a child with a disability (who had an IEP that was in effect in another State) transfers to Furlow Charter School within the same school year, Furlow Charter School (in consultation with the parent) will provide the child with Free and Appropriate Public Education (including services comparable to those described in the child's IEP from the previous school), until Furlow Charter School:

- Conducts an evaluation if determined to be necessary, and
- Develops, adopts, and implements a new IEP, if appropriate.

FERPA and Transmittal of Records

To facilitate the transition for a child who transfers to Furlow Charter School:

- Furlow Charter School works diligently to promptly obtain the child's records, including the IEP, eligibility report, psychological evaluation report, supporting documents, and any other records relating to the provision of special education or related services to the child, from the previous school in which the child was enrolled, pursuant to the Family Educational Rights and Privacy Act (which does not require prior parental consent to disclose education records to officials of another school where the student seeks or intends to enroll); and

- It is expected that the previous school in which the child was enrolled will take reasonable steps to promptly respond to the request from Furlow Charter School.

STATE BOARD RULE: 160-4-2-.32 STUDENT SUPPORT TEAM (SST)

Requirements for school SST

Furlow Charter School has an established Response to Intervention Pyramid that includes a functioning Tier 3 or SST at all levels of the school. Prior to a student being referred for evaluation for Special Education eligibility, the student goes through various levels, or tiers, through the Response to Intervention Pyramid. Furlow Charter School has established procedures for implementing this pyramid. Prevention through intervention is stressed in all tiers. Tier I includes evidence-based instruction which is based on the Georgia State Standards. It includes effective school-wide behavior supports and differentiated instruction to promote higher levels of student engagement and achievement. Tier II interventions serve as standard intervention protocols for students in the school who require extended learning opportunities or students who are not making adequate progress and need additional interventions. If students are not making the expected levels of progress in Tier II, they are referred to the school's Student Support Team which comprises Tier III. The Student Support Team includes, at a minimum, the referring teacher and at least two of the following participants, as appropriate to the needs of the student:

- Principal and/or Assistant Principal
- General education teacher
- Counselor
- Lead teacher
- School psychologist
- ESOL teacher
- Special education teacher
- Other appropriate personnel

Parents/guardians are invited to participate in all meetings of their child's Student Support Team and in the development of interventions for their child, however parent attendance at the meeting is not mandatory. The team conducts a thorough review of existing academic and/or behavioral data prior to the implementation of interventions. The state and district assessment data could be considered as part of the evaluation. The targeted interventions for increasing the student's academic, social, and/or behavioral performance are identified, reviewed, and implemented during the time the student is being served through the Student Support Team. The team will meet at prescribed intervals to review progress monitoring toward interventions, to devise more, or revise, original interventions. Minutes of each meeting along with outcomes of interventions and plans for the next interventions are kept. (Documentation of SST activities includes: Student name, names of team members, meeting dates, identification of student learning and behavior problems, assessment, educational plan and implementation results, follow up and as appropriate continued evaluation.)

Documentation of Tier II and Tier III interventions, along with Progress Monitoring results, are included with the referral for special education evaluation. All student referrals are preceded by evidenced-based academic and/or behavioral interventions and the monitoring of progress. Before a referral for special education evaluation can be made, a lack of response to science-based strategies and interventions must be documented. The referral for evaluation is then made in order to determine if physical, emotional, and/or academic problems may be interfering with the student's school progress.

Exceptions to use of the SST Process

Exceptions may be made in circumstances where immediate evaluation and/or placement is required due to a significant disability that precludes access to instruction; however, exceptions are an infrequent and rare occurrence, and the circumstances evidencing the need for the local education agency's use of the exception will be clearly documented in the eligibility decision. During the evaluation process the teacher will implement interventions and progress monitor during the 60 day timeline.

Supervision and Monitoring

The SST Coordinator will take part in all meetings, ensuring that appropriate interventions are being used to address areas of concern. The SST Coordinator will review data to make sure that interventions are being provided accurately and with fidelity as well as progress monitoring is being conducted in a timely manner.

STATE RULE: 160-4-7-.03 - CHILD FIND PROCEDURES

The purpose of Child Find procedures is to identify, locate, and evaluate children and youth, birth to age 21, who are suspected of, or have a disability or developmental delay, highly mobile children, including migrant children, children who are detained or incarcerated in jails or correctional facilities, children enrolled in homeschool/study programs, parentally placed private school children, including religious, elementary and secondary schools. Furlow Charter School serves children ages 4 through 21 that are enrolled in the school with identified special education needs.

Prior to any possible referral to special education, the screening of children by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services, but will aid in the decision-making process.

As described in the Student Support Team section of these guidelines, student referrals are accompanied by documentation of scientific, research or evidence-based academic or behavioral interventions that demonstrate insufficient rate of progress. Student referrals must be accompanied by documentation of scientific, research or evidence based academic and/or behavioral interventions that have been implemented as designed for the appropriate period of time to show effect or lack of effect that demonstrates the child is not making sufficient rate of progress to meet age or State-approved grade-level standards within a reasonable time frame.

Exceptions to use of the SST Process

Exceptions may be made in circumstances where immediate evaluation and/or placement is required due to a significant disability that precludes access to instruction; however, exceptions are an infrequent and rare occurrence, and the circumstances evidencing the need for the local education agency's use of the exception will be clearly documented in the eligibility decision. During the evaluation process the teacher will implement interventions and progress monitor during the 60 day timeline.

Supervision and Monitoring

The SST Coordinator will take part in all meetings, ensuring that appropriate interventions are being used to address areas of concern. The SST Coordinator will review data to make sure that interventions are being provided accurately and with fidelity as well as progress monitoring is being conducted in a timely manner.

STATE BOARD RULE: 160-4-7-.04 – EVALUATIONS AND REEVALUATIONS

Initial Evaluation Referral Process

The IDEA requires that before a child can receive special education services, Furlow Charter School must determine whether the child requires specialized instruction and meets eligibility requirements for special education. Furlow Charter School must conduct (or arrange for) a comprehensive evaluation that: provides

sufficient data to determine whether the child is a child with a disability; documents how the disability affects the child's academic, developmental, social/emotional, and/or behavioral performance in school; and provides appropriate information for the development of an Individualized Education Program (IEP), if eligible.

Timeframes for Evaluation

Once the signed Consent for Evaluation form is received, the evaluation process will be completed in no later than 60 calendar days. If the Consent for Evaluation is received 30 days prior to the end of school, a different timeline is followed based on the Georgia Department of Education timeline rules. Holiday periods and other circumstances when children are not in attendance for five consecutive school days are not counted toward the 60 calendar day timeline, including the weekend days before and after such holiday periods, if contiguous to the holidays. The summer vacation period in which the majority of teachers are not under contract is not included in the 60-day timeline for evaluation. However, the school is not prohibited from conducting evaluations over a summer vacation period.

The time frame described above does not apply if:

- The parent of a child repeatedly fails or refuses to produce the child for the evaluation; or
- A child enrolls in a school of another system after the relevant timeline has begun, and prior to a determination by the child's previous school as to whether the child is a child with a disability. The exception applies only if the subsequent school is making sufficient progress to ensure a prompt completion of the evaluation and the parent and subsequent school have agreed to a specific time when the evaluation will be completed.
- If extenuating circumstances, e.g., illness, unusual evaluation needs, or revocation of parent's consent for evaluation affect this timeline, Furlow Charter School will document the exceptions.

The Referral Folder contains the following documentation:

- Signed Parental Consent for Evaluation
- Work samples highlighting student performance
- Student Support Team Minutes/Intervention Strategies/Progress Monitoring Results
- Vision and hearing screening results
- Suspected areas of disability

Parental Consent

The Special Education Director will obtain parent consent to evaluate for Special Education services, provide a copy of Parent Rights, and review the areas that will be assessed with the parent. When the signature is received, the referral folder is forwarded to the School Psychologist. If the parent of a child referred for special education evaluation refuses to give written consent for initial evaluation, Furlow Charter School may continue to pursue the evaluation by using due process procedures or mediation procedures.

Procedures for Reevaluation

A Reevaluation Data Review, consistent with federal and state statutes and regulations, is required for special education students at least once every three years. The purpose of the Reevaluation Data Review is to decide if further information is needed to determine if a disability continues to exist, to establish present levels of performance, or to determine whether the student continues to need special education and related services. If existing information satisfies these three needs, then a comprehensive evaluation is unnecessary and the child

remains eligible for special education services. Documentation for making the decision to re-evaluate (or not) should be part of IEP Folder.

If the team decides a reevaluation is appropriate, Consent for Evaluation will be obtained. Hearing/Vision screening will be requested, while other items will be collected: analyzed work samples and/or data in the area of suspected disability, progress/mastery toward goals and objectives, and any Progress Monitoring in the area(s) of concern. When all reevaluation data has been obtained, it is sent to the School Psychologist. Once the psychologist completes the evaluation, the results will be sent to the school. Upon receipt of the psychoeducational report, a meeting will be scheduled (including the school psychologist) to review the results and to develop a new Eligibility Report. If appropriate, the current IEP will be amended to reflect the new evaluation/eligibility results. The date of this IEP/Eligibility meeting will become the new eligibility date. All paperwork will be given to the parent and saved on-line.

Comprehensive Evaluations

Furlow Charter School conducts or arranges for a comprehensive evaluation before the initial provision of special education and related services to a child with a disability. In conducting an evaluation, Furlow Charter School (or the providing agency):

- Uses a variety of evaluation tools and strategies to gather relevant academic, functional and developmental information about the child, including information provided by the parents that may assist in determining whether the child is a child with a disability; and the content of the child's individualized education program including information related to enabling the child to be involved in and progress in the general curriculum.
- Does not use any single procedure as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child
- Uses technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors
- Assessments and other evaluation materials used at Furlow Charter School to assess a child under this section
 - Are selected and administered so as not to be discriminatory on a racial or cultural basis;
 - Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;
 - Are used for the purposes for which the evaluations or measures are valid and reliable;
 - Are administered by trained and knowledgeable personnel who have been certified/licensed in the State of Georgia; and
 - Are administered in accordance with any instructions provided by the producer of the assessments.
- The child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. Evaluation tools and strategies are used which provide relevant information that directly assists persons in determining the educational needs of the child.
- Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient.
- Assessment selection and administration is such that, when administered to a child with impaired sensory, manual or speaking skills, the results accurately reflect the child's aptitude or achievement level, or whatever other factors the assessment purports to measure, rather than reflecting the child's impaired

sensory, manual or speaking skills, except where those skills are the factors which the assessment purports to measure.

- If an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions, i.e., the qualifications of the person administering the test or the method of test administration is included in the evaluation report.
- In evaluating each child with a disability, the evaluation is sufficiently comprehensive to identify all of the child's special education and related service needs, whether or not commonly linked to the disability category in which the child has been classified.
- Evaluations of children with disabilities who transfer to Furlow Charter School in the same school year are coordinated with those children's prior and subsequent schools, as necessary and expeditiously as possible, to ensure prompt completion of full evaluations.
- The evaluation of children referred because of learning and/or behavior problems is the responsibility of a multidisciplinary evaluation team. A qualified psychological examiner evaluates referred children who require a psychological and/or clinical evaluation.

Qualified Psychological Examiner Requirements

Initial evaluation results used for consideration of eligibility for special education, if not provided by a school psychologist with a valid S-5 (or higher) certificate in school psychology, shall be from one of the following:

A psychologist licensed by the Georgia Board of Examiners of Psychologists and having training and experience in school psychology or child clinical psychology.

- A full-time graduate student in an approved, properly supervised school psychology or child clinical psychology training program internship/practicum, who has completed a minimum of one year of approved appropriate graduate training.
- A Georgia Merit System employee who has a classification rating of psychologist, senior psychologist, or psychology program specialist.

Existing and Additional Data Reviewed

As part of the evaluation process, Furlow Charter School will review all existing evaluation data such as evaluations and information provided by the parents of the child, current classroom- based, local, or State assessments and classroom-based observations; and observations by teachers and related services providers. On the basis of that review and input from the child's parents, the evaluation team will identify what additional data, if any, are needed to determine:

- Whether the child is a child with a disability and the educational needs of the child, or in case of a reevaluation of a child, whether the child continues to have such a disability and the educational needs of the child;
- The present levels of academic achievement and related developmental needs of the child;
- Whether the child needs special education and related services, or in the case of a reevaluation of a child, whether the child continues to need special education and related services; and
- Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general curriculum.

The evaluation is not required before termination of a child's disability due to graduation from high school with a regular education diploma, or due to exceeding the age eligibility for a free and appropriate public education (FAPE). However, Furlow Charter School provides the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's post-secondary goals.

Determination of Eligibility

The Eligibility Report is the documentation that verifies if the student is or is not eligible for special education services. Led by the School Psychologist, a variety of people (special education teacher, general education teacher(s), parents, school administrators) take part in determining students' eligibility for Special Education. An Eligibility Team Meeting to determine eligibility is required for all disability areas and convenes before an IEP (Individual Education Plan) is developed. It is the responsibility of the Special Education Director to ensure that all evaluations and the Eligibility Team Meetings are scheduled and completed in a timely manner in order to meet state and federal-prescribed timelines. The evaluation results are documented in the eligibility report as well as in the psychological report or other service provider evaluators reports such as speech, OT, PT, etc. A copy of the Eligibility, Evaluation, and Psychological Reports will be kept on file to be accessed by all Furlow Charter School employees who are given access rights based on their affiliation with the student, and will be given to the parents of the student at no cost.

The Eligibility Report is comprised of the following data:

The eligibility report shall provide statements for each component of the eligibility and shall be comprehensive enough to serve as the evaluation report when necessary.

- Student Identifying Information
- Case History (provides an overview picture of the child)
- Hearing and vision screening dates (conducted prior to administration of assessments). These screenings are completed within a year of the evaluation.
- Summary of interventions that were made PRIOR to referral (gives the committee a quick look at the interventions and adaptation of content, methodology, and/or instructional delivery that have already occurred).
 - Initial eligibility – The committee lists the interventions provided for the child.
 - Reevaluation - The committee lists the specially designed instruction which includes: Adaptation of Content, Methodology (specialized program), or Instructional Delivery. Additional areas of concern that have developed since the previous eligibility are also listed.
 - NOTE: There are occasional situations that are so compellingly appropriate for Special Education consideration that it would be unacceptable to delay needed services by having to go through Response to Intervention (RTI)/Student Support Team (SST) processes. The committee must review the information presented by the parents and school to determine if the intensity of the rare, unique situation warrants referral for immediate comprehensive special education evaluation and eligibility consideration. If it does, this section of the report is explained. Even in those situations, interventions should be put in place and progress monitoring data should be collected during the 60 day timeline.
- Summary of Progress Monitoring data toward achieving standards (data about specific scientific research or evidence-based intervention(s) and accurate information on the progress monitoring data results for the intervention(s) implemented for an initial evaluation or the specially designed instruction for reevaluation are provided)
- Area(s) of difficulty
- Scientific, research, evidence based interventions which includes baseline performance and intervention data
- Results of District, State, and Benchmark assessments
- Individual student data (Academic, Attendance, Placement/Retention, and Behavior data)
- Exclusionary Factors
- Decision-Making for Eligibility

- Summary of Considerations
- Determination of Eligibility
Based on data the team must determine that:
 - (1) A child has a disability
 - (2) and the disability affects educational performance (academic, functional and/or developmental)
 - (3) and the child needs special education and related services, an eligibility and IEP document must be developed for the child. [34 C.F.R. { 300.306 ©}]
- Eligibility Team Information including the title, position, and name of the members present. (For Specific Learning Disability (SLD) eligibility, each eligibility team member must certify in writing whether the report reflects the member's conclusions. If it does not reflect the member's conclusion, the eligibility team member must submit a separate statement presenting the member's conclusions.)

