

GUIDELINES FOR

MAKING DECISIONS

ABOUT I.E.P. SERVICES

2001

Vermont Department of Education

**I.E.P.
Services**





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Guidelines for

Making Decisions

about IEP Services

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Introduction

PURPOSE

The purpose of this booklet is to offer guidance for making decisions about IEP (Individualized Education Program) services for students with disabilities who are eligible for special education under the federal law called the *Individuals with Disabilities Education Act*, commonly referred to as *IDEA*. Included are special education and related services (e.g., occupational therapy, physical therapy, and psychological services). One of the primary purposes of the IDEA is:

“To ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living” (34 CFR 300.1).

These guidelines are based on the *IDEA*, Vermont regulations, and research-based practices. They are designed to help IEP teams make thoughtful, comprehensive decisions supporting the education of students with disabilities, and enable them to consider important factors *before, during, and after* reaching those decisions (see Table 1).

AUDIENCE

The booklet is intended to provide information to a wide range of people who make special education and related services decisions for students with disabilities. These include students with disabilities and their parents or guardians, special and general educators, related services providers, school administrators, and others.

IMPORTANCE

Research indicates that teams whose members do not have a shared approach to making decisions about IEP services may work at cross-purposes (Giangreco, 2000). This can result in unnecessary gaps or overlaps in services, contradictory recommendations from service providers, conflicts among team members, and educational plans that are fragmented and disjointed. These problems can interfere with students receiving needed educational supports, compromise relationships between families and school staff, and may waste valuable resources. Using an effective decision-making model helps teams make consensus decisions about IEP services.

WHAT'S NEXT

The decision-making model that follows is divided into three main sections. Each offers information, ideas, or questions that can be used *before, during, and after* making decisions about IEP services. Within each section are subcategories as presented in Table 1. References and resources are listed at the end of this booklet.

Table 1
IEP Decision-Making about Special Education and Related Services

Before	During	After
<p>Background and Legal Context</p> <ul style="list-style-type: none"> • Definitions and Related Information (e.g., special education, related services, court decisions, parental involvement, the IEP team) <p>Team Practices</p> <ul style="list-style-type: none"> • Learn About Team Members • Acknowledge varying decision-making values (e.g., more is better, only as specialized as necessary) • Develop a Shared Framework • Clarify the Process • Seek Consensus <p>Learn About the Student</p> <ul style="list-style-type: none"> • Student Characteristics • Educational Program Components (e.g., IEP goals/objectives, participation in general education curriculum, general supports/accommodations) <p>Learn About the Context</p> <ul style="list-style-type: none"> • Learn About Existing Options 	<p>Determine Special Education and Related Services</p> <ul style="list-style-type: none"> • Determine the Special Education Services (e.g., curricular, instructional, adaptations) <p>Some Students with IEPs May Need Related Services</p> <p>Ask Vital Questions About Need for Each Proposed Related Service</p> <ul style="list-style-type: none"> • Is the proposed related service educationally relevant? • What is the purpose of the proposed related service? • Is the proposed related service educationally necessary? <p>Decide “What” Before “How”</p> <p>Decide How Services are Provided</p> <ul style="list-style-type: none"> • Modes and Frequency of Service • Consider Approaches that Build School and Classroom Capacity • If Paraeducator Support is Proposed, Consider its Use and Impact • Remember, IEP Services Can Be Modified if Needed 	<p>Implement the Special Education Services as Documented in the IEP (and Related Services if Identified)</p> <ul style="list-style-type: none"> • Establish a Schedule • Develop a Written Plan, Including Data Collection Methods • Ensure Appropriate Training, Supervision, and Support of Team Members • Implement the Plan and Collect Data <p>Evaluate the Impact of Services</p> <ul style="list-style-type: none"> • Use Data to Determine Impact on: <ol style="list-style-type: none"> (a) access to and participation in school (b) IEP goals/ objectives (c) general education outcomes, and (d) valued life outcomes (e.g., health, safety, relationships, activities, places, choices, self-determination) • Use Data to Make Decisions About the Continued Need for the Services or Adjustments to the Type, Mode, or Frequency

Before...

...During...

...After



Section I.

Before

This section of the booklet is longer than the “**During**” or “**After**” sections because what comes before decisions are made will have a big impact on whether they will be successful for the student, family, and service providers. When a team operates effectively, its success can often be traced back to good preparation. Similarly, when things do not go well, problems can often be traced back to incomplete or inadequate preparation. If team members are well prepared to make decisions, both the team and the student should reap benefits throughout the school year. The first step is understanding the background and legal context, which may be well known to some team members and less familiar to others.

BACKGROUND AND LEGAL CONTEXT

Definitions and Related Information

It is vital to understand clearly what the IDEA and federal and Vermont regulations say about IEP services decision-making and for all team members to be aware of the same information. The following are some key definitions and related information.

Special Education

IDEA 1997 definition:

“The term ‘special education’ means specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability” (20 U.S.C. § 1400 [Sec. 602] [25]).

Federal regulations:

Specially designed instruction means “...*adapting... content, methodology, or delivery of instruction*” to meet the unique needs of the child and ensure access to the general curriculum (34 CFR 300.26 (b)(3)).

“... *the term special education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including: Instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and instruction in physical education.*”

The term includes each of the following, if it meets the requirements listed above:

- ◆ Speech-language pathology services, or any other related service, if the service is considered special education rather than a related service under State standards*;
- ◆ Travel training; and
- ◆ Vocational education. (34 CFR 300.26)

*Under Vermont special education regulations 2360.3.1 and 2360.3.2, speech-language pathology services can be provided as either special education or as a related service depending the unique needs of the child. Similarly, assistive technology services may be provided as special education, a related service, or as a supplementary aid or service (34 CFR 300.308).

First and foremost, special education is a service, not a place. Therefore, it can be provided in a variety of settings. A student does not need to be placed in a special education classroom or school in order to receive special education. In fact, the IDEA requires students with disabilities to be educated “*to the maximum extent appropriate... with children who are not disabled.*”

The least restrictive environment (LRE) definition in federal regulations states that “...*removal of children with disabilities from the regular education environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplemental supports and services cannot be achieved satisfactorily*” (34 CFR 300.550).

At its heart, special education refers to the individualized ways we provide instruction to students in an effort to respond to unique learning characteristics resulting from their disability. This can take a variety of forms or combinations.

