**Explanation of Special Education Terminology (Edspe 501)**

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Section 1: Laws

* IDEA: IDEA stands for the Individuals with Disabilities Education Act. This law, passed in 1990 and updated in 2004, basically created special education as we know it today. Under IDEA districts can no longer refuse services to children with disabilities on the grounds that they can’t find them or can’t afford it. IDEA has three important provisions that I’ll describe to you next.
* FAPE: According to IDEA, every child is entitled to a free and appropriate public education (FAPE). If a child is unable to access the curriculum because of their disability, they will be eligible for special education, including an individual education plan (IEP) to help meet their specific needs.
* LRE: IDEA also specifies that children will be educated in the least restrictive environment (LRE). This means different things depending on the child. If a child’s needs can be met by having services delivered in the general education classroom then this is the preferred method—but if it turns out that more intensive instruction is required they might consider a portion of the day or even the entire day in a self-contained classroom. For some severely disabled children, hospital or home-based care may turn out to be the least restrictive environment; the definition of LRE is based entirely on the needs of the individual child.
* Child Find: According to IDEA, school districts are obligated to seek out children who may be eligible for special education services, rather than just responding to who shows up at their doorstep. They do this through partnerships with medical doctors and other community organizations who refer children to them for services.
* 504 vs Special Education (IEP) eligibility: When children are evaluated and found to need specially designed instruction in order to access the curriculum, they are considered to be eligible for special education and an IEP is created. Some children are found to be ineligible for special education, but may still have conditions that make it difficult to cope in the general education classroom. With some changes to their setting (preferential seating, extra time on tests, some kinds of assistive technology, etc.) they may be able to keep up with their typically developing peers. These children may be eligible for a 504 plan, which provides school professionals with a list of the accommodations he needs.
* Parental Consent: Schools are required to gain parental consent for special education services (or at least prove that they made a good faith effort to gain it) at every step along the way.
* Confidentiality: Schools can’t release any information about your student to anyone without your consent. Your child’s special education records are confidential.
* Discipline of Students Eligible for Special Ed: When special education students are encountering disciplinary problems, we need to make sure that they are not being inappropriately punished for actions that lie in their area of disability—and when they are punished, we need to make sure the punishment takes the disability into account. The school is also obligated to make sure the student had the support they needed to avoid the problem behavior, and put such support in place if it wasn’t originally there.
* Parent Participation: Special education works best when parents are full partners in the process. You will be included in all meetings about your child and consulted when making decisions about your child’s services. You are the expert on your child.

Section 2: Eligibility

* Referral/pre-referral: Anyone can refer a child for a special education evaluation. Most often a referral comes from parents or teachers, but can also come from school nurses, counselors, and other specialists that know the child well. Some districts then put together student intervention teams to determine whether an evaluation is appropriate. Many districts will decide to try a response to intervention (RTI) process before deciding to evaluate; this means they will try intensive intervention strategies in the regular classroom to see if they are able to solve the child’s problems in that way. If the child is still experiencing trouble they then move on to an official evaluation.
* Initial Evaluation: This is a fact finding mission, and the person in charge—usually the school psychologist—decides what kinds of information is required in order to determine whether the child needs specially designed instruction. The required tests will differ depending upon the suspected problem. There may be input from occupational, physical, or speech therapists; achievement testing; IQ testing; parent questionnaires; nurse evaluations; or information from outside providers that you as a parent introduce. This is a thorough process that can take a few weeks.
* Eligibility Meeting: After the evaluation is complete the school psychologist or case manager will call a meeting that includes the parents, teacher(s), school psychologist, case manager, the person who referred your child (if not already included) and often your child him- or herself. At this meeting the results of all the evaluations will be presented and a decision will be made about your child’s eligibility for special services.
* Reevaluation: Every three years your child will be reevaluated to see whether they still need special education services. If they are found not to need them any more they will be exited from the program, and celebrations will be had by all!
* Disability category acronym and what it stands for:

A child who is found to be eligible for special education services will be placed in one (or more) of the following categories.