Exclusionary Factors

Possible exclusionary factors are discussed at length during the Student Support Team (Tier 3) process as to whether the factor had an impact on the child's educational progress. Additionally, exclusionary factors are considered in eligibility determinations. Each factor is considered for its impact or lack of impact on educational progress. The explanation describes why or why not a factor has influenced educational progress. Once the factors have been addressed, the team refers to the responses and to the eligibility criteria for each disability category.

Furrow Charter School utilizes the following guidance from the Georgia Department of Education when addressing each exclusionary factor:

- Lack of appropriate instruction in reading, math and written expression. The Eligibility Team discusses: Did the child have access to quality instruction and research-based curricula?
- Limited English Proficiency. It is very important to include an English Speakers of Other Languages (ESOL) staff member who is familiar with the child suspected of having a disability if the child being evaluated is an English Language Learner. A language profile for this child is necessary so that it specifically investigates the language proficiency in both the primary language and English.
- Cultural Factors. A child's culture should not be a determinant factor of a disability. Furrow Charter School obtains pertinent cultural information by interviewing key family members. All results obtained are then interpreted in relation to the child's dominant cultural influences.
- Environmental or economic disadvantage. A child's environment or economic disadvantage should not be a determinant factor for determination of a disability. The committee thoroughly examines family stressors that may be impacting educational progress to include homelessness, unemployment, extended illnesses, death in the family, divorce, pre-school experiences, a lack of books in the home or expectations of the family for the child.
- Atypical education history. The team discusses if the child has high levels of mobility and/or absenteeism which may have influenced the educational progress of the child.
- Visual, hearing, or motor disability. The committee analyzes information in order to rule out as source of difficulty when determining specific disabilities.
- Mutism, tongue thrust and dialectic. Mutism, tongue thrust behavior without associated speech sound impairment, and dialectic differences cannot be a speech language disorder. The committee analyzes information in order to rule out as source of difficulty when determining specific disabilities.

Parent Request for Evaluation

A parent has the right to request the school to perform a full psychological evaluation of their child. If Furrow Charter School agrees to conduct the evaluation, then Furrow Charter School must provide the parent with a

consent for evaluation form, and upon receipt of signed, informed consent, Furlow Charter School must conduct or arrange for the evaluation. If evidence of prior interventions has not been obtained, the evidence can be collected during the evaluation period. However, absence of evidence of prior interventions is not a reason to delay or deny the evaluation. If Furlow Charter School decides not to conduct the evaluation, Furlow Charter School must provide the parents with prior written notice and advise them of their parental rights to seek mediation or a due process hearing.

Dismissal

When a student is considered for dismissal from the Special Education program, Furlow Charter School will conduct a comprehensive evaluation of a child before determining that the child is no longer a child with a disability. See 34 C.F.R. § 300.305(e)(1). This does not apply to children whose eligibility is terminating due to graduation with a regular diploma or due to exceeding the age eligibility for FAPE.

Professional Learning, Supervision and Monitoring, Technical Assistance

All special education staff will be trained as needed on the Evaluation and Reevaluation process at Furlow Charter School. The Special Education Director will review all SST folders, attend all requests for evaluation meetings, and review and be an active member throughout the evaluation process. When the process is not completed per Furlow Charter School and state guidelines, technical assistance will be provided to the staff through professional development.

STATE RULE: 160-4-7-.05 - ELIGIBILITY DETERMINATION AND CATEGORIES OF ELIGIBILITY

A child or youth from 3 through 21 years of age is considered to have a disability under the Individuals with Disabilities Education Improvement Act (IDEA 2004) if the child or youth meets the eligibility criteria in any of the following areas and needs special education and related services:

- Autism spectrum disorder.
- Deafblind.
- Deaf/hard of hearing.
- Emotional and behavioral disorder.
- Intellectual disability (mild, moderate, severe, profound).
- Orthopedic impairment.
- Other health impairment.
- Significant developmental delay.
- Specific Learning disability.
- Speech-language impairment.
- Traumatic brain injury.
- Visual impairment.

Determination of eligibility

Upon completion of the administration of assessments and other measures, a group of qualified professionals and the parents of the child (Eligibility Team) determine whether the child is a child with a disability and the educational needs of the child.

The screening of children by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services. Student referrals must be preceded by evidenced-based academic and/or behavioral interventions.

Georgia Department of Education: Eligibility

AUTISM

Autism is a developmental disability, generally evident before age three, which adversely affects a student's educational performance and significantly affects developmental rates and sequences, verbal and non-verbal communication and social interaction and participation. Other characteristics often associated with autism are unusual responses to sensory experiences, engagement in repetitive activities and stereotypical movements and resistance to environmental change or change in daily routines. Students with autism vary widely in their abilities and behavior. The term does not apply if a student's educational performance is adversely affected primarily because the student has an emotional and behavioral disorder.

The term of Autism may also include students who have been diagnosed with Pervasive Developmental Disorder, Asperger's Disorder, Rhett's Disorder, or Childhood Disintegrative Disorder provided the student's educational performance is adversely affected and the student meets the eligibility and placement requirements. Autism may exist concurrently with other areas of disability.

The following evaluations and assessments shall be utilized to determine the presence of the characteristics of Autism Spectrum Disorder:

- Comprehensive psychological evaluation to include a formal assessment of intellectual functioning and an assessment of adaptive behavior.
- Educational evaluation to include an assessment of educational performance and current functioning levels.
- Communication evaluation to include assessment of verbal and non-verbal communication, prosody (linguistics including intonation, rhythm and focus in speech)), and pragmatic language utilizing both formal and informal measures.
- Behavioral evaluations to include assessment of social interaction and participation, peer and adult interactions, capacity to relate to others, stereotypical behaviors, resistance to change, atypical responses to sensory stimuli, persistent preoccupation with or attachment to objects and other behaviors often associated with autism spectrum disorder.
- Developmental history to include developmental differences and delays and age of onset, which is typically before the age of three. A child may be diagnosed as a child with autism spectrum disorder after age three if the characteristics of autism spectrum disorder are met.

Eligibility shall be based on assessment of the five characteristic areas associated with autism spectrum disorder. The assessments shall minimally document that each of the characteristic areas of (1) developmental rates and sequences, (2) social interaction and participation and (3) verbal and non-verbal communication are affected. The adverse effect on a child's educational performance shall be documented and based on the following criteria:

- Developmental rates and sequences. A child exhibits delays, arrests, and/or Inconsistencies in the acquisition of motor, sensory, social, cognitive, or communication skills. Areas of precocious or advanced

skill development may also be present, while other skills may develop at typical or extremely depressed rates. The order of skill acquisition frequently differs from typical developmental patterns.

- Social interaction and participation. A child displays difficulties and/or idiosyncratic differences in interacting with people and participating in events. Often a child is unable to establish and maintain reciprocal relationships with people. A child may seek consistency in environmental events to the point of exhibiting rigidity in routines.
- Communication (verbal and/or nonverbal). A child displays a basic deficit in the capacity to use verbal language for social communication, both receptively and expressively. Characteristics may involve both deviance and delay. Verbal language may be absent or if present, may lack usual communicative form, or the child may have a nonverbal communication impairment. Some children with autism may have good verbal language but have significant problems in the effective social or pragmatic use of communication.
- Sensory processing. A child may exhibit unusual, repetitive or unconventional responses to sensory stimuli of any kind. A child's responses may vary from low to high levels of sensitivity.
- Repertoire of activities and interests. A child may engage in repetitive activities and/or may display marked distress over changes, insistence on following routines and a persistent preoccupation with or attachment to objects. The capacity to use objects in an appropriate or functional manner may be absent, arrested, or delayed. A child may have difficulties displaying a range of interests and/or imaginative play. A child may exhibit stereotypical body movements.

A child with Autism Spectrum Disorder may be served by any appropriately certified teacher in any educational program as described in the child's Individualized Education Program (IEP). The identification of Autism Spectrum Disorder for educational programming does not dictate a specific placement; however, it is based on the assessed strengths, weaknesses and individual goals and objectives of the child.

DEAFBLIND

Deafblind means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

For a child to be determined eligible for placement in special programs for the Deafblind, the child shall have current optometric or ophthalmological examination and an audiological evaluation, all administered by qualified professionals. Children who are deafblind shall have an audiological evaluation administered by a certified/licensed audiologist annually, or more often if needed. The annual audiological evaluation shall include, but is not limited to: an otoscopic inspection, unaided and aided pure tone and speech audiometry (as applicable), emittance testing, word recognition, hearing aid check and electro-acoustic analysis of the hearing aid (if amplified), and an analysis of a frequency modulated (FM) system check (if utilized). A comprehensive written report is required indicating the dates of the audiological evaluation and a description of the results of the audiological testing and amplification evaluation. In addition, the report should include a description of classroom environmental modifications which will assist the individualized education program (IEP) team in making instructional decisions, the child's ability to understand spoken language with and without amplification, and an interpretation of the results as they apply to the child in his or her classroom setting.

Children who are deafblind may receive educational services in classes with other disabled children; however, the class-size ratio for Deafblind shall be maintained.

DEAF AND HARD OF HEARING

A child who is deaf or hard of hearing is one who exhibits a hearing loss that, whether permanent or fluctuating, interferes with the acquisition or maintenance of auditory skills necessary for the normal development of speech,

language, and academic achievement and, therefore, adversely affects a child's educational performance.

- A child who is deaf can be characterized by the absence of enough measurable hearing (usually a pure tone average of 66-90+ decibels American National Standards Institute without amplification) such that the primary sensory input for communication may be other than the auditory channel.
- A child who is hard of hearing can be characterized by the absence of enough measurable hearing (usually a pure tone average range of 30-65 decibels American National Standards Institute without amplification) that the ability to communicate is adversely affected; however, the child who is hard of hearing typically relies upon the auditory channel as the primary sensory input for communication.

The eligibility report shall include audio logical, ontological and educational evaluation reports:

- Audiological evaluations shall be provided with initial referral. Children who are deaf or hard of hearing shall have an audiological evaluation administered by a certified/licensed audiologist annually, or more often if needed. The annual audiological evaluation shall include, but is not limited to: an otoscopic inspection, unaided and aided pure tone and speech audiometry (as applicable), emittance testing, word recognition, hearing aid check and electro-acoustic analysis of the hearing aid (if amplified), an analysis of a frequency modulated (FM) system check (if utilized). A comprehensive written report shall be included in the audiological evaluation. This written report shall include, but is not limited to: the date of the audiological evaluation, description of the results of the audiological testing, an amplification evaluation including the child's ability to understand spoken language with and without amplification, as well an interpretation of the results as they apply to the child in his or her classroom setting.
- An ontological evaluation report from appropriately licensed or certified personnel is required at the time of initial placement in the program for the deaf/hard of hearing. The ontological evaluation report is required as medical history pertinent to the absence of hearing. If such a report is not available upon initial placement, it shall be obtained within 90 days of placement. The initial or most recent ontological evaluation result shall be summarized and that ontological evaluation report shall be attached to the eligibility report.
- A comprehensive educational assessment shall be used in the development of the child's individualized education program (IEP). The educational evaluation shall include assessment data from more than one measure and shall include, but is not limited to, information related to academic/achievement levels, receptive and expressive language abilities, receptive and expressive communication abilities, social and emotional adjustment and observational data relative to the child's overall classroom performance and functioning.
 - A psychological evaluation, using instruments appropriate for children who are deaf or hard of hearing, is recommended as part of the overall data when eligibility is being considered.
 - Children who exhibit a unilateral hearing loss may be considered for eligibility provided documentation exists that indicates academic or communicative deficits are the result of the hearing loss.

An evaluation of the communication needs of a child who is deaf or hard of hearing shall be considered in the program and class placement decisions. An evaluation of a child's communication needs shall include, but is not limited to: language and communication needs and abilities, opportunities for direct communication with peers and professional personnel in the child's preferred language and communication mode, severity of loss, educational abilities, academic level and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

Any classroom to be used for a child who is deaf or hard of hearing shall be sound- treated and present an appropriate acoustical environment for the child. All placements, including regular education placements and desk arrangements within classrooms shall be made so that environmental noise and interruptions are minimized. Recommendation of the appropriate educational environment, including acoustical considerations, should be

made by the IEP Team.

Each local education agency shall have written procedures to ensure the proper functioning of assistive amplification devices used by children who are deaf or hard of hearing. These procedures shall include the designated qualified responsible personnel, daily and ongoing schedules for checking equipment, as well as follow-up procedures.

In compliance with the rules of Georgia Board of Education Division for Exceptional Students, the following procedures will be followed:

- All students receiving services in the hearing impaired program and have amplification or other assistive devices, e.g., hearing aids, cochlear implants, auditory trainers, and/or frequency modulations (FM) systems equipment will have their equipment checked daily to insure proper functioning. The procedures of the daily listening and hearing aid check shall include the designated responsible personnel, daily and ongoing schedule for checking equipment, and follow-up procedures to be recorded daily on specified forms. Daily checks will be performed by the teacher, the student, or a designee. Documentation must be kept in the student's amplification folder. The teacher for the hearing impaired will work closely with the student's classroom teacher in recognizing signals from the student of the hearing aid that may indicate a problem. Students will be encouraged to take responsibility for caring for and maintaining their own hearing aids, cochlear implant, and/or FM system by reporting any problems to parents, hearing impaired teacher, regular classroom teachers, and/or the audiologist, checking batteries daily, and cleaning ear molds.
- An annual comprehensive audiometric evaluation is required for all students enrolled in the hearing impaired program. This evaluation must be administered by a certified/licensed audiologist. The annual audiometric evaluation shall include, but is not limited to, the following:
 - full hearing re-test,
 - electroacoustic analysis of the hearing aid (if amplified)
 - hearing aid check,
 - aided sound field test results,
 - an otoscope inspection,
 - unaided and aided pure tone and speech audiometry (as applicable),
 - emittance testing,
 - a frequency modulated (FM) system check (if utilized), and
 - a comprehensive written report summarizing data.

EMOTIONAL AND BEHAVIORAL DISORDER

An emotional and behavioral disorder is an emotional disability characterized by the following:

- An inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers. For preschool-age children, this would include other care providers.
- An inability to learn which cannot be adequately explained by intellectual, sensory or health factors.
- Consistent or chronic inappropriate type of behavior or feelings under normal conditions.
- Displayed pervasive mood of unhappiness or depression.
- Displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems.

A student with an Emotional and Behavioral Disorder (EBD) is a student who exhibits one or more of the above emotionally based characteristics of sufficient duration, frequency and intensity that it/they interfere(s) significantly with educational performance to the degree that provision of special educational services is necessary. The student's difficulty is emotionally based and cannot be adequately explained by intellectual,

cultural, sensory or general health factors.