Sometimes individualization means providing support for students in the following categories:

1. **CHANGES IN THE CURRICULUM** to account for a student’s present level of functioning or special learning needs;
2. **ADAPTATIONS TO THE DELIVERY OF INSTRUCTION** (e.g., sensory, physical, behavioral, environmental) that allow a student to have access to learning opportunities; or
3. **DIFFERENT INSTRUCTIONAL METHODS** applied to the general education curriculum or individually determined learning outcomes which extend beyond the general curriculum.

When considering what individualization is needed to meet the educational needs of a student with a disability, it’s important to recognize that some changes in curriculum, adaptations, or use of different instructional methods are appropriately provided without the need for IEP services. For example, a student who needs more time to complete a test, more opportunities to practice, or large print materials, can receive such supports through the classroom teacher, the school’s Educational Support System (ESS), or a Section 504 plan.

The types and combination of changes in curriculum, adaptations, or use of different instructional methods a student requires become “special education” when the IEP team determines that a student’s support needs extend beyond what is reasonably provided through general education supports, the school’s ESS, or a Section 504 Plan.

“ The types and combination of changes in curriculum, adaptations, or use of different instructional methods a student requires become “special education” when the IEP team determines that a student’s support needs extend beyond what is reasonably provided through general education supports, the school’s ESS, or a Section 504 Plan. ”

Related Services

IDEA 1997 definition:

“The term ‘related services’ means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, counseling services, including rehabilitation counseling, orientation

and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children” (20 U.S.C. § 1400 [Sec. 602] [22]).

Each related service is more fully described in the federal regulations (34 CFR 300.24), which also indicate that the listing is not exhaustive. The IDEA does not provide for students to receive related services alone, without special education. In cases where students receive special education and related services, the IEP should document the student’s educational program and services in a coordinated manner.

One of the most important clarifications that teams should understand is that students with disabilities do not attend school to receive related services; they receive services so they can attend and participate in school. In other words, related services are provided by schools if, and only if, they are necessary for the student to have access to education or adequately pursue his or her educational program (e.g., IEP goals, general education curriculum, and extra-curricular activities).

Related services are not parallel services — they must be both **educationally relevant** and **educationally necessary**. Both of these terms are described more fully in section II of this booklet.

As families and school staff work together to provide appropriate education for students with disabilities, it’s important to be aware of the purpose and parameters of providing related services. Students with disabilities are entitled to those services that are necessary to access or participate in an educational program that results in educational benefit. Under the IDEA, they are not entitled to any or every service that might help. Only those that are necessary to provide a free appropriate public education are required. Of course, the challenge is that team members may have differing opinions regarding what they believe is necessary and what constitutes educational benefit. This is one of the primary reasons why decisions about IEP services are to be made by teams rather than individuals.

There has been a great deal of litigation surrounding related services (see Turnbull & Turnbull, 2000 or Yell, 1998 for summaries). In addition, there are two U.S. Supreme Court decisions that have had a major impact on IEP services.

Supreme Court Decisions

THE ROWLEY DECISION

The *Rowley* decision (*Board of Education of the Hendrick Hudson School District v. Rowley*, 1982) was the first U.S. Supreme Court case dealing with related services and remains an important precedent. The case addressed the education of Amy Rowley, a student who was deaf. She had some residual hearing, used hearing aids, and reportedly was skilled in lip reading. She attended regular education classes using a hearing aid, an hour of instruction daily from a tutor of deaf children, and three hours per week of speech therapy.

Amy's parents requested that a qualified sign language interpreter be present in all of her academic classes. Based on Amy's achievement in school, recommendations of an interpreter who had worked with Amy, and the school's "Committee on the Handicapped," school officials decided that interpreter services were not educationally necessary. A due process hearing officer and the New York State Commissioner of Education agreed with the school district.

The family sued in federal court claiming that the school was denying Amy a free appropriate public education (FAPE) by not providing the requested services and the court agreed. Although the court found that Amy was well-adjusted and progressing in school, they disagreed with the hearing officer and found that the disparity between her achievement and potential resulted in her not learning as much as she could. The U.S. Court of Appeals for the Second Circuit upheld the lower court in a divided decision.

The U.S. Supreme Court overturned the lower court decisions which had decided that FAPE meant, "... an opportunity to achieve [her] full potential commensurate with the opportunity provided other children." Instead, the court held that education provided to students with disabilities under the IDEA had to be, "... sufficient to confer some educational benefit upon the handicapped child." The court stated that the purpose of FAPE was to provide a "basic floor of opportunity" for students with disabilities by providing access to specialized instruction and related services that have been individually designed to result in "educational benefit." The court interpreted IDEA to mean that schools were required to provide what was needed to educate students with disabilities, but not everything that might be helpful. As the court stated, "... the furnishing of every special service necessary to maximize each handicapped child's potential is, we think, further than Congress intended to go " (cited in Yell, 1998, p. 152).

THE TATRO DECISION

Irving Independent School District v. Tatro (1984) concerned an 8-year old, Amber Tatro, who had spina bifida, orthopedic disabilities, and speech impairments. To avoid kidney damage, Amber needed her bladder drained every three-to-four hours using a relatively simple procedure called clean intermittent catheterization, known as CIC.

Though Amber had an IEP, the school had made no provisions to provide CIC, suggesting that it was a medical service not covered by the IDEA. The federal court agreed with the school. The U.S. Court of Appeals for the Fifth Circuit reversed the lower court. Ultimately the U.S. Supreme Court agreed with the Court of Appeals. These two higher courts ruled that CIC was a supportive health service, not a medical service, because it could reasonably be performed by any trained lay person — a physician was not required to administer the procedure.

The *Tatro* decision shows that sometimes related services are not linked to specific learning outcomes or curriculum; rather they provide access to education. As the Court stated, schools are required to make “... *specific provisions for services, like transportation, for example, that do no more than enable a child to be physically present in class*” (cited in Yell, 1998). Receiving CIC was a service that allowed Amber to stay in school, and therefore was necessary. If a student needs a health procedure during the school day (e.g., intermittent catheterization or tube feeding), it must be provided if it is required for the student to have access to education.

Recognizing the potential of overburdening schools, the Court placed some restrictions on its decision. For example:

- ◆ to be considered for a related service, the student had to be receiving special education under IDEA; the decision did not address the potential need for supportive services for students with disabilities who do not receive special education (e.g., students eligible for supports under Section 504).
- ◆ the only services that must be provided by schools were those that were necessary for the student to benefit from special education;
- ◆ services meeting the first two conditions had to be administered by a nurse or qualified service provider (e.g., physical therapist);

- ◆ schools were not required to provide the services of a physician; and
- ◆ if a service (e.g., dispensing medication) could reasonably be provided before or after school at home by parents for example, the school was not required to provide it.