	1. ASD = Autism spectrum disorder. Autism spans a spectrum from very severely disabled individuals who lack language and adaptive skills to very high functioning, even gifted, individuals who have social deficits and some restrictive or repetitive patterns of behavior. They tend to be inflexible and have sensory and social/communication issues.
	2. DB = Deaf-blindness. This category is pretty much what you might expect from its title. Kids who have two sensory impairments often need more intensive services than kids experiencing just one.
	3. Deafness. Kids in this category have an almost total inability to hear, which necessitates services to help them access orally delivered school material.
	4. DD = Developmental delay. Children up to nine years old may be eligible for this category if they are found to be delayed in either social skills, emotional maturity, physical development, cognitive abilities, communication, or adaptive behavior.
	5. ED = Emotional disturbance. Kids that qualify for special education under this category have severe behavior issues (like conduct disorder) or mental illness (like severe depression, schizophrenia, or bipolar disorder).
	6. HI = Hearing impairment. These kids are not completely deaf but do experience hearing difficulties that make it difficult to thrive in the classroom.
	7. ID = Intellectual disability is the current term for what used to be called mental retardation. Usually children in this category have problems with both intellectual functioning and adaptive behavior (life skills).
	8. MD = Multiple disabilities. These kids will have disabilities representing some combination of the other 13 categories (such as VI/OI, or ED/HI) that are severe enough that they can’t be accommodated under just one.
	9. OI = Orthopedic impairment. Children that have OI have physical/motor issues that make it difficult to function in school. These can include cerebral palsy, congenital birth defects, paralysis, or other conditions brought on by disease (like polio) or injury.
	10. OHI = other health impairment. This is a broad category that encompasses conditions that lead to a reduction in attention, health, or strength (such as ADHD, epilepsy, diabetes) that makes it difficult for these kids to do their best in school.
	11. SLD = Specific learning disorder. Kids that qualify under SLD have trouble with the psychological processes of learning that are not caused by one of the other 13 categories. Dyslexia, dysgraphia (writing disability) and dyscalculia (math disability) fall into this category.
	12. SLI = Speech or language impairment. This category comprises a number of different conditions, ranging from problems producing language to problems understanding language. It can also include vocal issues (articulation problems, stuttering, voice disorders).
	13. TBI = Traumatic brain injury. These children have experienced a traumatic physical event that left them having difficulties performing in school. They are probably involved in rehabilitative services and may miss school because of that, in addition to dealing with whatever brain dysfunctions were caused by the injury.
	14. VI = Visual impairment. Children that are blind or otherwise visually impaired will need special assistance to access the curriculum.

Section 3: The IEP

* The IEP is a lengthy legal document that lays out the individual goals for your child’s education and the methods that will be used to get him from his present level to the point where he has successfully achieved them. It includes four main sections that are interdependent; the information in one needs to be drawn directly from the others.
	+ Present level: This is the description of where your child is at this moment. The information in this section is obtained from the extensive evaluation your child underwent. It spells out her problem areas as well as her strengths.
	+ Goals: The present level should leave us with a good idea of the problems your child faces. In this section we will determine some goals for the year that will help alleviate those problems. The goals should be manageable for your child (with help), they should be reasonable in number, and they should follow directly from the present level section. We would not introduce a goal of running a marathon if no discussion of physical fitness showed up in the previous section, for instance. ☺
	+ Services: This section is where we operationalize those goals: We figure out what services we need to make them happen, how many minutes how many times a week we will be expected to work on them, how they’ll be measured, and what will constitute success. This section is where the rubber meets the road!
	+ Placement: Here is where we decide on the least restrictive environment for your child, given all the information that has been provided. It will tell us what percentage of time your child can expect to spend in the general education classroom.
* How to amend an IEP: Every year you can expect to get together with your IEP team to talk about how things are going. New goals will be proposed, and old ones hopefully retired. This is a perfect opportunity to amend the IEP, if you’d like to make some changes. If you think changes need to be made to it at other times, that’s no problem. If the changes are extensive, you may need to request another meeting, which is your prerogative. If they are minor, it may be that the case manager can simply make the change—but a new copy of the IEP needs to be given to all the relevant players so that they know about the changes.
* Additional considerations:

	+ ESY: Some kids really struggle during breaks from school and lose all the gains they made when school was in session. If that is the case for your child he may be eligible for extended school year services (ESY), cost to be covered by the district.
	+ Behavior: Sometimes a child may have specific behaviors that are making it difficult for him to meet his goals. In this case a Behavior Intervention Plan (BIP) may be added to the IEP to document specific change-worthy behaviors and the methods to be used to change them.
* Transition: When your child turns 16—or even earlier in some states—the IEP team will begin the transition process. This is a way of identifying your child’s post-secondary education or career goals and making sure she has the skills, the resources, and the support she needs to succeed after high school. These goals will be monitored just like educational IEP goals have been up to this point.
* Short term objectives: Sometimes looking just at one big annual goal can be overwhelming, for students and teachers. Short term objectives, spelled out in the IEP, help us break those big annual goals down into manageable parts, so that we can know that we're making progress throughout the year.
* Progress monitoring: We can’t tell whether we’ve met our goals unless we have data to confirm that! This is why the goals and services are spelled out so specifically in sections two and three of the IEP—so that progress will be easy to measure. Periodically you should expect progress reports from your case manager that are based on data collected over that period and that give you a sense whether your child is progressing satisfactorily toward her goals.
* Assessments and accommodations: Often when children with disabilities are faced with standardized assessments they need accommodations (isolated testing area, additional time, questions read aloud, etc.) in order to best show what they know. Sometimes, the standardized assessment for their grade is simply inappropriate for their developmental level; in these cases an alternative assessment may be used. There are places on the IEP where the use of alternative assessments and accommodations can be spelled out fully.