A child may be considered for placement in a program for children with EBD based upon an eligibility report that shall include the following:

- Documentation of comprehensive prior extension of services available in the regular program to include counseling, modifications of the regular program or alternative placement available to all children, and data based progress monitoring of the results of interventions
- Psychological and educational evaluations
- Report of behavioral observations over a significant period of time;
- Appropriate social history to include information regarding the history of the child's current problem(s), the professional services and interventions that have been considered or provided from outside the school; and
- Adequate documentation and written analysis of the duration, frequency and intensity of one or more of the characteristics of emotional and behavioral disorders.

A child must not be determined to be a child with an Emotional and Behavioral Disorder if the primary factor for that determination is:

- Lack of appropriate instruction in reading, including the essential components of reading instruction;
- Lack of appropriate instruction in math;
- Lack of appropriate instruction in writing;
- Limited English proficiency;
- Visual, hearing or motor disability;
- Intellectual disabilities;
- Cultural factors;
- Environmental or economic disadvantage; or
- Atypical education history (multiple school attendance, lack of attendance, etc.).

The term does not include children with social maladjustment unless it is determined that they are also children with EBD. A child whose values and/or behavior are in conflict with the school, home or community or who has been adjudicated through the courts or other involvement with correctional agencies is neither automatically eligible for nor excluded from EBD placement. Classroom behavior problems and social problems, e.g., delinquency and drug abuse, or a diagnosis of conduct disorder, do not automatically fulfill the requirements for eligibility for placement.

INTELLECTUAL DISABILITIES

Intellectual disabilities refer to significantly subaverage general intellectual functioning which exists concurrently with deficits in adaptive behavior that adversely affect educational performance and is manifested during the developmental period. Intellectual disability does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences or a history of inconsistent and/or inadequate educational programming.

Significantly subaverage general intellectual functioning is defined as approximately 70 IQ or below as measured by a qualified psychological examiner on individually administered, nationally normed standardized measures of intelligence.

- All IQ scores defining eligibility for children with intellectual disabilities shall be interpreted as a range of scores encompassed by not more than one standard error of measurement below and above the obtained score. The standard error of measurement for a test may be found in the technical data section of the test manual.
- Any final determination of the level of intellectual functioning shall be based on multiple sources of

information and shall include more than one formal measure of intelligence administered by a qualified psychological examiner. There may be children with IQ scores below 70 who do not need special education. Interpretation of results should take into account factors that may affect test performance such as socioeconomic status, native language, and cultural background and associated disabilities in communication, sensory or motor areas.

- Significantly subaverage intellectual functioning must be verified through a written summary of at least one structured observation that demonstrates the child's inability to progress in a typical, age appropriate manner and with consideration for culturally relevant information, medical and education history.

Deficits in adaptive behavior are defined as significant limitations in a child's effectiveness in meeting the standards of maturation, learning, personal independence or social responsibility, and especially school performance that is expected of the individual's age-level and cultural group, as determined by clinical judgment.

- The child demonstrates significantly subaverage adaptive behavior in school and home, and, if appropriate, community environments. These limitations in adaptive behavior shall be established through the use of standardized adaptive behavior measures normed on the general population, including people with disabilities and people without disabilities. On these standardized measures, significant limitations in adaptive behavior are operationally defined as performance that is at Least two standard deviations below the mean of either (a) one of the following three types of adaptive behavior: conceptual, social, or practical, or (b) an overall (composite) score on a standardized measure of conceptual, social, and practical skills. Documentation must include information from at least two sources. The first source shall be someone from the local school who knows the child and the second source shall be someone who knows the child outside of the school environment such as a parent, guardian, or person acting as a parent.
 - Interpretation of results should consider the child's cultural background, socioeconomic status and any associated disabilities that may limit or impact the results of the adaptive behavior measures.

Deficits in intellectual functioning and adaptive behavior must have existed prior to age 18.

A child must not be determined to be a child with an Intellectual Disability if the determinant factor for that determination is:

- Lack of appropriate instruction in reading, including the essential components of reading instruction;
- Lack of appropriate instruction in math;
- Lack of appropriate instruction in written expression;
- Limited English proficiency;
- Visual, hearing or motor disability;
- Emotional disturbances;
- Cultural factors;
- Environmental or economic disadvantage; or
- Atypical educational history (multiple school attendance, lack of attendance, etc.).

A child may be classified as having an intellectual disability (at one of the levels listed below) when a comprehensive evaluation indicates deficits in both intellectual functioning and adaptive behavior. Intellectual functioning and adaptive behavior shall be considered equally in any determination that a child is eligible for services in the area of intellectual disability. A comprehensive educational evaluation shall be administered to determine present levels of academic functioning. The report shall be prepared for each child to provide an adequate description of the data collected and explicit pre-referral interventions prior to evaluation and to explain why the child is eligible for services in a program for children with intellectual disabilities. In situations where discrepancies exist between test score results from intellectual functioning, adaptive behavior and academic

achievement, the eligibility report must contain a statement of specific factors considered which resulted in the decision of the eligibility team. Eligibility teams must establish that any limits in performance are not primarily due to the exclusionary factors and must document this in the eligibility report:

A child may be classified as having an intellectual disability at one of the levels listed below:

MILD INTELLECTUAL DISABILITY (MID)

- Intellectual functioning ranging between an upper limit of approximately 70 to a lower limit of approximately 55; and
- Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, Learning, personal independence or social responsibility, and especially school performance that is expected of the individual's age level and cultural group, as determined by clinical judgment.

MODERATE INTELLECTUAL DISABILITY (MOD)

- Intellectual functioning ranging from an upper limit of approximately 55 to a lower limit of approximately 40; and
- Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, Learning, personal independence or social responsibility, and especially school performance that is expected of the individual's age- level and cultural group as determined by clinical judgment.

SEVERE INTELLECTUAL DISABILITY (SID)

- Intellectual functioning ranging from an upper limit of approximately 40 to a lower limit of approximately 25; and
- Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, Learning, personal independence or social responsibility and especially school performance that is expected of the individual's age- level and cultural group as determined by clinical judgment.

PROFOUND INTELLECTUAL DISABILITY (PID)

- Intellectual functioning below approximately 25; and
- Deficits in adaptive behavior that significantly limit a child's effectiveness in meeting the standards of maturation, Learning, personal independence or social responsibility and especially school performance that is expected of the child's age-level and cultural group, as determined by clinical judgment.

ORTHOPEDIC IMPAIRMENT

Orthopedic impairment refers to a child whose severe orthopedic impairments adversely affects their educational performance to the degree that the child requires special education. This term may include:

- Impairment caused by congenital anomalies, e.g., deformity or absence of some limb.
- Impairment caused by disease (poliomyelitis, osteogenesis imperfect, muscular dystrophy, bone tuberculosis, etc.)
- Impairment from other causes, e.g., cerebral palsy, amputations, and fractures or burns that cause contractures.

Secondary disabilities may be present, including, but not limited to, visual impairment, hearing impairment, communication impairment and/or intellectual disability.

Evaluation for initial eligibility shall include the following.

- A current medical evaluation from a licensed doctor of medicine. The evaluation report used for initial eligibility shall be current within one year. The evaluation shall indicate the diagnosis/prognosis of the

child's orthopedic impairment, along with information as applicable regarding medications, surgeries, special health care procedures and special diet or activity restrictions.

- A comprehensive educational assessment to indicate the adverse effects of the orthopedic impairment on the child's educational performance.
- Assessments shall document deficits in: pre-academic or academic functioning, social/emotional development, adaptive behavior, and motor development or communication abilities resulting from the orthopedic impairment. When assessment information indicates significant deficit(s) in cognitive/academic functioning, a psychological evaluation shall be given.

Children served in a program for orthopedic impairments should be functioning no lower than criteria outlined for mild intellectual disabilities programs. For those children with orthopedic impairments served in other special education programs due to the severity of their sensory or intellectual disability, support by the OI teacher regarding the implications of the child's orthopedic impairment may be appropriate.

OTHER HEALTH IMPAIRED

Other Health Impairment means having limited strength, vitality or alertness including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:

- is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficient hyperactivity disorder, diabetes, epilepsy, or heart condition, hemophilia, Lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and Tourette Syndrome, and
- adversely affects a student's educational performance
- is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficient hyperactivity disorder, diabetes, epilepsy, or heart condition, hemophilia, Lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and Tourette Syndrome, and
- adversely affects a student's educational performance.

SIGNIFICANTLY DEVELOPMENTAL DELAY

The term significant developmental delay refers to a delay in a child's development in adaptive behavior, cognition, communication, motor development or emotional development to the extent that, if not provided with special intervention, the delay may adversely affect a child's educational performance in age-appropriate activities. The term does not apply to children who are experiencing a slight or temporary lag in one or more areas of development, or a delay which is primarily due to environmental, cultural, or economic disadvantage or lack of experience in age appropriate activities. The SDD eligibility may be used for children from ages three through nine (the end of the school year in which the child turns nine).

Initial eligibility must be established, and an IEP in place, on or before the child's seventh birthday. Significant Developmental Delay (SDD) eligibility is determined by assessing a child in each of the five skill areas of adaptive development, cognition, communication, physical development (gross and fine motor), and social/emotional development. Any child who scores at least 2 standard deviations below the mean in one or more of the five areas or 1½ standard deviations below the mean in two or more areas shall meet eligibility for SDD.

For children who are kindergarten age or older, initial eligibility shall also include documented evidence that the impact on educational performance is not due to:

- Lack of appropriate instruction in reading or literacy readiness, including the essential components of reading instruction;
- Lack of appropriate instruction in math or math readiness skills;

- Limited English proficiency;
- Visual, hearing or motor disability;
- Emotional disturbances;
- Cultural factors; or
- Environmental or economic disadvantage.

The application of professional judgment is a critical element at every stage of eligibility determination: as test instruments are selected, during the evaluation process, in the analysis of evaluation results, as well as the analysis of error patterns on standardized, teacher made or other tests.

All five skill areas shall be assessed using at least one formal assessment. In those areas in which a significant delay is suspected, at least one additional formal assessment must be utilized to determine the extent of the delay. All formal assessments must be age appropriate, and all scores must be given in standard deviations.

For children eligible under SDD with hearing; visual; communication; or orthopedic impairments, a complete evaluation must be obtained to determine if the child also meets eligibility criteria for deaf/hard of hearing, visual impairments, speech and language impairments or orthopedic impairments. Students with sensory, physical or communication disabilities must receive services appropriate for their needs, whether or not specific eligibility is determined.

Specific Learning Disability

Specific Learning Disability is defined as a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not apply to children who have Learning problems that are primarily the result of visual, hearing or motor disabilities, intellectual disabilities, emotional or behavioral disorders, environmental, cultural or economic disadvantage.

The child with a specific learning disability has one or more serious academic deficiencies and does not achieve adequate according to age to meet State-approved grade-level standards. These achievement deficiencies must be directly related to a pervasive processing deficit and to the child's response to scientific, research-based interventions. The nature of the deficit(s) is such that classroom performance is not correctable without specialized techniques that are fundamentally different from those provided by general education teachers, basic remedial/tutorial approaches, or other compensatory programs. This is clearly documented by the child's response to instruction as demonstrated by a review of the progress monitoring available in general education and Student Support Team (SST) intervention plans as supported by work samples and classroom observations. The child's need for academic support alone is not sufficient for eligibility and does not override the other established requirements for determining eligibility.

A child must not be determined to be a child with a specific learning disability if the determinant factor for that determination is:

- Lack of appropriate instruction in reading, to include the essential components of reading instruction (phonemic awareness, phonics, fluency, vocabulary, and comprehension);
- Lack of appropriate instruction in math;
- Lack of appropriate instruction in writing;
- Limited English proficiency;
- Visual, hearing or motor disability;
- Intellectual disabilities;
- Emotional disturbances;
- Cultural factors;

- Environmental or economic disadvantage; or
- Atypical educational history (such as irregular school attendance or attendance at multiple schools)

In order to determine the existence of Specific Learning Disability, the group must summarize the multiple sources of evidence to conclude that the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State- approved grade level standards and intellectual development. Ultimately, specific learning disability is determined through professional judgment using multiple supporting evidences that must include:

- At least two current (within twelve months) assessments such as the results of standardized testing or other state-required assessment, norm-referenced achievement tests or benchmarks indicating performance that does not meet expectations for State-approved grade-level standards;
- Information from the teacher related to routine classroom instruction and monitoring of the child's performance. The report must document the child's academic performance and behavior in the areas of difficulty.
- Results from supplementary instruction that has been or is being provided:
 - that uses scientific, research or evidence based interventions selected to correct or reduce the problem(s) the student is having and was in the identified areas of concern;
 - such instruction has been implemented as designed for the period of time indicated by the instructional strategy(ies). If the instructional strategies do not indicate a period of time the strategies should be implemented, the instructional strategies shall be implemented for a minimum of 12 weeks to show the instructional strategies' effect or lack of effect that demonstrates the child is not making sufficient progress to meet age or State-approved grade-level standards within a reasonable time frame;
- Interventions used and the data based progress monitoring results are presented to the parents at regular intervals throughout the interventions.
 - Any educationally relevant medical findings that would impact achievement.
 - After consent is received from the parents for a comprehensive evaluation for special education determination the following must occur:
 - An observation by a required group member;
 - Documentation that the determination is not primarily due to any of the exclusionary factors;
 - Current analyzed classroom work samples indicating below level performance as compared to the classroom normative sample; and
 - Documentation of a pattern of strength and weaknesses in performance and/or achievement in relation to age and grade level standards must include:
 - A comprehensive assessment of intellectual development designed to assess specific measures of processing skills that may contribute to the area of academic weakness. This assessment must be current within twelve months and
 - Current Response to Intervention data based documentation indicating the lack of sufficient progress toward the attainment of age or State-approved grade-level standards.
 - As appropriate, a language assessment as part of additional processing batteries may be included.

The child who is eligible for services under the category of Specific Learning Disability must exhibit the following characteristics: a primary deficit in basic psychological processes and secondary underachievement in one or more of the eight areas along with documentation of the lack of response to instructional intervention as supported by ongoing progress monitoring.

Deficits in basic psychological processes typically include problems in attending, discrimination/perception, organization, short-term memory, long-term memory, conceptualization/reasoning, executive functioning, processing speed, and phonological deficits. Once a deficit in basic psychological processes is documented, there shall be evidence that the processing deficit has impaired the child's mastery of the academic tasks required in the regular curriculum. Though there may exist a pattern of strengths and weaknesses, evidence must be included documenting that the processing deficits are relevant to the child's academic underachievement as determined by appropriate assessments that are provided to the child in his/her native language. Though a child may be performing below age or State-approved grade level standards, the results of progress monitoring must indicate that the child is not making the expected progress toward established benchmarks. This is indicated by comparing the child's rate of progress toward attainment of grade level standards.

Underachievement exists when the child exhibits a pattern of strengths and weakness in performance, achievement, or both, relative to age, State-approved grade level standard and intellectual development and when a child does not achieve adequately toward attainment of grade level standards in one or more of the following areas:

- Oral expression- use of spoken language to communicate ideas;
- Listening comprehension-ability to understand spoken language at a level commensurate with the child's age and ability levels;
- Written expression - ability to communicate ideas effectively in writing with appropriate language;
- Basic reading skills-ability to use sound/symbol associations to learn phonics in order to comprehend the text;
- Reading comprehension-ability to understand the meaning of written language based in child's native language;
- Reading Fluency Skills- the ability to read and process a text with appropriate rate and accuracy;
- Mathematics calculation-ability to process numerical symbols to derive results, including, but not limited to, spatial awareness of symbol placement and choice of sequence algorithms for operations required; and
- Mathematical problem solving -ability to understand logical relationships between mathematical concepts and operations, including, but not limited to, correct sequencing and spatial/symbolic representation.