Parental Involvement

In establishing the basis for IDEA, Congress found:

“Over 20 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by strengthening the role of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home” (20 U.S.C. § 1400 [Sec. 601] (c)(5)(B)).

Parents are guaranteed participation in the decision-making process as members of the IEP team. Among other things, federal regulations direct IEP teams to consider, *“... the strengths of the child and the concerns of the parents for enhancing the education of their child” (34 CFR 300.346)*. Because parents know the strengths and needs of their children, it is vitally important to have them integrally involved in the process.

Regular Education Teacher Involvement

Federal regulations state:

“The regular education teacher of the child, as a member of the IEP Team, must, to the extent appropriate, participate in the development, review, and revision of the child’s IEP, including assisting in the determination of appropriate positive behavioral interventions and strategies for the child and supplementary aids and services, program modifications, and supports for school personnel that will be provided for the child” (34 CFR 300.346).

The IEP team for a student with a disability includes *“... at least one regular education teacher of such child (if the child is, or may be, participating in the regular education environment)” (34 CFR 300.344)*. Involvement of regular education teachers is consistent with the IDEA’s emphasis on ensuring that IEPs *“... enable the child to be involved in and progress in the general curriculum”* as well as have opportunities to *“... participate in extracurricular and other nonacademic activities” (34 CFR 300.347)*.

It is essential to involve regular education teachers who are knowledgeable about the curriculum content the student will be learning and who do, or will, have direct involvement with the student, assuming the IEP team has identified those teachers.

The IEP Team

Teamwork is key to successful IEP services decision-making. Recognizing the unique contributions that different people bring to IEP services decision-making, IDEA regulations require that decisions affecting students with disabilities be made by a team (34 CFR 300.344).

The team includes:

- ◆ the parents of a child with a disability;
- ◆ at least one regular education teacher of such child (if the child is, or may be, participating in the regular education environment);
- ◆ at least one special education teacher of the child, or where appropriate, at least one special education provider of the child;
- ◆ a representative of the local educational agency who (a) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; (b) is knowledgeable about the general curriculum; and (c) is knowledgeable about the availability of resources of the local educational agency;
- ◆ an individual who can interpret the instructional implications of evaluation results, who may be a member of the team listed above;
- ◆ other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate (at the discretion of the parent or the agency); and
- ◆ whenever appropriate, the student with a disability.

Team members have a variety of formal and informal contacts. Therefore, not all meetings among team members are “IEP team meetings.” When decisions are being made about IEP services, there must be a scheduled IEP team meeting with members properly notified in advance. Prior notice is designed to ensure opportunities for parental involvement as well as preparation and participation of appropriate team members.

TEAM PRACTICES

Learn About Team Members

Team members should be aware of each other's specific skills, interests, and experiences, in addition to their professional training. Members without such training (parents or students, for example) are equally valuable team members.

Knowing about each team member's special attributes can assist the team in deciding how to support each other, what skills they need to learn, or to identify areas where they need to seek help from others. All members have something important to contribute. Parents have extensive knowledge of their own child and often acquire a great deal of specialized knowledge over the years. Learning about the skills of team members can be as easy as spending a few minutes at a meeting sharing information with each other.

Acknowledge Varying Decision-Making Values

All decision-making models are based on underlying assumptions and values. Sometimes these are clearly understood and agreed to by team members. When they are unclear or conflicting, it is problematic because they increase the probability that people will be working at cross-purposes (sometimes without realizing why). People often have honest disagreements about the values on which their decisions are based. It's important for members to understand their respective decision-making values. Members should work toward identifying shared values to guide their decision-making. Having shared values can assist members to evaluate proposed decisions and actions as consistent or inconsistent with the team's underlying values.

Here are three common value systems teams might encounter (Giangreco, 1996). The first two are inconsistent with sound educational practices. The third is consistent with sound educational practices and has a legal basis (*Board of Education of the Hendrick Hudson School District v. Rowley*, 1982).



“The more-is-better approach is misguided because it confuses quantity with value.”

MORE-IS-BETTER

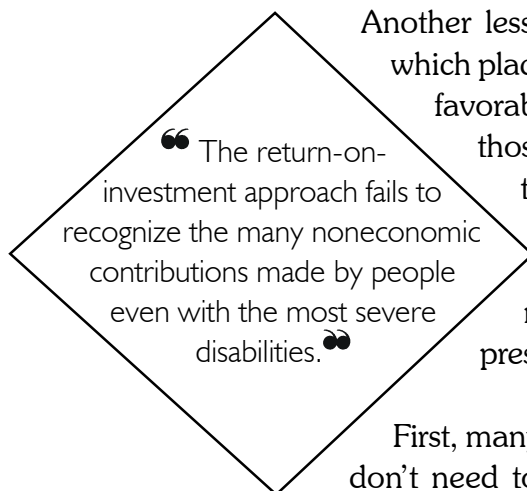
Some team members always want more related services. If one session of a particular therapy is recommended, they think two would be better, and three better still. The more-is-better approach is

misguided because it confuses quantity with value. Often, although it is rooted in benevolent intentions, the more-is-better approach can have negative outcomes for students by interfering with participation in other school activities. What is the student missing when he or she is spending time receiving a service someone has advocated for, but which is not necessary?

Providing more services than necessary may:

- ◆ decrease time for participation in activities with peers who do not have disabilities;
- ◆ disrupt the normal flow of class activities and keep the student from becoming a full member of the classroom community;
- ◆ cause disruption in acquiring, practicing, or generalizing other important educational skills;
- ◆ cause inequities in the distribution of scarce resources when some students requiring services remain unserved or underserved;
- ◆ overwhelm families with an unnecessarily high number of professionals;
- ◆ result in students with disabilities feeling stigmatized by “special” services;
- ◆ create unnecessary or unhealthy dependencies; and
- ◆ unnecessarily complicate communication and coordination among team members.

RETURN-ON-INVESTMENT



Another less prevalent approach is return-on-investment, which places a high value on serving students who have a favorable history and prognosis for being “fixed” and those likely to contribute the most, economically, to society. The return-on-investment approach fails to recognize the many noneconomic contributions made by people even with the most severe disabilities. This value system presents other flaws as well.