Progress monitoring includes the data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting child progress during instruction. When reviewing progress monitoring data, those students that exhibit a positive response to the research validated instruction being provided cannot be considered as having a specific learning disability even though they may show deficits on achievement tests in the specified areas. In addition, children whose achievement in classroom academics indicates performance that is commensurate with pervasive weaknesses that are not indicative of a pattern of strengths and weaknesses may not be considered as having a specific learning disability.

One group member responsible for determining specific learning disability must conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent for special education evaluation is obtained. The observation of the child is conducted in the learning environment, including the regular classroom setting, to document the child's academic performance and behavior in the areas of difficulty. The observation must include information from the routine classroom instruction and monitoring of the child's performance.

The determination of whether a child suspected of having a Specific Learning Disability is a child with a disability must be made by the child's parents and a team of qualified professionals that must include:

- The child's regular teacher; or if the child does not have a regular teacher, a regular classroom teacher

- qualified to teach a child of his or her age;
- A highly qualified certified special education teacher; and
- A minimum of one other professional qualified to conduct individual diagnostic assessments in the areas of speech and language, academic achievement, intellectual development, or social-emotional development and interpret assessment and intervention data (such as school psychologist, reading teacher, or educational therapist). Determination of the required group member should be based on the data being reviewed and the child's individual needs.

Each group member must certify in writing whether the report reflects the member's conclusions. If it does not reflect the member's conclusion, the group member must submit a separate statement presenting the member's conclusions.

SPEECH-LANGUAGE IMPAIRMENT

Speech or language impairment refers to a communication disorder, such as stuttering, impaired articulation, language or voice impairment that adversely affects a child's educational performance. A speech or language impairment may be congenital or acquired. It refers to impairments in the areas of articulation, fluency, voice or language. Individuals may demonstrate one or any combination of speech or language impairments. A speech or language impairment may be a primary disability or it may be secondary to other disabilities.

Speech Sound Production Impairment (e.g. articulation impairment) -- atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that interferes with intelligibility in conversational speech and obstructs learning, successful verbal communication in the educational setting. The term may include the atypical production of speech sounds resulting from phonology, motor or other issues. The term speech sound impairment does not include:

- Inconsistent or situational errors;
- Communication problems primarily from regional, dialectic, and/or cultural differences;
- Speech sound errors at or above age level according to established research-based developmental norms, speech that is intelligible and without documented evidence of adverse effect on educational performance;
- Physical structures (e.g., missing teeth, unrepaired cleft lip and/or palate) are the primary cause of the speech sound impairment; or
- Children who exhibit tongue thrust behavior without an associated speech sound impairment.

Language Impairment - impaired comprehension and/or use of spoken language which may also impair written and/or other symbol systems and is negatively impacting the child's ability to participate in the classroom environment. The impairment may involve, in any combination, the form of language (phonology, morphology, and syntax), the content of language (semantics) and/or the use of language in communication (pragmatics) that is adversely affecting the child's educational performance. The term language impairment does not include:

- Children who are in the normal stages of second language acquisition/learning and whose communication problems result from English being a secondary language unless it is also determined that they have a speech language impairment in their native/primary language.
- Children who have regional, dialectic, and/or cultural differences
- Children who have auditory processing disorders not accompanied by language impairment.
- Children who have anxiety disorders (e.g. selective mutism) unless it is also determined that they have a speech language impairment. There must be a documented speech-language impairment that adversely affects the educational performance for these children to qualify for special education services.

Fluency Impairment - interruption in the flow of speech characterized by an atypical rate, or rhythm, and/or repetitions in sounds, syllables, words and phrases that significantly reduces the speaker's ability to participate within the learning environment. Excessive tension, struggling behaviors and secondary characteristics may

accompany fluency impairments. Secondary characteristics are defined as ritualistic behaviors or movements that accompany disfluencies. Ritualistic behaviors may include avoidance of specific sounds in words. Fluency impairment includes disorders such as stuttering and cluttering. It does not include disfluencies evident in only one setting or reported by one observer.

Voice/Resonance Impairment – interruption in one or more processes of pitch, quality, intensity, or resonance resonance that significantly reduces the speaker’s ability to communicate effectively. Voice/Resonance impairment includes aphonia or the abnormal production of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual’s age and/or gender. The term voice/resonance impairment does not refer to:

- Anxiety disorders (e.g. selective mutism)
- Differences that are the direct result of regional, dialectic, and/or cultural differences
- Differences related to medical issues not directly related to the vocal mechanism (e.g. laryngitis, allergies, asthma, laryngopharyngeal reflux (e.g. acid reflux of the throat, colds, abnormal tonsils or adenoids, short-term vocal abuse or misuse, neurological pathology)
- Vocal impairments that are found to be the direct result of or symptom of a medical condition unless the impairment impacts the child’s performance in the educational environment and is amenable to improvement with therapeutic intervention.

All of the special education rules and regulations related to evaluation, eligibility and placement must be followed including:

- Documentation of the child’s response to prior evidenced-based interventions prior to referral for a comprehensive evaluation.]
- A comprehensive evaluation shall be performed by a certified or licensed Speech- Language Pathologist (SLP) for consideration of speech-language eligibility. Following receipt of a clear hearing and vision screening and medical clearance for voice (as appropriate) this evaluation consists of an initial screening of the child’s speech sounds, language, fluency, voice, oral motor competency, academic, behavioral, and functional skills using either formal or informal assessment procedures to assist in determining if the child is a child with a disability An in-depth evaluation of each area suspected of being impaired, using at least one formal test and/or procedure.
- A full and individual initial evaluation for each area suspected of being a disability must be provided and considered prior to the child’s eligibility for speech-language services. This may include assessments in the areas of health (e.g. ENT, otolaryngologist, ophthalmologist, and optometrist), vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.
- The evaluation is sufficient to identify all of the child’s special education and related service needs, whether or not commonly linked to the disability category in which the child has been referred or classified.
- Children with voice/resonance impairment must have a medical evaluation to rule out physical structure etiology by a medical specialist either prior to a comprehensive evaluation or as part of a comprehensive evaluation. The presence of a medical condition (e.g., vocal nodules, polyps) does not necessitate the provision of voice therapy as special education or related service nor does a prescription for voice therapy from a medical doctor. A written order from a medical practitioner is a medical opinion regarding the medical evaluation or treatment that a patient should receive. When directed to a school, these medical orders should be considered by the team as a part of the eligibility process. The team, not a medical practitioner, determines the need for an evaluation for special education services based on documented adverse effect of the voice impairment on the child’s educational performance.
- A variety of assessment tools and strategies must be used to gather relevant functional, developmental and academic information about the child, including information provided by the parent. Information

from the evaluation is used to determine whether the child is a child with a disability and the content of the child's IEP including information related to enabling the child to be involved in and progress in the general education curriculum.

Determining eligibility for speech-language impaired special education services includes three components:

- The Speech-Language Pathologist determines the presence or absence of speech-language impairment based on Georgia rules and regulations for special education
- Documentation of an adverse effect of the impairment on the child's educational performance
- The team determines that the child is a child with a disability and is eligible for special education and appropriate specialized instruction needed to access the student's curriculum.
- Eligibility shall be determined based on the documented results of at least two or more measures or procedures, at least one of which must be formal, administered in the area of impairment and documentation of adverse effect.

A speech-language disorder does not exist if:

- Environmental, cultural, or economic disadvantage cannot be ruled out as primary factors causing the impairment; or
- A child exhibits inconsistent, situational, transitory or developmentally appropriate speech-language difficulties that children experience at various times and to various degrees.
- Because children who have communication difficulties do not necessarily have speech or language impairments, the speech-language program may not be the appropriate service delivery model to adequately meet the child's educational needs. For this reason, all children who are suspected of having communication problems shall be the subject of a Student Support Team (SST) to problem solve and implement strategies to determine and limit the adverse effect on the child's educational performance.
- For nonverbal or verbally limited children and those with autism and/or significant intellectual, sensory, or physical disabilities, a multidisciplinary team of professionals shall provide a functional communication assessment of the child to determine eligibility for speech-language services. The multidisciplinary team shall consist of professionals appropriately related to the child's area of disability.
- A child is eligible for placement in a speech-language program if, following a comprehensive evaluation; the child demonstrates impairment in one or more of the following areas: speech sound, fluency, voice or language that negatively impacts the child's ability to participate in the classroom environment. The present adverse effect of the speech-language impairment on the child's progress in the curriculum, including social and/or emotional growth, must be documented in writing and used to assist in determining eligibility.

Placement in the Speech Language program shall be based on the results of the comprehensive assessment, and eligibility, along with all other pertinent information.

Children shall not be excluded from a Speech-Language program based solely on the severity of the disability. Cognitive referencing (i.e., comparing language scores to IQ scores) is not permissible as the only criteria for determining eligibility for speech-language impaired services.

TRAUMATIC BRAIN INJURY

Traumatic Brain Injury (TBI) refers to an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects the child's educational performance. The term applies to open or closed head injuries resulting in impairments which are immediate or delayed in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, speech and information processing. The term does not apply to brain injuries that are congenital or

degenerative in nature, brain injuries induced by birth trauma.

Evaluation for eligibility shall include the following.

- A summary of the child's pre-injury functioning status. This information may be available through previous formal evaluations, developmental assessments, achievement tests, classroom observations and/or grade reports.
- Verification of the TBI through the following:
 - A medical evaluation report from a licensed doctor of medicine indicating that TBI has occurred recently or in the past, or
 - Documentation of TBI from another appropriate source, such as health department or social services reports, or parents' medical bills/records.
- A neuropsychological, psychological or psychoeducational evaluation that addresses the impact of the TBI on the following areas of functioning:
 - Cognitive - this includes areas such as memory, attention, reasoning, abstract thinking, judgment, problem solving, speed of information processing, cognitive endurance, organization, receptive and expressive language and speed of language recall.
 - Social/Behavioral - this includes areas such as awareness of self and others, interaction with others, response to social rules, emotional responses to everyday situations and adaptive behavior.
 - Physical/Motor - this includes areas such as hearing and vision acuity, speech production, eye-hand coordination, mobility and physical endurance.
- Deficits in one or more of the above areas that have resulted from the TBI and adversely affect the child's educational performance shall be documented.

The identification of Traumatic Brain Injury (TBI) for educational programming does not dictate a specific service or placement. The child with TBI shall be served by any appropriately certified teacher in any educational program, as specified in the child's Individualized Education Program (IEP) Team minutes.

VISUAL IMPAIRMENT

A child with a visual impairment is one whose vision, even with correction, adversely impacts a child's educational performance. Examples are children whose visual impairments may result from congenital defects, eye diseases, or injuries to the eye. The term includes both visual impairment and blindness as follows:

- Blind refers to a child whose visual acuity is 20/200 or less in the better eye after correction or who has a limitation in the field of vision that subtends an angle of 20 degrees. Some children who are legally blind have useful vision and may read print.
- Visually impaired refers to a child whose visual acuity falls within the range of 20/70 to 20/200 in the better eye after correction or who have a limitation in the field of vision that adversely impacts educational progress.
 - Progressive visual disorders: Children, whose current visual acuity is greater than 20/70, but who have a medically indicated expectation of visual deterioration may be considered for vision impaired eligibility based on documentation of the visual deterioration from the child's optometrist or ophthalmologist.

A current (within one year) eye examination report shall be completed and signed by the ophthalmologist or optometrist who examined the child.

- A report from a neurologist in lieu of the optometrist/ophthalmologist report is acceptable for students who have blindness due to cortical vision impairment.

A clinical low vision evaluation shall be completed by a low vision optometrist for children who are not totally blind;

- if the student is under the age of 8 and/or has a severe cognitive and/or physical disability that would make the use of low vision aids unfeasible, a functional vision evaluation may be used instead of a low vision evaluation to establish eligibility.
 - The low vision evaluation should be completed by age 10 for children who do not have one during eligibility determination prior to age 8 unless other circumstances apply.
 - The low vision evaluation is often difficult to schedule within the 60-day timeline, therefore, if children meet all other eligibility requirements, the eligibility report shall document the date of the scheduled upcoming low vision evaluation and the team may proceed with the eligibility decision.
 - Once the low vision evaluation has occurred the eligibility information shall be updated, and as appropriate, the IEP.
 - The low vision evaluation must occur within 120 days of receipt of parental consent to evaluate to determine eligibility for visual impairment.

A comprehensive education evaluation shall be administered to determine present levels of functioning. The impact of the visual impairment on the child's educational performance shall be considered for eligibility.

- Educational assessments may include cognitive levels, academic achievement, and reading ability
 - Educational assessments related to vision must be completed by a teacher certified in the area of visual impairments.
- In some cases, comprehensive psychological evaluations may be indicated and must be completed by appropriately certified personnel.

Braille instruction is always considered critical to appropriate education for a child who is blind. Children identified with visual impairments shall be evaluated to determine the need for braille skills. The evaluation will include the present and future needs for braille instruction or the use of braille. For children for whom braille instruction and use is indicated, the individualized education program (IEP) shall include the following:

- Results obtained from the evaluation conducted for the purpose of determining the need for Braille skills;
- How instruction in braille will be implemented as the primary mode for Learning through integration with other classroom activities;
- Date on which braille instruction will commence;
- The length of the period of instruction and the frequency and duration of each instructional session; and
- The level of competency in braille reading and writing to be achieved by the end of the period and the objective assessment measures to be used.
- For those children for whom braille instruction is not indicated, the IEP shall include a statement with supporting documentation that indicates the absence of braille instruction will not impair the child's ability to read and write effectively.

Related Services

The current federal regulations found at Title 34, Section 300.34, Code of Federal Regulations (CFR), define related services as services required to assist a child with a disability to benefit from special education. Students who are found eligible to receive services under the thirteen special education disability categories can be considered for related services. Related services mean transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and include

- audiological services;
- psychological services;

- speech-language pathology;
- physical therapy;
- occupational therapy;
- social work services;
- counseling services, including rehabilitation services;
- orientation and mobility services;
- interpreting services;
- school nurse services;
- medical services for diagnostic or evaluation purposes;
- recreation, including therapeutic recreation;
- early identification and assessment;
- parent training; and
- transportation.

Once the evaluation is completed the parents will be provided documentation of eligibility/ineligibility, Evaluation and Eligibility report.

Professional Learning, Supervision and Monitoring, Technical Assistance

Staff will be trained on Eligibility and Placement by the Special Education Director and School Psychologist. The Special Education Director will attend all eligibility meetings to supervise that students are determined eligible/ineligible by state guidelines. If staff is found not following state guidelines pertaining to placement, professional development will be provided to support proper knowledge of eligibility categories and qualifications of each eligibility category.

160-4-7-.02 FREE APPROPRIATE PUBLIC EDUCATION (FAPE)

(1) GENERAL.

(a) A free appropriate public education (FAPE) must be available to all children residing in the State between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school, as provided for in 160-4- 7-.18 Discipline. [34 C.F.R. § 300.101(a); 34 C.F.R. § 300.530(d)]

(b) If a student is receiving services upon reaching age 22, Furlow Charter School (henceforth “the LEA”) shall have a written procedure that identifies a process for completing services to which the adult student has been previously entitled. LEAs shall state in writing that the goal is to secure the successful transition of students to their desired post-school outcomes and will collaborate to complete that transition by age 22. If a student is still attending school at age 22, the LEA shall state whether services will cease on the student’s 22nd birthday, or will continue until the end of the semester or until the end of the current school year. If an adult student remains after their 22nd birthday, the LEA shall notify the adult student and the parent(s) that although services will continue, no individual entitlement to FAPE or other rights under IDEA are afforded the adult student.

(c) FAPE for children beginning at age 3. Each LEA must ensure that:

1. The obligation to make FAPE available to each eligible child residing in the LEA begins no later than the child's third birthday; and
2. An IEP or an IFSP is in effect for the child by that date. [34 C.F.R. § 300.101(b)(1)(i) – ii)]
3. If a child's third birthday occurs during the summer, the child's IEP Team shall determine the date when services under the IEP or IFSP will begin. [34 C.F.R. § 300.101(b)(2)]

(d) Children advancing from grade to grade.

1. Each LEA must ensure that FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade. [34 C.F.R. § 300.101(c)(1)]

2. The determination that a child described above is eligible under this part, must be made on an individual basis by the group responsible within the child's LEA for making eligibility determinations. [34 C.F.R. § 300.101(c)(2)]

(2) LIMITATION - exception to FAPE for certain ages.

(a) General. The obligation to make FAPE available to all children with disabilities does not apply with respect to the following:

1. Adult students aged 18 through 21, who, in the last educational placement, prior to their incarceration in an adult correctional facility:

(i) Were not actually identified as being a child with a disability;

(ii) Did not have an IEP in effect; and [34 C.F.R. § 300.102(a)(2)(i)(A) – (B)]

(iii) Graduates from high school with a regular high school diploma. This constitutes a change in placement, requiring written prior notice. [34 C.F.R. § 300.102(a)(3)(iii)]

2. The exception does not apply to adult students with disabilities, aged 18 through 21, who:

(i) Had been identified as a child with a disability and had received services in accordance with an IEP but who left school prior to their incarceration in an adult correctional facility or local jail;

(ii) Did not have an IEP in their last educational setting, but who had actually been identified as a child with a disability; or [34 C.F.R. § 300.102(a)(2)(ii)(A) – (B)]

(iii) Have graduated from high school but have not been awarded a regular high school diploma. [34 C.F.R. § 300.102(a)(3)(ii)]

(iv) The term regular high school diploma does not include an alternative degree that is not aligned with the State's academic standards such as a special education diploma, certificate of attendance or a general educational development credential (GED). [34 C.F.R. § 300.102(a)(3)(iv)]

(b) Documents relating to exceptions. The LEA must assure that the information it has provided is current and accurate. [34 C.F.R. § 300.102(b)]

(3) FAPE--METHODS AND PAYMENTS.

(a) Georgia may use whatever State, local, Federal, and private sources of support that are available in the State to meet the requirements of this Rule. For example, if it is necessary to place a child with a disability in a residential facility, Georgia could use joint agreements between the agencies involved for sharing the cost of that placement. [34 C.F.R. § 300.103(a)]

(b) Nothing relieves an insurer or similar third party from an otherwise valid obligation to provide or to pay for services provided to a child with a disability. [34 C.F.R. § 300.103(b)]

(c) The LEA must ensure that there is no delay in implementing a child's IEP, including any case in which the payment source for providing or paying for special education and related services to the child is being determined. [34 C.F.R. § 300.103(c)]

(d) Children with disabilities who are covered by public benefits or insurance.

1. A LEA may use the Medicaid or other public benefits or insurance programs in which a child participates to provide or pay for services required under IDEA, as permitted by the public benefits or insurance [34 C.F.R. §

300.154(d)(1)] except -

(i) With regard to services required to provide FAPE, the LEA may not require the parents to sign up for or enroll in public benefits or insurance programs in order for their child to receive FAPE; [34 C.F.R. § 300.154(d)(2)(i)]

(ii) The LEA may not require the parents to incur any out-of-pocket expenses such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided, but may pay the cost the parents would otherwise be required to pay; and [34 C.F.R. § 300.154(d)(2)(ii)]

(iii) The LEA may not use a child's benefits under a public benefits or insurance program if that use would:

(I) Decrease available lifetime coverage or any other insured benefit;

(II) Result in the family paying for services that would otherwise be covered by the public benefits or insurance program and are required for the child outside of the time the child is in school;

(III) Increase premiums or lead to the discontinuation of benefits or insurance; or

(IV) Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenses; and [34 C.F.R. § 300.154(d)(2)(iii)]

2. The LEA shall obtain parental consent prior to accessing a child's or parent's public benefits or insurance for the first time and after providing notification to the child's parents consistent with paragraph (3)(d)3. of this rule and 34 C.F.R. § 300.154(d)(2)(v). The parental consent to access a child's or parent's public benefits or insurance shall:

(i) Meet the requirements of 34 C.F.R. § 99.30 and 34 C.F.R. § 300.622 by specifying the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided to a particular child), the purpose of the disclosure (e.g., billing for services provided under IDEA), and the agency to which the disclosure may be made (e.g. the Georgia Department of Community Health); and

(ii) Specify that the parent understands and agrees that the LEA may access child's or parent's public benefits or insurance to pay for services provided under IDEA. [34 C.F.R. § 300.154(d)(2)(iv)]

3. Prior to accessing a child's or parent's public benefits or insurance for the first time, and annually thereafter, the LEA shall provide written notification to the child's parents consistent with 34 C.F.R. § 300.503(c) that includes:

(i) A statement of parental consent provisions in 34 C.F.R. § 300.154(d)(2)(iv)(A)-(B);

(ii) A statement of the "no cost" provisions in 34 C.F.R. § 300.154(d)(2)(i)-(iii);

(iii) A statement that the parents have the right under 34 C.F.R. part 99 and 34 C.F.R. part 300 to withdraw their consent to disclosure of their child's personally identifiable information to the agency responsible for the administration of Georgia's public benefits or insurance program at any time; and

(iv) A statement that the withdrawal of consent or refusal to provide consent under 34 C.F.R. part 99 and 34 C.F.R. part 300 to disclose personally identifiable information to the agency responsible for the administration of Georgia's public benefits or insurance program does not relieve the LEA of its responsibility to ensure that all required services are provided at no cost to the parents. [34 C.F.R. § 300.154(d)(2)(v)]

(e) Children with disabilities who are covered by private insurance.

1. With regard to services required to provide FAPE to an eligible child, a LEA may access the parents private insurance proceeds only if the parents provide consent. [34 C.F.R. § 300.154(e)]

2. Each time the LEA proposes to access the parents' private insurance proceeds, the LEA must –

(i) Obtain parental consent; and

(ii) Inform the parents that their refusal to permit the LEA to access their private insurance does not relieve the LEA of its responsibility to ensure that all required services are provided at no cost to the parents. [34 C.F.R. §

300.154(e)(2)(i) – (ii)]

(4) RESIDENTIAL PLACEMENT. If placement in a public or private residential program is necessary to provide special education and related services to a child with a disability, the program, including non-medical care and room and board, must be at no cost to the parents of the child. [34 C.F.R. § 300.104]

(5) ACCESSIBLE INSTRUCTIONAL MATERIALS.

(a) LEAs will provide print instructional materials in specialized, accessible formats (i.e. Braille, audio, digital, large-print, etc.) to children who are blind or other print disabled in a timely manner. LEAs will take all reasonable steps to ensure that children with print disabilities have access to their accessible format instructional materials at the same time as students without print disabilities. [See 34 C.F.R. § 300.172(a); § 300.172(b)(4)]

1. Print instructional materials include textbooks and related core materials that are required by the LEA for use by children in the classroom.

2. Specialized formats refer to Braille, audio, or digital text which is exclusively for use by children who are blind or other persons with print disabilities. Large print formats are also included when the materials are distributed exclusively for use by children who are blind or other persons with disabilities. [17 U.S.C. § 121(d)(4)]

(i) Specialized formats do not include altering the content (e.g. breadth, depth, or complexity) of the print instructional material in the production of accessible instructional materials.

3. Children who are blind or print disabled include:

(i) Children whose visual acuity, as determined by a competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

(ii) Children whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.

(iii) Children certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.

(iv) Children certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner. [36 C.F.R. § 701.6(b)(1)]

5. The following groups of individuals are eligible to certify children who are blind or other print disabled for specialized format instructional materials:

(i) In cases of blindness, visual disability, or physical limitations “competent authority” is defined to include doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g., social workers, case workers, counselors, rehabilitation teachers, and superintendents).

(ii) In the case of a reading disability from organic dysfunction, competent authority is defined as doctors of medicine who may consult with colleagues in associated disciplines. [36 C.F.R. § 701.6(b)(2)]

(b) In order to insure the timely provision of high quality, accessible instructional materials to children who are blind and other print disabled, the LEA must adopt the National Instructional Materials Accessibility Standard (NIMAS).

1. The NIMAS refers to a standard for source files created by textbook publishers for the purpose of producing accessible instructional materials. NIMAS files are not child ready files and will be used by authorized users and entities to produce accessible materials for children who are blind and visually impaired.

2. Children who are certified as blind or other print disabled are eligible to receive accessible instructional materials produced with NIMAS files.

(c) The LEA may coordinate with the National Instructional Materials Access Center (NIMAC) to facilitate the production and delivery of accessible materials to children who are blind or other print disabled.

1. The NIMAC refers to the central repository which is responsible for processing, storing, and distributing NIMAS files of textbooks and core instructional materials.

2. LEAs must provide written assurances to the GaDOE regarding their intention to coordinate with the NIMAC.

3. LEAs coordinating with the NIMAC will require textbook publishers to deliver the contents of the print instructional materials to the NIMAC in a NIMAS format file on or before delivery of the print instructional materials. The files will be used in the production of accessible instructional materials.

4. LEAs coordinating with the NIMAC may also purchase instructional materials from the textbook publishers that are produced in or may be rendered in a specialized format.

(d) If the LEA chooses not to coordinate with the NIMAC, assurances must be made to the GaDOE that the LEA will provide accessible instructional materials to children who are blind or other print disabled in a timely manner. LEAs will take all reasonable steps to ensure that students with print disabilities have access to their accessible format instructional materials at the same time as students without print disabilities. [34 C.F.R. § 300.210(b)(2)]

1. LEAs that do not coordinate with the NIMAC will be responsible for purchasing, producing or otherwise providing high-quality, accessible instructional materials in specialized formats in a timely manner for children who are blind or print disabled. LEAs will take all reasonable steps to ensure that students with print disabilities have access to their accessible format instructional materials at the same time as students without print disabilities.

(e) The LEA is also responsible for providing accessible materials to children who require instructional materials in accessible formats, but who do not qualify for the materials under the definition of blind and other print disabled or who need materials that cannot be produced from NIMAS. [20 U.S.C. § 1413(a)(6)]

(f) Some children who require accessible instructional materials will need assistive technology to access the materials (e.g. text reader to read digital file, screen magnification program to read digital file).

(6) ASSISTIVE TECHNOLOGY.

(a) Children with disabilities who require assistive technology in order to receive a free appropriate public education (FAPE) are eligible for assistive technology devices or services, or both, as a part of the child's special education, related services, or supplemental aids and services.

(b) Each IEP Team will consider whether or not a child requires assistive technology devices and services in order to receive a free appropriate public education (FAPE). Minimal compliance will be indicating the appropriate response in the Consideration of Special Factors section of the IEP. Assistive technology can also be addressed when considering other factors such as communication needs and instruction in the use of Braille. [34 C.F.R. § 300.324]

(c) An assistive technology evaluation may be required if appropriate assistive technology solutions are not known to the child's IEP Team through the consideration process. This evaluation shall be conducted by a multidisciplinary team of professionals knowledgeable about assistive technology devices in the technology areas being assessed. The child and family should also be included in this evaluation process. The evaluation should result in recommendations for assistive technology devices and services, if required.

(d) If the child's IEP Team determines that assistive technology devices or services are required for the child to receive a FAPE, a statement to that effect must be included in the child's IEP.

1. If assistive technology is required for the child to participate in districtwide or Statewide testing, the need for technology should be documented in the appropriate section of the IEP and provided to the child.

2. If assistive technology devices or services, or both, are required for a child who is blind or other print disabled to access alternative format instructional materials, the assistive technology should be documented in the IEP and provided to the child.

(e) If the IEP Team determines that the child with a disability requires school- purchased assistive technology at home or in other settings to receive a FAPE, the assistive technology must be provided to the child at no cost to the parent. The need for assistive technology in the non-school settings should be documented in the child's IEP. [34 CFR § 300.105]

(7) EXTENDED SCHOOL YEAR SERVICES.

(a) Each LEA must ensure that extended school year services are available as necessary to provide a FAPE. [34 C.F.R. § 300.106(a)(1)]

1. Extended school year services must be provided only if a child's IEP Team determines, on an individual basis, that the services are necessary for the provision of FAPE to the child. [34 C.F.R. § 300.106(a)(2)]

2. In implementing the requirements of this section, the LEA may not -

(i) Limit extended school year services to particular categories of disability; or

(ii) Unilaterally limit the type, amount, or duration of those services. [34 C.F.R. § 300.106(a)(3)(i) – (ii)]

(b) Definition. As used in this Rule, the term extended school year services means special education and related services that -

1. Are provided to a child with a disability:

(i) Beyond the normal school year of the LEA;

(ii) In accordance with the child's IEP;

(iii) At no cost to the parents of the child; and

(iv) Meet the standards of the State. [34 C.F.R. § 300.106(b)(1) – (2)]

(8) NONACADEMIC SERVICES.