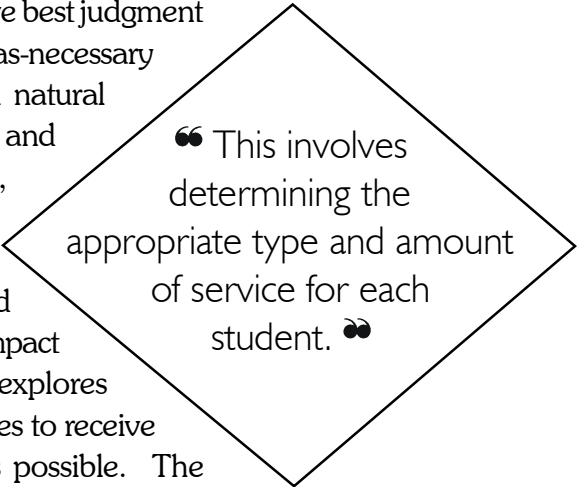
First, many self-advocates with disabilities tell us that they don’t need to be “fixed.” The fix-it mentality sends very negative messages to children with disabilities and their families. Imagine what it might be like to continually get the message, “You are not OK

the way you are. In order to be OK, you have to be fixed and be more like us (people without disabilities).” Increasingly, self-advocates are asking that their disabilities be viewed as a form of diversity and that others’ efforts be less about “fixing” and more about providing necessary supports (Giangreco, 1995; Kunc & Van der Klift, 1995).

Secondly, the return-on-investment approach tends to discriminate against students with the most severe disabilities. It seeks to justify the differential valuing of students and the services they receive based on the severity of disability characteristics. Anytime schools sanction practices that imply that some students are more worthy of staff time and resources than other students, there is a serious problem. All children are worthy, although they all have differing needs. The IDEA specifically ensures the free appropriate education of *all* students with disabilities, not just those who have a particular prognosis for remediation.

ONLY-AS-SPECIALIZED-AS-NECESSARY

An alternative approach is called only-as-specialized-as-necessary. This involves determining the appropriate type and amount of service for each student. This determination will be a collective best judgment of team members. The only-as-specialized-as-necessary approach seeks to identify and draw upon natural supports, including those currently existing and available to students without disabilities (e.g., guidance counselors, teachers, peers, and educational support teams). In cases where more specialized services are deemed necessary, ongoing data are collected on the impact of the services and the team continually explores alternatives that allow students with disabilities to receive needed supports in the most natural ways possible. The approach supports the provision of needed services and acknowledges the contributions made by various disciplines, but takes precautions to avoid the inherent drawbacks of providing well-intentioned but unnecessary services.



It’s important to recognize that only-as-specialized-as-necessary does not necessarily mean “less is always best” or “only a little is plenty.” Some advocates have voiced concerns that this approach might be misused to justify denial of needed services; this is certainly not its intended use. When used as intended, the only-as-specialized-as-necessary approach results in students receiving needed services. Further, it is meant to be a value orientation agreed to by the team, which includes the family.

In addition to the above benefits, the only-as-specialized-as-necessary approach has a long history in special education (Reynolds, 1962) and a strong legal foundation (*Board of Education of the Hendrick Hudson School District v. Rowley*, 1982). In summary, it is vital that teams understand the values held by their members and that they work toward a shared value system that is educationally and legally sound.

Develop a Shared Framework

When groups of people are assigned to the same student, they are often referred to as a team. But just because a group of people is assigned to the same student and share common tasks (e.g., assessment, curriculum selection, placement decisions, related services decision-making, instruction, and evaluation), it does not make them a team.

The quality and impact of the group's decisions are based in large part on developing a shared framework. A shared framework consists of a team's common set of beliefs, values, or assumptions about education, children, families, and professionals on which they substantially agree. Identifying these points of agreement inevitably leads to the identification of points of disagreement. It is advisable to share these differing perspectives openly among team members. When these beliefs, values, or assumptions are unknown or hidden, the team process is more likely to be undermined.

Although of real value, it's somewhat unusual for teams to take time from their busy schedules to consider the extent to which members have a shared framework, or to develop one. Even if they have been working together for quite a while, it is not unusual for members to disagree about important foundational issues or to lack basic knowledge about each other's background, skills, and attitudes. Lack of awareness about the possibility of such disagreements can create situations where members may inadvertently be working at cross-purposes. Developing a shared framework provides a solid foundation upon which a team can build effective educational programs for students.

Teams can make great strides toward developing a shared framework by gathering and sharing information based on the four categories of information included in this section of the booklet.

- ◆ Background and Legal Context
- ◆ Team Practices
- ◆ Learn About the Student
- ◆ Learn About the Context

Clarify the Process

People come to meetings with potentially differing agendas and have different ideas about how meetings should be run. It is wise to establish ground rules, group expectations, and process steps at the beginning of the first meeting. Having ground rules and group expectations in writing serves as a helpful reminder.

Here are some common ground rules and group expectations:

- ◆ have an agenda for the meeting clearly describing its purpose, items to be discussed, and time frames;
- ◆ make sure all members have an opportunity to contribute to the agenda and know about it prior to the meeting;
- ◆ set an expectation that the meeting will start on time, and that people will come prepared;
- ◆ establish and share roles (e.g., facilitator, recorder, observer to provide feedback, and timekeeper);
- ◆ establish procedures to ensure that all members have opportunities to participate and that no one individual or subgroup dominates the meeting (e.g., round-robin starting with different people each time, and time limits on comments);
- ◆ establish expectations and procedures that help people to feel comfortable expressing divergent opinions (e.g., limit use of jargon, no put-downs; don't criticize the person, critique the idea; restate the opinions of others to make sure they are understood, and build on each other's ideas);
- ◆ have a clear process so everyone knows what to expect; here is an example:
 1. present issue/agenda item
 2. discuss
 3. decide
 4. identify and record what tasks must be completed, by whom, and when.

For more information on this topic see Thousand & Villa (2000).

Seek Consensus

The absence of team processes to help reach consensus about educationally necessary supports is a problem that continues to hinder IEP services decision-making. The problem takes two basic forms. Some groups have no identifiable process, while others have processes designed for use by a single discipline.

In the absence of a commonly accepted process, decisions are made based on intuition, clinical judgment, past practices, or advocacy by parents or professionals. In some cases, people have great intuition or their past practices have worked well, and so, in the absence of a team decision-making process, they have had the good fortune of making appropriate decisions. If a team has experienced effective decision-making with this approach, they might be satisfied, but evidence suggests that most groups are not so lucky (Giangreco, 2000).