(a) Each LEA must take steps, including the provision of supplementary aids and services determined appropriate and necessary by the child's IEP Team, to provide nonacademic and extracurricular services and activities in the manner necessary to afford children with disabilities equal opportunity for participation in those services and activities. [34 C.F.R. § 300.107(a)]

(b) Nonacademic and extracurricular services and activities may include counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the LEA, referrals to agencies that provide assistance to individuals with disabilities, and employment of students, including both employment by the LEA and assistance in making outside employment available. [34 C.F.R. § 300.107(b)]

(9) PHYSICAL EDUCATION. The LEA must ensure that its public schools comply with the following:

(a) General. Physical education services, specially designed if necessary, must be made available to every child with a disability receiving FAPE, unless the LEA enrolls children without disabilities and does not provide physical education to children without disabilities in the same grades. [34 C.F.R. § 300.108(a)]

(b) Regular physical education. Each child with a disability must be afforded the opportunity to participate in the regular physical education program available to nondisabled children unless -

1. The child is enrolled full time in a separate facility; or

2. The child needs specially designed physical education, as prescribed in the child's IEP. [34 C.F.R. § 300.108(b)]

(c) Special physical education. If specially designed physical education is prescribed in a child's IEP, the LEA responsible for the education of that child must provide the services directly or make arrangements for those services to be provided through other public or private programs. [34 C.F.R. § 300.108(c)]

(d) Education in separate facilities. The LEA responsible for the education of a child with a disability who is enrolled in a separate facility must ensure that the child receives appropriate physical education services in compliance with this Rule. [34 C.F.R. § 300.108(d)]

(10) FULL EDUCATIONAL OPPORTUNITY GOAL (FEOG). Each LEA must have in effect policies and procedures to demonstrate that the LEA has established a goal of providing full educational opportunity to all children with disabilities, aged birth through 21, and a detailed timetable for accomplishing that goal. [34 C.F.R. § 300.109]

(11) CHARTER SCHOOLS

(a) Children with disabilities who attend public charter schools and their parents retain all rights to a FAPE as described in this Rule. [34 C.F.R. § 300.209(a)]

(b) Charter schools that are public schools of an LEA. Each LEA must ensure that charter schools that are public schools of the LEA must -

1. Serve children with disabilities attending those charter schools in the same manner as the LEA serves children with disabilities in its other schools, including providing supplementary and related services on site at the charter school to the same extent to which the LEA has a policy or practice of providing such services on the site to its other public schools; and

2. Provide funds to those charter schools at the same time and on the same basis as the LEA provides funds to the LEA's other public schools, including proportional distribution based on relative enrollment of children with disabilities. [34 C.F.R. § 300.209(b)]

(c) Public charter schools that are LEAs. If the public charter school is an LEA, that charter school is responsible for ensuring that all of these requirements are met. [34 C.F.R. § 300.209(c)]

(12) PROGRAM OPTIONS. Each LEA shall take steps to ensure that children with disabilities have available to them the variety of educational programs and services available to nondisabled children in the area served by the LEA, including art, music, and Career, Technical and Agricultural Education. [34 C.F.R. § 300.110]

(13) ROUTINE CHECKING OF HEARING AIDS/OTHER COMPONENTS.

(a) Hearing aids. Each LEA must ensure that hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. [34 C.F.R. § 300.113(a)]

(b) External components of surgically implanted medical devices. Each LEA must ensure that the external components of surgically implanted medical devices are functioning properly. The LEA is not responsible for the post-surgical maintenance, programming or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device). [34 C.F.R. § 300.113(b)]

(14) PROHIBITION ON MANDATORY MEDICATION.

(a) Each LEA must prohibit personnel from requiring parents to obtain a prescription for substances identified under schedules I, II, III, IV, or V in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) for a child as a condition of attending school, receiving an evaluation or receiving services. [34 C.F.R. § 300.174(a)]

(b) Nothing under paragraph (14)(a) above shall be construed to create a prohibition against teachers and other school personnel consulting or sharing classroom-based observations with parents or guardians regarding a child's academic and functional performance, or behavior in the classroom or school, or regarding the need for evaluation for special education or related services as it relates to child find. [34 C.F.R. § 300.174(b)]

160-4-7-.09 PROCEDURAL SAFEGUARDS/PARENT RIGHTS.

(1) GENERAL

(a) The term “Procedural Safeguards Notice” also refers to the document commonly identified as “Parent Rights” which, must be given to parents only one time per school year, except that a copy shall also be given to parents in the following circumstances –

1. Upon initial referral or parent request for evaluation;
2. Upon receipt of the first state complaint in a school year;
3. Upon receipt of the first request for a due process hearing in a school year;
4. Upon notification by the LEA to the parent of the decision to remove the child from his or her current placement and the removal constitutes a change of placement under the discipline provisions of IDEA and state rules because of a violation of a code of student conduct;
5. Prior to accessing a child’s or parent’s public benefits or insurance for the first time; and
6. Upon request by the parent. [34 C.F.R. § 300.504(a)(1) – (4)]
7. The parent may elect to receive the Procedural Safeguard/Parent Rights notice by electronic mail, if the LEA makes that option available. [34 C.F.R. § 300.505]

(b) The State and each LEA may place a copy of the Procedural Safeguards/Parent Rights on its web site. [34 C.F.R. § 300.504(b)]

(c) The content of the notice must include a full explanation of all the procedural safeguards available relating to:

1. Independent educational evaluations;
2. Prior written notice;
3. Parental consent;
4. Access to education records;
5. Opportunity to present and resolve complaints through the State complaint procedures and a due process hearing including:
 - (i) The time period in which to file a complaint or due process hearing;
 - (ii) The opportunity for the agency to resolve the complaint; and
 - (iii) The difference between the due process hearing and the state complaint process, including the jurisdiction of each procedure, what issues may be raised, filing and decisional timelines, and relevant procedures;
6. The availability of mediation;
7. The child’s placement during the pendency of any due process hearing;
8. Procedures for children who are subject to placement in an interim alternative educational setting;
9. Requirements for unilateral placement by parents of children in private school at public expense;
10. Due process hearings, including requirements for disclosure of evaluation results and recommendations;
11. Appeals of due process hearings, including the time period in which to file those actions;

12. Attorneys' fees; [34 C.F.R. § 300.504(c)(1) - (13)] and

13. Notice provided in a language understandable to the parents. [34 C.F.R. § 300.504(d)]

(d) Each LEA shall establish and maintain procedures to provide an opportunity for the parents of a child with a disability to:

1. Inspect and review all education records relating to the identification, evaluation, educational placement and provision of FAPE to the child. [34 C.F.R. § 300.501(a)(1) – (2)]

2. Participate in meetings with respect to the identification, evaluation, and educational placement of the child and the provision of a free appropriate public education (FAPE) to such child. [34 C.F.R. § 300.501(b)(1)(i) – (ii)]

3. Obtain an independent educational evaluation of the child. [34 C.F.R. § 300.502]

(e) Each LEA shall establish and maintain procedures to provide to ensure that parents:

1. Receive notice before the school initiates or changes (or refuses to initiate or change) the identification, evaluation, educational placement of the child, or the provision of FAPE to the child. [34 C.F.R. § 300.503(a)(1) – (2)]

2. Receive notice of places to contact for assistance in understanding the procedural safeguards/parents' rights. [34 C.F.R. § 300.503(b)(5)]

3. Receive procedural safeguards notice and a full explanation of the procedural safeguards. [34 C.F.R. § 300.504(c)]

(2) PARENTAL OPPORTUNITY TO EXAMINE RECORDS.

Each LEA shall establish and maintain procedures which permit the parents of a child with a disability an opportunity to inspect and review any education records relating to their children that are collected, maintained or used in the identification, evaluation, educational placement and provision of a FAPE. These rights include the right to a response from the LEA to reasonable requests for explanations and interpretations of the records, the right to request the LEA to provide copies of the records and the right to have a representative of the parent to inspect and review the records. All rights of parents to examine education records shall transfer to the child at age 18, consistent with Rule 160-4-7-.09 Confidentiality of Personally Identifiable Information. The LEA may presume that the parent has these rights unless the LEA has been advised that the parent does not have the authority due to State law governing, guardianship, separation and divorce. [See 34 C.F.R. § 300.613]

(3) PARENTAL PARTICIPATION IN MEETINGS.

(a) The parents of a child with a disability must be afforded an opportunity to participate in meetings with respect to the identification, evaluation, educational placement and the provision of a FAPE to the child. [34 C.F.R. § 300.501(b)(1)]

1. A meeting does not include informal or unscheduled conversations involving LEA personnel and does not include conversations on issues such as teaching methodology, lesson plans or coordination of service provision. [34 C.F.R. § 300.501(b)(3)]

2. A meeting also does not include preparatory activities that LEA personnel engage in to develop a proposal or to respond to the parent's proposal that will be discussed at a later meeting. [34 C.F.R. § 300.501(b)(3)]

3. Each LEA shall ensure that a parent of each child with a disability is a member of any group that makes decisions on the educational placement of the parent's child. [34 C.F.R. § 300.501(c)(1)]

(i) If the parents cannot participate in a meeting in which a decision is to be made relating to the educational placement of their child, the LEA shall use other methods to ensure their participation, including individual or conference telephone calls or video conferencing. [34 C.F.R. § 300.501(c)(3)]

(ii) A placement decision may be made by a group without the involvement of the parent(s) if the LEA is unable to obtain their participation in the decision. In this case, the LEA must have a record of its attempts to ensure their involvement, including information that is consistent with Rule 160-4-7-.06 Individualized Education Program. [34 C.F.R. § 300.501(c)(4)]

4. The LEA shall make reasonable efforts to ensure that the parents understand and are able to participate in any group discussions relating to the educational placement of their child, including arranging for an interpreter for parents with deafness or whose native language is other than English. [34 C.F.R. § 300.322(e)]

(b) Each LEA must provide notice consistent with Rule 160-4-7-.06(11)(a) and (b) Individualized Education Program to ensure that parents of children with disabilities have the opportunity to participate in meetings described in (3)(a) above. [34 C.F.R. § 501(b)(2)]

(4) INDEPENDENT EDUCATIONAL EVALUATION.

As used in this section, independent educational evaluation means an evaluation conducted by a qualified examiner who is not employed by the LEA responsible for the education of the child with a disability in question. As used in this section, public expense means that the LEA pays for the full cost of the evaluation or ensures that the evaluation is otherwise provided at no cost to the parents. [34 C.F.R. § 300.502(a)(3)(i) – (ii)]

(a) The parent(s) has/have the right to an independent educational evaluation at public expense if the parent(s) disagree(s) with an evaluation conducted/obtained by the LEA, subject to the conditions in paragraphs (a)(1) – (3) of this section. [34 C.F.R. § 300.502(b)(1)]

1. If a parent requests an independent educational evaluation at public expense, the LEA must, without unnecessary delay either, initiate an impartial due process hearing to show that its evaluation is appropriate, or ensure that an independent educational evaluation is provided at public expense, unless the LEA demonstrates in a hearing that the evaluation obtained by the parent did not meet agency criteria. [34 C.F.R. § 300.502(b)(2)(i) – (ii)]

2. If the final decision is that the LEA's evaluation is appropriate, the parent(s) still has/have the right to an independent educational evaluation but not at public expense. [34 C.F.R. § 300.502(b)(3)]

3. If a parent requests an independent educational evaluation, the LEA may ask for the parent's reason why he or she objects to the public evaluation. However, the explanation by the parent may not be required and the LEA may not unreasonably delay either providing the independent educational evaluation at public expense or initiating an impartial due process hearing to defend the LEA evaluation. [34 C.F.R. § 300.502(b)(4)]

4. The LEA must provide to the parents, upon request, information about where an independent educational evaluation may be obtained and the LEA's criteria applicable for independent educational evaluations. [34 C.F.R. § 300.502(a)(2)]

(b) If the parent obtains an independent educational evaluation at public or private expense, the results of the evaluation:

1. Shall be considered by the LEA, if it meets state and LEA criteria, in any decision made with respect to the provision of a FAPE to the child; and

2. May be presented by either party as evidence at an impartial due process hearing under these Rules regarding that child. [34 C.F.R. § 300.502(c)(1) – (2)]

(c) If the administrative law judge or hearing officer conducting the impartial due process hearing requests an independent educational evaluation as part of a hearing, the cost of the evaluation shall be at public expense. [34 C.F.R. § 300.502(d)]

(d) Whenever the state or LEA pays for an independent educational evaluation, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, shall be the

same as the criteria which the state or LEA uses when it initiates an evaluation. Except for the criteria described in this Rule, a LEA may not impose conditions or timelines related to obtaining an independent educational evaluation at public expense. [34 C.F.R. § 300.502(e)(1) – (2)]

(e) A parent is entitled to only one independent education evaluation at public expense each time the LEA conducts an evaluation with which the parent disagrees. [34 C.F.R. § 300.502(b)(5)]

(5) NOTICE TO PARENTS/GUARDIAN/SURROGATE.

(a) The parents shall be provided notice written in language understandable to the general public a reasonable time before the LEA proposes to initiate or change the identification, evaluation or educational placement of a child or the provision of a FAPE to the child. Written notice shall also be provided if the LEA refuses to take such action. After rights have been transferred to a child who has reached the age of majority, any written notice covered under this Rule shall be provided to both the child and to the parent(s) of the child. [34 C.F.R. § 300.503(a) & (c); 34 C.F.R. § 300.625(c)]

(b) LEAs shall provide a full explanation of all procedural safeguards/parents' rights available to the parent(s). The communication to the parent(s) shall include a description of the action proposed or refused by the LEA, an explanation of why the LEA proposes or refuses to take the action, and a description of any options the LEA considered and the reasons why those options were rejected. Communication to the parent(s) shall include a description of each evaluation procedure, assessment, record or report the LEA used as a basis for the proposed or refused action. Also included shall be a description of any other factors which are relevant to the LEA's proposal or refusal, a statement that the parent(s) of a child with a disability has protection under the procedural safeguards/parents' rights, a statement of the means by which a copy of the procedural safeguards/parents' rights may be obtained, and information providing sources to contact for assistance in understanding the procedural safeguards/parents' rights. [34 C.F.R. § 300.503(b)]

(c) In most cases, the above Notice requirements can be addressed by providing the parent(s) with a copy of documents such as the consent to evaluate, consent for placement, consent for accessing a child's or parent's public benefits or insurance, evaluation report, eligibility report, invitation to a meeting, the full individualized education program (IEP) (with minutes, if taken), and/or other relevant documents, as appropriate. However, there may be circumstances when a parent makes a request but these items have not yet been generated for the child. In such a case, the LEA must respond to the request through an alternative manner, such as through a letter to the parent(s), which provides all of the required elements identified in paragraph (5)(b) above.

(d) Graduation from high school with a regular education diploma constitutes a change in placement and requires written prior notice, in accordance with information above. [34 C.F.R. § 300.102(a)(3)]

(e) Language Understandable to the General Public.

1. Each LEA shall ensure that the notice required in this rule shall be written in language understandable to the general public. [34 C.F.R. § 300.503(c)(1)(i)]

2. Provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so. [34 C.F.R. § 300.503(c)(1)(ii)]

3. If the native language or other mode of communication of the parent is not a written language, the public agency must take steps to ensure the notice is translated orally or by other means to the parent in his or her native language or other mode of communication;

(i) The LEA must ensure the parent understands the content of the notice; and

(ii) That there is written evidence that the requirements have been met. [34 C.F.R. § 300.503(c)(2)(i) – (iii)]

(6) CONSENT.

(a) At a minimum, informed parental consent shall be obtained before:

1. Conducting an initial evaluation to determine if the child qualifies as a child with a disability; [34 C.F.R. § 300.300(a)(1)(i)]

2. Conducting any re-evaluation of a child with a disability; [34 C.F.R. § 300.300(c)(1)(i)]

3. Providing initial special education and related services to a child with a disability; [34 C.F.R. § 300.300(b)(1)]

(i) Consent to provide special education and related services is the consent for any special education and related services described in the IEP to provide FAPE.

(ii) Annual decisions about what services are to be provided are made through the IEP process and are not part of this consent requirement.

4. Disclosing personally identifiable information under conditions described in Rule 160-4-7-.08 Confidentiality of Personally Identifiable Information; and [See 34 C.F.R. § 300.622(a) – (b)]

5. Accessing a child's or parent's public benefits or insurance for the first time as described in Rule 160-4-7-.02 Free Appropriate Public Education (FAPE). [See 34 CFR § 300.154(d)(iv)]

(b) Except for an initial evaluation, initial placement, and re-evaluation, consent is not required as a condition of any benefit to the parent(s) or child.