While seemingly a better alternative than having no process, having a process based on a specific discipline still has substantial limitations. A process for making IEP services decisions that defines the potential role of a single discipline, without exploring the potential interrelationships among others, will increase the likelihood of service gaps, overlaps, and contradictions. This confusion is unavoidable because various disciplines have overlapping and sometimes conflicting roles and purposes.

A team process for making decisions by consensus about educationally necessary related services is the *Vermont Interdependent Services Team Approach* (Giangreco, 1996), known as *VISTA*. *VISTA* provides an organized, field-tested method for implementing many of the ideas presented in this booklet and is one of the few tools of its kind designed to explore fully the interrelationships among multiple disciplines (Giangreco, 2000).

If consensus is not reached, it is the responsibility of the LEA (Local Education Agency) to make special education and related services recommendations. If parents disagree, they have access to dispute resolution options including mediation, administrative complaints, and due process hearings. These options can be avoided or minimized by having a sound way to reach consensus. Applying the ideas presented in this booklet will help teams reach consensus.

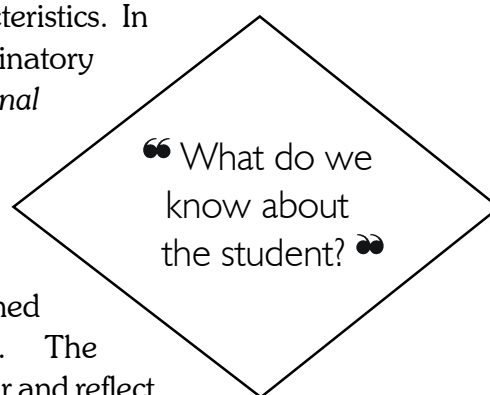
LEARN ABOUT THE STUDENT

Learning about the student means understanding the student's unique characteristics that may have an impact on learning and being familiar with the student's educational program.

Student Characteristics

On the Vermont IEP form: *“What do we know about the student?”*

First, those who make decisions about IEP services need to have a thorough understanding of the student's characteristics. In part, this is accomplished through a nondiscriminatory evaluation designed to “... *gather relevant functional and developmental information...*” (34 CFR 300.532). Evaluation data are used to ascertain a student's present levels of performance, needs, interests, strengths, and learning characteristics. This information is designed to assist teams in prioritizing educational goals. The goals should be reasonably attainable within a year and reflect an appropriate level of difficulty, while seeking to establish high standards that provide sufficient challenge for the student.



Educational Program Components

The phrase “educational program components” refers to the content, or the “what” of a student's education, rather than where it is provided, how, or by whom. There are three main educational program components:

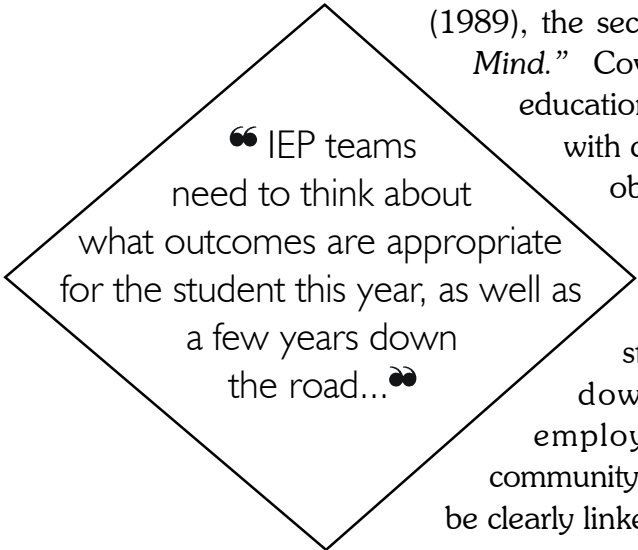
1. IEP goals and objectives,
2. general education curriculum, and
3. general supports.

IEP goals and general education curriculum reflect learning outcomes for a student. These outcomes provide a clear statement of what a student will be expected to learn during the school year. General supports refer to what will be provided for a student so that he or she may have access to education, participate in school, and pursue identified learning outcomes.

The educational program components are the foundation on which a student's education will be built. It is vital that they reflect important outcomes. In Steven Covey's book, *The 7 Habits of Highly Effective People*

(1989), the second habit is, "Begin with the End in Mind." Covey's advice is applicable to selecting educational program components for a student with disabilities.

Selection of IEP goals and objectives should be linked to meaningful outcomes, now and in the future. IEP teams need to think about what outcomes are appropriate for the student this year, as well as a few years down the road (e.g., transitions to employment, higher education, and community living). IEP goals and objectives should be clearly linked to these outcomes.



“ IEP teams need to think about what outcomes are appropriate for the student this year, as well as a few years down the road...”

One source, *Choosing Outcomes and Accommodations for Children (COACH, 2nd. ed.)* (Giangreco, Cloninger, & Iverson, 1998), describes a process whereby students with disabilities and their families are asked questions about a series of valued life outcomes, including:

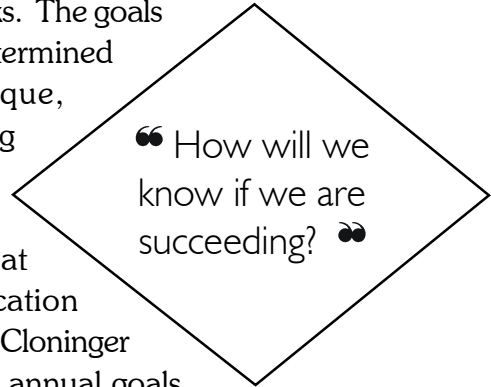
- ◆ being safe and healthy
- ◆ having a home, now and in the future
- ◆ having meaningful relationships
- ◆ having choice and control that match one's age and culture
- ◆ participating in meaningful activities in various places.

Responses to questions about these valued life outcomes help identify meaningful priorities that become IEP goals and objectives. *COACH* also shows that selected IEP goals are linked to the valued life outcomes they are intended to support. Using this approach, "beginning with the end in mind" provides opportunities for student and family involvement, helps team members develop a common focus for their work together, and encourages all to remember why they are working on certain IEP goals and objectives.

IEP GOALS AND OBJECTIVES

On the Vermont IEP form: *“How will we know if we are succeeding?”*

Learning outcomes include the student’s IEP annual goals and corresponding short-term objectives or benchmarks. The goals and objectives are meant to reflect individually determined learning priorities based on a student’s unique, disability-related needs and to assist in providing access to the general education curriculum (Bateman & Linden, 1998). They may include individually determined learning outcomes that typically are not included in the general education curriculum, such as functional life skills (Giangreco, Cloninger & Iverson, 1998). The IEP team determines the annual goals and short-term objectives and documents them in the IEP.



GENERAL EDUCATION CURRICULUM

Students with disabilities pursue many other learning outcomes in school that need not be documented as detailed IEP goals and objectives (Bateman & Linden, 1998, p. 12, 45), such as those that are part of the general education curriculum. It’s important for team members to know the level and scope of the general education learning outcomes that are slated for instruction during the school year (Giangreco & Doyle, 2000). Some students with disabilities, given individually determined supports, will pursue most or all of the general education curriculum at their own grade level. Other students may pursue a different or smaller set of general education learning outcomes at grade-level or may be working on general education curriculum at a different grade-level than their classmates.

When team members know what aspects of the general education curriculum a student with disabilities will pursue, they are better able to:

- ◆ clarify the breadth and scope of a student’s overall educational program,
- ◆ determine a classroom teacher’s and special educator’s curricular and instructional responsibilities,
- ◆ identify areas in need of supports and services, and
- ◆ provide parents with a more complete understanding of their child’s educational program.

GENERAL SUPPORTS

General supports refer to what will be provided for a student so that he or she may have access to education, participate in school, and pursue identified learning outcomes. They differ from learning outcomes, which describe an observable change in student performance. On IEP documents, the terms or phrases used to describe general supports vary (e.g., accommodations, modifications, supports, and management needs). General supports consist of supplementary aids and services (34 CFR 300.28) that are generally necessary for a student, regardless of the location of instruction.

Here are six categories of general supports that may be provided for a student (Giangreco, Cloninger & Iverson, 1998).

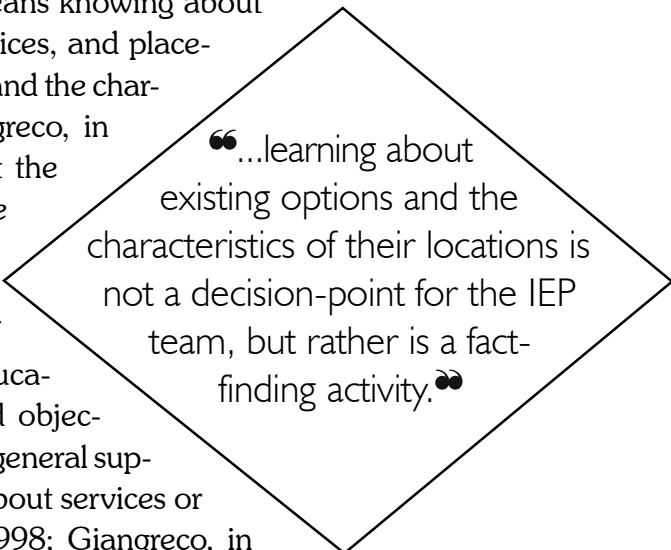
1. Personal Needs (e.g., food, catheterization or medication)
2. Physical Needs (e.g., repositioned at least hourly; leg braces adjusted and checked)
3. Teaching Others About the Student (e.g., teach staff and classmates about the student's augmentative communication system and communicative behaviors; teach staff seizure management procedures, specialized evacuation procedures, and behavioral or health crisis management procedures)
4. Sensory Needs (e.g., FM unit/auditory trainer; tactile materials; or large print materials)
5. Providing Access and Opportunities (e.g., environmental modifications; access to co-curricular activities; access to materials in the student's native language; instructional accommodations to general education activities and materials prepared in advance to facilitate multi-level instruction and curriculum overlapping; or computer access)
6. Other General Supports (e.g., those not clearly addressed in any other category; class notes recorded; extended time to complete tasks; ensure collaborative teamwork among general and special educators; or regular communication with the family)

LEARN ABOUT THE CONTEXT

It's vital to recognize that learning about existing options and the characteristics of their locations is not a decision-point for the IEP team, but rather is a fact-finding activity. Team members should be informed about this contextual information so that they can make informed and appropriate decisions that address student needs.

Learn About Existing Options

Learning about existing options means knowing about existing programs, classrooms, services, and placement options along the continuum, and the characteristics of their locations (Giangreco, in press). The regulations state that the placement decision is “based on the IEP” (34 CFR 300.552). The professional literature supports the viewpoint that identification of the components of a student’s educational program (i.e., IEP goals and objectives, other learning outcomes, and general supports) precedes making decisions about services or placement (Bateman & Linden, 1998; Giangreco, in press; Turnbull & Turnbull, 2000).



“...learning about existing options and the characteristics of their locations is not a decision-point for the IEP team, but rather is a fact-finding activity.”

The IDEA begins with a presumption that the regular class, with supports, is the starting point for the educational placement for all students with disabilities before more restrictive alternatives along the continuum are considered. That’s why it’s vital for team members to have a thorough understanding of contextual information about options available to students with disabilities, including the classrooms students of the same age would attend. Knowing about the classroom will help the team determine what supports are needed by the student. Given the above presumption, the full range of supplementary aids and services that would facilitate the student’s placement in the regular classroom setting must be considered before a child with a disability can be placed outside of the regular educational environment, (Appendix A of the IDEA, Notice of Interpretation, p. 12,472).

Lack of availability of a particular program or service in a school is not an acceptable rationale for denying a student access to that setting if the IEP team has determined that it is the least restrictive environment. For example, if an IEP team has decided a student requires consultation from a physical therapist in order to be successfully educated in her neighborhood school, and currently the school does not utilize physical therapy services, that is not an acceptable rationale for denying the student access to the local school. The school is required to make a good faith effort to provide the services a student needs to benefit from special education.

LOCATION

Knowing the characteristics of the school and classrooms where the student would be educated if he or she were not disabled provides vital contextual information that can influence decisions about the services needed by a student with disabilities. It's important to understand the characteristics of the actual locations (e.g., building and classrooms).