(c) Consent for initial evaluation shall not be construed as consent for initial provision of special education and related services. [34 C.F.R. § 300.300(a)(1)(ii)]

(d) The LEA must make reasonable efforts to obtain the informed consent from the parent for an initial evaluation to determine whether the child is a child with a disability. [34 C.F.R. § 300.300(a)(1)(iii)]

(e) For initial evaluations only, if the child is a ward of the state and is not residing with the child's parent, the LEA is not required to obtain informed consent from the parent for an initial evaluation to determine whether the child is a child with a disability if:

1. Despite reasonable efforts to do so, the LEA cannot discover the whereabouts of the parent of the child;

2. The rights of the parents of the child have been terminated in accordance with state law;

3. The rights of the parent to make educational decisions have been subrogated by a judge in accordance with state law and consent for an initial evaluation has been given by an individual appointed by the judge to represent the child. [34 C.F.R. § 300.300(a)(2)(i) – (iii)]

(f) If the parent of a child in public school or seeking to enroll in public school does not provide consent for initial evaluation or the parent fails to respond to a request to provide consent, the LEA may, but is not required to pursue, the initial evaluation by utilizing the procedural safeguards of mediation or due process hearings. [34 C.F.R. § 300.300(a)(3)(i)]

1. The LEA does not violate its obligations under Child Find if it declines to pursue the evaluation. [34 C.F.R. § 300.300(a)(3)(ii)]

(g) A LEA that is responsible for making FAPE available to a child with a disability must obtain informed consent from the parent of the child before the initial provision of special education and related services to the child. [34 C.F.R. § 300.300(b)(1)]

(h) If the parents of a child fail to respond or refuse to consent to services, the LEA may not utilize the procedural safeguards of mediation or a due process hearing in order to obtain agreement that service may be provided. [34 C.F.R. § 300.300(b)(3)]

1. If the parents of the child do not provide consent for the initial provision of special education and related services, or the parents fail to respond to a request to provide consent for the initial provision of special education and related services, the LEA will not be considered in violation of the requirement to make FAPE available to the

child for which the LEA sought consent. [34 C.F.R. § 300.300(b)(4)(i)]

2. The LEA is not required to convene an IEP Team meeting or develop an IEP for the child for whom the LEA requests consent. [34 C.F.R. § 300.300(b)(4)(ii)]

(i) The LEA must obtain informed parental consent prior to conducting a re-evaluation of a child with a disability. [34 C.F.R. § 300.300(c)(1)(i)]

1. If the parent refuses to consent to the re-evaluation, the LEA may, but is not required to, pursue the re-evaluation by using the consent override procedures by accessing the mediation or due process hearing procedures. [34 C.F.R. § 300.300(c)(1)(ii)]

(i) The LEA does not violate its obligation if it declines to pursue the re-evaluation. [34 C.F.R. § 300.300(c)(1)(iii)]

2. The LEA need not obtain informed parental consent if it can demonstrate that: (i) It made reasonable efforts to obtain such consent;

(ii) The child's parents failed to respond. [34 C.F.R. § 300.300(c)(2)(i) – (ii)] 3. Parental consent is not required before:

(i) Reviewing existing data as a part of an evaluation or re-evaluation; or (ii) Administering a test or other evaluation that is administered to all children unless consent is required of parents of all children. [34 C.F.R. § 300.300(d)(1)(i) – (ii)]

(j) A LEA may not use a parent's refusal to consent to one service or activity under subparagraph (d) – (f) of paragraph 6 of this Rule to deny the parent or child any other service, benefit, or activity of the LEA. [34 C.F.R. § 300.300(d)(3)]

(k) If the parent of a child who is home schooled or placed in a private school by the parents at their own expense does not provide consent for the initial evaluation or reevaluation, or the parent fails to respond to a request to provide consent, the LEA may not use the consent override procedures described in this rule; [34 C.F.R. § 300.300(d)(4)(i)]

1. The LEA is not required to consider the child as eligible for services. [34 C.F.R. § 300.300(d)(4)(ii)]

2. To meet the reasonable efforts requirement in the consent section of this rule, the LEA must document its attempts to obtain parental consent. [34 C.F.R. § 300.300(d)(5)]

(l) A parent may revoke consent for the receipt of special education and related services once the child is initially provided special education and related services.

1. Revocation of consent to provide special education and related services is for all special education and related services; not individual services.

2. The intent to withdraw the child from special education and related services must be made in writing by the parent to the LEA. [34 C.F.R. § 300.300(b)(4)]

3. The LEA may not continue to provide special education and related services to the child, but must, prior to removing the child from special education and related services, provide the parent prior written notice that meets the requirements of paragraph (5) of this rule.

4. The LEA may not use the procedures of mediation or due process hearings to override the withdrawal of consent.

5. The LEA will not be in violation of the responsibility to provide a free and appropriate public education (FAPE) to a child with a disability because of the failure to provide further special education and related services.

6. The LEA is not required to convene an IEP meeting for a child whose consent to receive special education and related services has been revoked.

7. Subsequent referrals for special education and related services shall be considered an initial evaluation and subject to the sixty-day evaluation time period.

8. The LEA is not required to amend the records of the child to remove any references to the provision of special education and related services prior to the receipt of the revocation of consent. [34 C.F.R. § 300.9(c)(3)]

(7) PARENTAL TRAINING AND AWARENESS

(a) Parents may be provided assistance:

(i) To understand the special needs of their child and information about child development; and

(ii) To acquire the necessary skills to support the implementation of their child's IEP if determined by the IEP Team as a related service. [34 C.F.R. § 300.34(c)(8)(i) – (iii)]

Authority O.C.G.A. § 20-2-152; 20-2-240; 20-2-720.

OVERVIEW OF SECTION 504 OF THE REHABILITATION ACT OF 1973

Congress prohibited discrimination against persons with disabilities in the Rehabilitation Act of 1973, in a segment most often referred to simply as "Section 504." This is a broadly worded prohibition that covers both children and adults. The principles enumerated in this section were later expanded and served as the basis for the 1990 Americans with Disabilities Act (ADA). Additionally, the ADA Amendments Act of 2008 also amended some definitions of Section 504. Section 504 of the Rehabilitation Act is a federal civil rights law and prohibits discrimination by school districts receiving federal financial assistance against persons with disabilities. Included in the U.S. Department of Education regulations for Section 504 is the requirement that students with disabilities be provided with a free appropriate public education (FAPE). These regulations require identification, evaluation, provision of appropriate services, and procedural safeguards in every public school in the U.S.

Section 504 prohibits discrimination against individuals whose physical or mental impairment substantially limits one or more major life activities, including:

- Caring for one's self
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Speaking
- Breathing
- Working
- Learning

"Physical or mental impairment" was defined to mean:

(A) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculo-skeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito- urinary; hemic and lymphatic; skin; and endocrine; or

(B) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities."

(34CFR 104, p336-337)

Further, the ADA Amendments Act of 2008 clarified that:

An impairment that substantially limits one major life activity need not limit other major life activities in order to

be considered a disability. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as-

(I) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;

(II) use of assistive technology;

(III) reasonable accommodations or auxiliary aids or services; or

(IV) learned behavioral or adaptive neurological modifications.

(V) The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity.

(VI) As used in this subparagraph-

(VII) the term 'ordinary eyeglasses or contact lenses' means lenses that are intended to fully correct visual acuity or eliminate refractive error; and

(VIII) the term 'low-vision devices' means devices that magnify, enhance, or otherwise augment a visual image.

ADA Amendments Act Sec. 4

Examples of impairments which may entitle an individual to 504 protection include:

- diseases such as AIDS, tuberculosis, or hepatitis B;
- medical conditions such as chronic asthma, diabetes, heart disease, juvenile arthritis, or seizure disorder; physical disabilities such as cerebral palsy or muscular dystrophy;
- Attention deficit disorder with or without hyperactivity;
- alcohol/drug addicted students (does not protect individuals who are currently using drugs or alcohol);
- students with temporary disabilities; and
- students with pregnancy related complications.
- It is important to remember that the presence of one of these conditions in itself does not qualify an individual for 504 protection. The impairment must also cause a substantial limitation of a major life activity.

Importantly, the federal regulations for Section 504 went further by prohibiting discrimination against any person who **"has a record of such an impairment"** or who **"is regarded as having such an impairment."** In so many words, this refers to persons who are *treated* as if they have the impairment, even if they no longer do, or never did. These phrases were defined in the same regulations as follows:

Has a record of such an impairment means has a history of, or has been *misclassified* as having, a mental or physical impairment that substantially limits one or more major life activities." (emphasis added)

Is regarded as having an impairment means (A) has a physical or mental impairment that does **not** substantially limit major life activities but that is treated by a [funding] recipient as constituting such a limitation; (B) has a physical or mental impairment that substantially limits major life activities *only as a result of* the attitudes of others toward such an impairment; or (C) has none of the impairments defined in.. this section *but is treated* by a [funding] recipient as having such an impairment." (emphasis added)

It is important to note that the second and third prongs of Section 504 (has a record of or is regarded as having

an impairment) do not guarantee accommodations to the individual. These prongs simply afford the individual with protection from discrimination.

Eligibility and Evaluation

IDEA is an education law that offers supplemental funding for services to students with very specific educational disabilities. IDEA defines as eligible only those students who have specified types of educational disabilities and who, because of one or more of those conditions, need special education and related services. Section 504, however, protects all qualified students with disabilities, defined as those persons having a physical or mental impairment which substantially limits one or more major life activities. Section 504 covers all students who meet this definition, even if they do not fall with the IDEA categories and even if they do not need specially designed instruction.

An example of a student who may be protected under Section 504, but who may not be eligible under IDEA, is one who has juvenile arthritis (or any other crippling joint disease) but who does not require special education in order to receive FAPE. This student may be disabled because of a health impairment that substantially limits a major life activity (lack of physical strength). This student may have limited strength, and may not be able to carry a heavy backpack full of books home each night. In order to fully access the regular education program, the district may determine that it is necessary to provide an extra set of books for the student to keep at home during the school year. This would constitute a 504 accommodation.

If a school district has reason to believe a student may have a disability as defined under Section 504 and may require special accommodations in the general education setting, the district must evaluate the student. If the student is determined to be eligible under Section 504, the district must develop and implement a plan for the delivery of all services. For example, in the case of the student with juvenile arthritis, the evaluation might consist of medical documentation of the diagnosed disability and a statement of the impact of the disability on physical strength, with observations of functioning in the school setting.

Services

The determination of the services needed must be made in accordance with evaluation data by a group of persons knowledgeable about the student. The team should review the nature and presence of the disability, how it affects the student's access to the educational process, whether accommodations are needed to prevent discrimination, and they must make decisions about the provision of those accommodations. The decisions about 504 eligibility and services must be documented in the student's file and, if services are provided, eligibility and the plan for services should be reviewed periodically (as determined by the team).

For a student with juvenile arthritis who has difficulty writing, Section 504 services might be the provision of a typing course and the use of a typewriter/word processor to improve writing speed and legibility, or to provide a less painful means of writing. For a student with sickle cell anemia, perhaps a modified class schedule is needed to accommodate the student's stamina. Other examples of 504 accommodations might be administration and monitoring of medication, assistance in agency referrals, use of a student journal of assignments, increased parent communication, or an increase in number of excused absences for health reasons.

Parent Notice

It should be noted, under Section 504, that the parent or guardian must be provided with notice of actions affecting the identification, evaluation and placement of the student. While there is no requirement that the parent has the right to participate in making these decisions, most districts do invite the parent/guardian to meetings where these decisions are being made. Parents are entitled to an impartial due process hearing if they disagree with district decisions in these areas.

Summary

It is important to remember that some students who have physical or mental impairments which substantially

limit their ability to participate in the educational program are entitled to rights under Section 504/ADA, even though they may not fall into IDEA categories and are not eligible for services under the law.

Section 504 is not an aspect of special education. Rather, it is a civil rights law and therefore is the responsibility of the comprehensive general education system. As such, superintendents and building administrators are responsible for its administration within districts. Funds from IDEA may not be used for the express purpose of meeting only the Section 504 requirements.

The Georgia Department of Education has provided this information to serve as a helpful resource. Furlow's Student Services Coordinator, Crystal Lingefelt, should be consulted for guidance on Section 504 issues. For further information, one may wish to contact the U.S. Department of Education, Office of Special Education Programs, or the Office for Civil Rights.

NOTICE OF RIGHTS OF STUDENTS AND PARENTS UNDER SECTION 504

Section 504 of the Rehabilitation Act of 1973, commonly referred to as "Section 504," is a nondiscrimination statute enacted by the United States Congress. The purpose of Section 504 is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to non-disabled students.

For more information regarding Section 504, or if you have questions or need additional assistance, please contact your local system's Section 504 Coordinator at the following address:

Crystal Lingefelt
63 Valley Drive
Americus, GA 31709
229-931-8667

The implementing regulations for Section 504 as set out in 34 CFR Part 104 provide parents and/or students with the following rights:

1. Your child has the right to an appropriate education designed to meet his or her individual educational needs as adequately as the needs of non-disabled students. 34 CFR 104.33.
2. Your child has the right to free educational services except for those fees that are imposed on non-disabled students or their parents. Insurers and similar third parties who provide services not operated by or provided by the recipient are not relieved from an otherwise valid obligation to provide or pay for services provided to a disabled student. 34 CFR 104.33.
3. Your child has a right to participate in an educational setting (academic and nonacademic) with non-disabled students to the maximum extent appropriate to his or her needs. 34 CFR 104.34.
4. Your child has a right to facilities, services, and activities that are comparable to those provided for non-disabled students. 34 CFR 104.34.
5. Your child has a right to an evaluation prior to a Section 504 determination of eligibility. 34 CFR 104.35.
6. You have the right to not consent to the school system's request to evaluate your child. 34 CFR 104.35.
7. You have the right to ensure that evaluation procedures, which may include testing, conform to the requirements of 34 CFR 104.35.
8. You have the right to ensure that the school system will consider information from a variety of sources as appropriate, which may include aptitude and achievement tests, grades, teacher recommendations and observations, physical conditions, social or cultural background, medical records, and parental recommendations.

34 CFR 104.35.

9. You have the right to ensure that placement decisions are made by a group of persons, including persons knowledgeable about your child, the meaning of the evaluation data, the placement options, and the legal requirements for least restrictive environment and comparable facilities. 34 CFR 104.35.

10. If your child is eligible under Section 504, your child has a right to periodic reevaluations, including prior to any subsequent significant change of placement. 34 CFR 104.35.

11. You have the right to notice prior to any actions by the school system regarding the identification, evaluation, or placement of your child. 34 CFR 104.36.

12. You have the right to examine your child's educational records. 34 CFR 104.36.

13. You have the right to an impartial hearing with respect to the school system's actions regarding your child's identification, evaluation, or educational placement, with opportunity for parental participation in the hearing and representation by an attorney. 34 CFR 104.36.

14. You have the right to receive a copy of this notice and a copy of the school system's impartial hearing procedure upon request. 34 CFR 104.36.

15. If you disagree with the decision of the impartial hearing officer (school board members and other district employees are not considered impartial hearing officers), you have a right to a review of that decision according to the school system's impartial hearing procedure. 34 CFR 104.36.

16. You have the right to, at any time, file a complaint with the United States Department of Education's Office for Civil Rights.

SECTION 504 PROCEDURAL SAFEGUARDS

1. Overview: Any student or parent or guardian ("grievant") may request an impartial hearing due to the school system's actions or inactions regarding your child's identification, evaluation, or educational placement under Section 504. Requests for an impartial hearing must be in writing to the school system's Section 504 Coordinator; however, a grievant's failure to request a hearing in writing does not alleviate the school system's obligation to provide an impartial hearing if the grievant orally requests an impartial hearing through the school system's Section 504 Coordinator. The school system's Section 504 Coordinator will assist the grievant in completing the written Request for Hearing.

2. Hearing Request: The Request for the Hearing must include the following:

- a. The name of the student.
- b. The address of the residence of the student.
- c. The name of the school the student is attending.
- d. The decision that is the subject of the hearing.
- e. The requested reasons for review.
- f. The proposed remedy sought by the grievant.
- g. The name and contact information of the grievant.

Within 10 business days from receiving the grievant's Request for Hearing, the Section 504 Coordinator will acknowledge the Request for Hearing in writing and schedule a time and place for a hearing. If the written Request for Hearing does not contain the necessary information noted above, the Section 504 Coordinator will inform the grievant of the specific information needed to complete the request. All timelines and processes will be stayed

until the Request for Hearing contains the necessary information noted above.

3. Mediation: The school system may offer mediation to resolve the issues detailed by the grievant in his or her Request for Hearing. Mediation is voluntary and both the grievant and school system must agree to participate. The grievant may terminate the mediation at any time. If the mediation is terminated without an agreement, the school system will follow the procedures for conducting an impartial hearing without an additional Request for Hearing.

4. Hearing Procedures:

a. The Section 504 Coordinator will obtain an impartial review official who will conduct a hearing within 45 calendar days from the receipt of the grievant's Request for Hearing unless agreed to otherwise by the grievant or a continuance is granted by the impartial review official. b. Upon a showing of good cause by the grievant or school system, the impartial review official, at his or her discretion, may grant a continuance and set a new hearing date. The request for a continuance must be in writing and copied to the other party.

c. The grievant will have an opportunity to examine the child's educational records prior to the hearing.

d. The grievant will have the opportunity to be represented by legal counsel at his or her own expense at the hearing and participate, speak, examine witnesses, and present information at the hearing. If the grievant is to be represented by legal counsel at the hearing, he or she must inform the Section 504 Coordinator of that fact in writing at least 10 calendar days prior to the hearing. Failure to notify the Section 504 Coordinator in writing of representation by legal counsel shall constitute good cause for continuance of the hearing. e. The grievant will have the burden of proving any claims he or she may assert. When warranted by circumstances or law, the impartial hearing officer may require the recipient to defend its position/decision regarding the claims (i.e. A recipient shall place a disabled student in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. 34 C.F.R. §104.34). One or more representatives of the school system, who may be an attorney, will attend the hearing to present the evidence and witnesses, respond to the grievant testimony and answer questions posed by the review official. f. The impartial review official shall not have the power to subpoena witnesses, and the strict rules of evidence shall not apply to hearings. The impartial review official shall have the authority to issue pre-hearing instructions, which may include requiring the parties to exchange documents and names of witnesses to be present.

g. The impartial review official shall determine the weight to be given any evidence based on its reliability and probative value.

h. The hearing shall be closed to the public.

i. The issues of the hearing will be limited to those raised in the written or oral request for the hearing.

j. Witnesses will be questioned directly by the party who calls them. Cross-examination of witnesses will be allowed. The impartial review official, at his or her discretion, may allow further examination of witnesses or ask questions of the witnesses.

k. Testimony shall be recorded by court reporting or audio recording at the expense of the recipient. All documentation related to the hearing shall be retained by the recipient.

l. Unless otherwise required by law, the impartial review official shall uphold the action of school system unless the grievant can prove that a preponderance of the evidence supports his or her claim.

m. Failure of the grievant to appear at a scheduled hearing unless prior notification of absence was provided and approved by the impartial review official or just cause is shown shall constitute a waiver of the right to a personal appearance before the impartial review official.

5. Decision: The impartial review official shall issue a written determination within 20 calendar days of the date

the hearing concluded. The determination of the impartial review official shall not include any monetary damages or the award of any attorney's fees.

6. Review: If not satisfied with the decision of the impartial review official, any party may pursue any right of review, appeal, cause of action or claim available to them under the law or existing state or federal rules or regulations.

SPECIAL EDUCATION FORMS

- Parental Consent for Evaluation (2 pages)
- Notice of Special Education Meeting/Placement Meeting (2 pages)
- RESA Referral for Psychological Evaluation (2 pages)
- RESA Referral for Re-Evaluation (2 pages)



Parental Consent for Evaluation for Special Education Services

(Date) _____

Dear Parent of (Child's Name) _____.

Your child was referred by _____ and was recommended for evaluation by the Student Support Team or other appropriate source. We would like to conduct an individual evaluation to gather more information about how to better meet your child's needs.

If you have any questions about the evaluation process or want to know more details about the evaluation, please contact:

_____	_____	_____
Name	Title	Phone Number

You will also be invited to a meeting to discuss the evaluation and possible eligibility for Special Education services. No changes will be made in your child's educational program until we hold the meeting and you provide any necessary consent. Providing this consent to evaluate does not allow the system to provide special education services.

The individual evaluation may include these areas: learning ability, vision, hearing, motor skills, social/emotional, achievement, speech/language or others. An explanation of these areas is included. If you have information that you would consider helpful (e.g., evaluations, medical reports, etc.), please provide this information to assist in determining your child's educational needs. Your parental rights are included, which show that you have certain rights regarding consent and evaluation procedures.

Please sign to let us know whether or not you agree for the evaluation to take place and return this

letter to:

_____	_____	_____
Name	Title	Phone Number

If you do not return this form by _____, we will contact you about your decision.
(Date)

Thank you for your cooperation.

Sincerely,

_____	_____	_____
Name	Title	Phone Number

☐ Yes, I agree for my child _____ to be evaluated.

☐ No, I do not agree for the following reasons:



NOTICE OF SPECIAL EDUCATION IEP/PLACEMENT MEETING

Date _____

To: _____

Parent and Student (If postsecondary goals and transition services are being considered)

An Individualized Education Program (IEP) Team meeting for your child has been scheduled for

_____ at _____ at _____.

Date

Time

Location

You are invited and strongly encouraged to participate in this meeting. If you are unable to attend on this date or location, you are encouraged to request to reschedule the meeting. You may also request another method of participation (e.g. conference call).

The purpose(s) of this meeting is to:

Determine or re-determine eligibility

Consider special education placement

Develop an Individualized Education Program (IEP), if appropriate

Review/amend the IEP and/or placement (annual review or other review)

Consider postsecondary goals and transition services (prior to entry to high school or age 16)

Consider the need for reevaluation

Review the results of recent evaluation(s)

Consider the need for a functional behavior assessment and/or develop/revise a behavior intervention plan

Other _____

The following people have been invited to attend the meeting:

<p>Required members: If any required members are unable to attend, the parent will be notified and asked to provide written consent for excusal.</p>		<p>Additional members who may attend: These members do not require an excusal.</p>
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Title	Name (optional)
LEA Representative	
Special Ed. Teacher	
General Ed. Teacher	
Student (if transition to be discussed)	

Title	Name (optional)

If transition is being discussed and another agency is likely to be providing or paying for services, a representative from that agency will be invited with the consent of parent or student, if age 18 or older. For children previously served in Babies Can't Wait, you may request a representative of that agency attend to assist with transition services. You may also invite other individuals who have knowledge or special expertise regarding your child. If you are unable to attend the IEP meeting, a copy of the IEP will be mailed to you.

Sincerely,

Name

Phone/Email

PLEASE COMPLETE AND RETURN THIS SECTION TO YOUR CHILD'S TEACHER OR SCHOOL BY _____.

Child's Name: _____

I will attend the meeting as scheduled on _____.

I would like to reschedule the meeting or arrange for an alternate means of participation. Please contact me at _____.

I am unable to attend the meeting. The meeting may proceed without me. I understand that I will receive a copy of the IEP and any other documents. I can have these documents explained to me if I request the system to explain them.

I consent to the invitation of the agency representative listed above that is likely to be responsible for providing or paying for transition services.

Parent

Phone/Email

Date

CHATTAHOOCHEE-FLINT RESA
Psychological Services
REFERRAL FOR PSYCHOLOGICAL EVALUATION

(Please check one)

- ☐ Referral for Initial Evaluation
☐ Referral for Evaluation for Students Served
 Only in Speech/Language
☐ Out of State Transfer Re-evaluations

Date Received by RESA

Placement Meeting Due Date
(To Be Completed by RESA)

Date Parent Consent Received

I. Identifying Information

Student Name _____ Parents Name _____
School System _____ Address _____
School _____
Date of Birth _____ Phone Number _____
Age _____ Sex _____ Grade _____ Grades Repeated _____

II. Referral Information

A. For what reason is the Student Support Team referring this student for psychological evaluation? If the student is being referred for learning problems, specifically describe academic achievement in all his/her subject areas. _____

If the student is being referred for emotional/behavioral concerns, specifically describe these problems and explain how they adversely affect the student's academic achievement. _____

Does the student receive other services? S/L _____ PT _____ OT _____ Counseling _____ (School _____ Other _____)
Public/Private Agency Involvement _____ If yes, specify _____

B. Results of Achievement/Cognitive screening: (This may be obtained from statewide testing in the cumulative or instructional folder or from individual screening. Testing must have been completed within one year of the date this referral is received by RESA.)

Academic Achievement Test: _____ Date: _____

<u>Subject</u>	<u>Standard Score</u>	<u>Percentile or Grade Equivalent</u>
	(If individual achievement test is given)	(If group achievement test is given)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Intelligence/Cognitive Test: _____ Date _____ IQ _____

C. Medical Information:

Does this student have medical problems? Yes _____ No _____ If yes, please describe the problem _____

Including medication regularly administered at home _____ AND/OR at school _____

Does this student have special needs that might require accommodations during test? Yes _____ No _____ If yes, explain briefly _____

D. Routine auditory and visual screening was completed on _____ (Date). Does this student wear glasses (Yes _____ No _____), hearing aids (Yes _____ No _____)?

3. Attachments to Referral (Required):

- ___ 1. Parent Consent for Evaluation.
- ___ 2. Auditory and visual screening within one year. (If failure of vision and/or hearing occurs, follow-up evaluation and correction shall be included with this referral. If a vision or hearing problem is determined to be uncorrectable, documentation by an appropriate medical professional, including any modifications needed in the evaluation process, should be attached to this referral.)

4. Attachments to Referral (Beneficial):

- ___ 1. Attach work samples that indicate the student's difficulties in the identified academic problem areas.
- ___ 2. If available, a copy of the cumulative folder page which shows group test scores and school grades.
- ___ 3. A copy of a learning disabilities checklist (i.e., LDES) that indicates the nature of learning difficulties.
- ___ 4. A completed adaptive behavioral rating scale (i.e., age appropriate Vineland) if this is an area of concern.
- ___ 5. A completed emotional/behavioral rating scale and/or teacher's behavior logs if this is an area of concern.

5. (Note: Section G is not applicable to pre-school students.)

- 1. Have you included a referral to the Student Support Team? Yes _____
- 2. Have you included specific alternative instructional interventions in your SST report and the results? Yes _____
- 3. Have you included the SST minutes? Yes _____
- 4. Have you made your final recommendation clear? Yes _____

**MAKE SURE ALL OF THE ABOVE ITEMS ARE INCLUDED!
INCOMPLETE REFERRALS WILL BE RETURNED**

Signatures:

Teacher _____	Date _____
Principal _____	Date _____
Special Education Director _____	Date _____

TURN TO: Chattahoochee-Flint RESA
Pupil Services Department
PO Box 1150
Ellaville, GA 31806

(Revised 07/2007)

CHATTAHOOCHEE-FLINT RESA
Psychological Services
REFERRAL FOR RE-EVALUATION

Date Received by RESA _____

I. IDENTIFYING INFORMATION

Student Name _____ Parents Name _____
School System _____ Address _____
School _____
Date of Birth _____ Phone Number _____
Age _____ Sex _____ Grade _____ Grades Repeated _____

II. PRESENT SPECIAL EDUCATION PLACEMENT

ID _____ EBD _____ VI _____ HI _____ OHI _____ OI _____ AUT _____ TBI _____ SDD _____ SLD _____ (If SLD, check ONLY areas where student is served.)

_____ Basic Reading _____ Reading Fluency _____ Reading Comprehension _____ Math Calculation
_____ Math Reasoning _____ Listening Comprehension _____ Oral Expression _____ Written Expression

Does student receive any related services? S/L _____ PT _____ OT _____ Counseling _____

Hours/Segments served _____

Public Agency Involvement _____

III. INFORMATION FROM PREVIOUS PSYCHOLOGICAL EVALUATION

*Is this referral being made because this is a transfer student? Yes _____ No _____ If yes, State and School System transferred from _____ (Attach copy of evaluation)

Date of previous Psychological Evaluation _____ (Attach copy of Evaluation)

Re-evaluation/Redetermination Conference Date _____ (Attach copy of Conference Form)

V. MEDICAL INFORMATION

Does this student have medical problems? Yes _____ No _____ If yes, please describe the problem _____

Including medication regularly administered at home _____ AND/OR
at school _____

Does this student have special needs that might require accommodations during testing? Yes _____ No _____

If yes, explain briefly _____

Does this student wear glasses (Yes _____ No _____), hearing aids (Yes _____ No _____)?

VI. THE IEP COMMITTEE REQUESTS

_____ 1. A **comprehensive** psychological re-evaluation. Reason: _____

_____ 2. A **partial** psychological re-evaluation (indicate below which components are requested)

_____ Cognitive _____ Social/Emotional _____ Readiness Skills _____ Adaptive Behavior

_____ Receptive Language _____ Expressive Language

_____ Achievement (indicate which areas):

_____ basic reading _____ reading fluency _____ reading comprehension _____ math calculation

_____ math reasoning _____ listening comprehension _____ functional academics _____ oral expression

_____ written expression

_____ Other (specify) _____ **Further evaluation may be necessary based on
the professional judgment of the school psychologist.

Reason: _____

VII. ATTACHMENTS TO REFERRAL (REQUIRED)

- ___ 1. A copy of the previous psychological must be attached.
- ___ 2. A copy of Re-evaluation/Redetermination conference form.
- ___ 3. Attach copy of a current achievement test (within the last year) and/or a copy of the IEP Present Level of Performance or a narrative summary of the present level of performance.
- ___ 4. Auditory and visual screening report within 1 year. (If failure of vision and/or hearing occurs, follow-up evaluation and correction shall be included with this referral. If a vision or hearing problem is determined to be uncorrectable, attach documentation by an appropriate medical professional, including modifications needed in the evaluation process.)
- ___ 5. Parental Consent for Evaluation

**MAKE SURE ALL OF THE ABOVE ITEMS ARE INCLUDED!
INCOMPLETE REFERRALS WILL BE RETURNED**

Signatures:

Teacher _____	Date _____
Principal _____	Date _____
Special Education Director _____	Date _____

RETURN TO: Chattahoochee-Flint RESA
Pupil Services Department
PO Box 1150
Ellaville, GA 31806

(Revised 08/2015)