Having information about location, though important, is not explicitly mentioned as part of the IDEA process, nor is it necessarily subject to the IDEA's procedural safeguards. When IEP teams consider a change in placement, typically they are referring exclusively to the placement option along the IDEA continuum (e.g., special class, resource room, or regular class). Bateman & Linden (1998) state that change in placement "... does not mean a change in locale or building or even level of building. For example, moving a special class across town or going from elementary to middle school is not necessarily a change in placement" (p. 37).

Although the IDEA definition of placement does not specifically address location, nothing in the law precludes considering it, which is vital from several perspectives. Location has an impact on parental involvement, participation in extra-curricular activities, and establishing relationships with peers who do not have disabilities; each of these location-oriented issues is addressed in the IDEA. They are more likely to be dealt with effectively if the student is educated in the school he or she would attend if not disabled.

Here are three key location-specific characteristics that have potential impact on the type and extent of services:

Physical characteristics of a school building

(e.g., barrier-free status; climate control for a student who cannot regulate body temperature; or sensory characteristics such as lighting and acoustics)

Characteristics of classmates

(e.g., class size; the number of other students with disabilities; intensity of other students' needs; or relationships with classmates)

Staff characteristics

(e.g., number of general education staff to serve the classroom; availability of school health services; or training and experience of staff members)

Consider these examples:

A classroom assistant who has a full year of successful experience feeding a child with severe oral-motor difficulties is likely to need less training and monitoring from an occupational therapist than an assistant who is new to the student and has no previous experience.

A student who is blind and has been successfully negotiating his middle school for the last three years without specialized supports, may need services from an orientation and mobility specialist during his first semester in high school because the environment is different, larger, more complex, and requires more transitions throughout the school day.

If a student with a severe orthopedic disability is placed in a barrier-free building, she is likely to require less support from a physical therapist to identify ways to overcome physical barriers than in an older, less accessible building.



Before...

...During...

...After



Section II

During

DETERMINE SPECIAL EDUCATION AND RELATED SERVICES

After the IEP team has identified the student’s present levels of performance and prioritized annual goals, its next step is to determine the special education and related services. These services should be described on the IEP clearly and simply. For some students, providing special education services is sufficient to ensure a free appropriate public education, without the need for related services.

Determine the Special Education Services

On the Vermont IEP form: *“What are we going to do to help the student?”*

Not all supports and services are considered “special education.” Several examples below show supports provided to students that would not be special education by themselves. Such supports become special education only when the intensity, frequency, or combination of the supports reaches a level that the IEP team agrees extends beyond what is provided by the classroom teacher, the Educational Support System, or a Section 504 Plan.

Intensity,
Frequency
or
Combination of
Supports

Consider the types of special education supports a student could receive. Here are examples based on three categories first presented on page 5.

- 1. CHANGES IN THE CURRICULUM** to account for a student's present level of functioning or special learning needs. This could include:
 - ◆ teaching a smaller number of objectives from the general education curriculum at grade-level
 - ◆ teaching general education curriculum outside grade-level
 - ◆ teaching functional life skills that typically are not included in the general education curriculum

- 2. ADAPTATIONS TO THE DELIVERY OF INSTRUCTION** (e.g., sensory, physical, behavioral, or environmental) that allow a student to have access to learning opportunities. This could include:
 - ◆ equipment or materials to address sensory or orthopedic needs (e.g., FM system, positioning devices)
 - ◆ communication accommodations (e.g., American Sign Language, augmentative/alternative communication device)
 - ◆ behavioral accommodations (e.g., positive behavior support plan, crisis management plan)

- 3. DIFFERENT INSTRUCTIONAL METHODS** applied to general education curriculum or individually determined learning outcomes. This could include:
 - ◆ pre-teaching of in-class lessons
 - ◆ extended time for responding or completion
 - ◆ systematic instructional methods beyond those typically used in the classroom
 - ◆ specific cueing or prompting strategies
 - ◆ time delay procedures
 - ◆ errorless learning
 - ◆ task analysis and chaining techniques
 - ◆ repeated practice

- ◆ individualized correction or reinforcement strategies
- ◆ computer-assisted learning materials

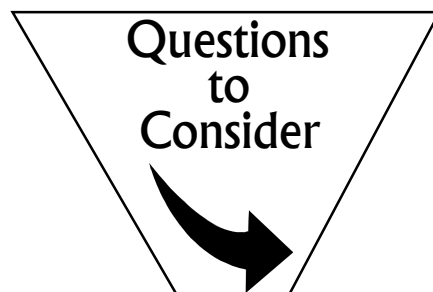
When considering the above three categories of special education supports, IEP teams need to choose those which offer the student opportunities to pursue the general education curriculum and identified IEP goals. Some students with disabilities, given appropriate adaptations to the delivery of instruction and/or different instructional methods, can pursue the general education curriculum.

When an IEP team decides that a student needs different instructional methods, sometimes in combination with adaptations to the delivery of instruction, it requires more intensive planning and implementation. Different instructional methods should be used when the student is not benefitting from typical instructional approaches including other support provided through the Educational Support System. Every effort should be made to provide different instructional methods within the context of typical class activities in ways that respect the student with disabilities.

Sometimes well-intended efforts to provide special instruction to students with disabilities unnecessarily separate them from classmates and typical class routines. In other situations, different instructional methods, particularly those that tend to highlight student differences, are perceived by students with disabilities as stigmatizing.

Students who require changes in curriculum along with adaptations to the delivery of instruction and/or different instructional methods tend to have more intensive needs. Keep in mind that it's inappropriate to suggest that students with particular disability labels always be matched to a particular combination of special education supports. A hallmark of special education is individualization!

The IEP team should seek consensus about the types and extent of services that are necessary for the student to pursue his or her annual goals, but which are "only-as-specialized-as-necessary." Team decisions should be documented in the IEP, to assist staff in implementing the services.



QUESTIONS FOR THE TEAM TO CONSIDER WHEN MAKING DECISIONS ABOUT SPECIAL EDUCATION SERVICES

Given the discussion of relevant elements on pages 17 through 29, teams will be ready to address the following questions, to help guide the preparation of the IEP. Throughout this process, consider how the student is being encouraged to take part in decisions about his or her special education needs.

1. Does the student require ongoing changes to the content or scope of the general education curriculum (e.g., less or more content at grade-level, or content at a different grade-level)?
2. Does the student benefit from typical instructional approaches used in the regular classroom?
3. What other instructional methods have worked well for this student in the past?
4. What adaptations to the delivery of instruction does the student need to pursue his or her IEP goals or identified parts of the general education curriculum?
5. Do proposed adaptations to the delivery of instruction or different instructional methods help the student “fit in” and be a member of the classroom or might they cause the student to stand out in negative or stigmatizing ways?
6. Did the IEP team consider transition services, as appropriate, depending on the age of the student?
7. Does the frequency, intensity, or combination of services being suggested as “special education” extend beyond what can be provided through the general education classroom, Educational Support System, or a Section 504 plan?

For example, it may **NOT** be special education if **all** a student needs to be successful are a few of the following supports:

- ~ an extra study hall
- ~ extended time to complete tests
- ~ a special pencil grip
- ~ more opportunities for practice
- ~ modified homework assignments
- ~ large print materials

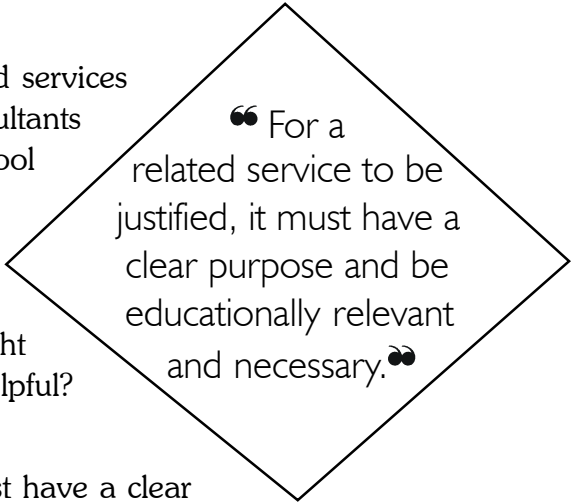
Once the type of special education supports have been agreed to, the team needs to determine:

- a) How much time will it take to prepare for and implement them?
- b) Which team members will be responsible for planning and implementing them?
- c) What kinds of information will the team collect to determine whether the supports have been successful?

Some Students with IEPs May Need Related Services

For some students with disabilities, special education alone is not sufficient for them to receive an appropriate education. For these students, related services are essential. The team faces these important questions:

- How are decisions made on whether a student needs a related service?
- What should be done when related services providers, parents, or external consultants recommend related services that school staff question in terms of educational necessity?
- Is it enough that someone recommends a service because it might be helpful or is even known to be helpful?



“For a related service to be justified, it must have a clear purpose and be educationally relevant and necessary.”

For a related service to be justified, it must have a clear purpose and be educationally relevant and necessary. All three criteria are based on the IDEA definition of “*related services*” as well as on *Rowley* and *Tatro*, the two U.S. Supreme Court rulings on related services described earlier.

Ask Vital Questions About the Need for Each Proposed Related Service

In the following three sections, educational relevance, clarity of purpose, and necessity are discussed. Teams must address all three of these interrelated areas if they intend to make appropriate related services decisions.

1. IS THE PROPOSED RELATED SERVICE EDUCATIONALLY RELEVANT?

First, consider whether this potential service is educationally relevant. Educational relevance exists when a proposed service can be explicitly linked with a component of the student’s educational program.

Example that is educationally relevant:

If an occupational therapist recommends support for a student’s handwriting skills, and handwriting is on the IEP or is part of the general education curriculum the student is pursuing, it is educationally relevant.

*Example that is **not** educationally relevant:*

If a physical therapist recommends that the team work on a series of exercises designed to improve a student's balance so she can learn to ride a bicycle, and bike riding is not part of the educational program for this student (e.g., not an IEP goal, not a part of the general education curriculum), the proposed service is not educationally relevant because it cannot be explicitly linked to a component of the student's educational program.

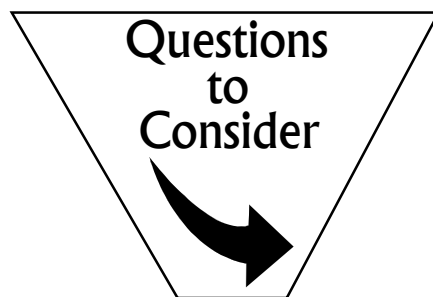
2. WHAT IS THE PURPOSE OF THE PROPOSED RELATED SERVICE?

In considering whether to accept a recommendation to provide a proposed service, the team should clearly understand its purpose. A clear purpose promotes effective implementation and evaluation. Sometimes the purpose of providing a related service is to:

- ◆ select and monitor the use of equipment,
- ◆ make adaptations,
- ◆ transfer information/skills to other team members,
- ◆ be a resource or support to families, or
- ◆ apply skills specific to the professional discipline.

3. IS THE PROPOSED RELATED SERVICE EDUCATIONALLY NECESSARY?

Establishing educational relevance and understanding the purpose of a service are not sufficient to warrant service provision. They also must be educationally necessary. If a proposed service, with a clear purpose, is determined to be educationally relevant, it is time to consider whether it is educationally necessary by asking the following questions (Giangreco, 1996):



QUESTIONS THAT CAN BE ASKED TO HELP ESTABLISH EDUCATIONAL NECESSITY

If the team answers, “Yes” to the following question, it is an indication that the service under consideration probably **is** educationally necessary:

1. Will the absence of the service interfere with the student’s access to or participation in his or her educational program this year?

If the team answers, “Yes” to any the following questions, the service under consideration probably **is not** educationally necessary:

2. Could the proposed service be addressed appropriately by the special educator or classroom teacher?
3. Could the proposed service be addressed appropriately through core school faculty or staff (e.g., school nurse, guidance counselor, librarian, teachers, administrator, bus drivers, cafeteria staff, or custodians)?
4. Has the student been benefiting from his or her educational program without the service?
5. Could the student continue to benefit from his or her educational program without the service?
6. Could the service be appropriately provided during nonschool hours? (This question is based on the 1984 U.S. Supreme Court *Tatro* decision)
7. Does the proposed service present any undesirable or unnecessary gaps, overlaps, or contradictions with other proposed services?

In many cases, IEP teams are asking the wrong questions such as, “*Could the proposed related service help?*” When this question is asked, the answer is almost always “Yes.” But this is not the question that the IDEA or court cases pose in the definition of a related service. Rather the question is better asked this way:

❓ “If the student does not receive a proposed related service, is there reason to believe that he or she will not: (a) have access to an appropriate education; or (b) experience educational benefit?”

It is much more difficult to answer “Yes” to the above question, though when it is answered “Yes” by a team, it clearly suggests educational necessity. Consider two examples:

- A parent takes his child with a disability to a private clinic for an evaluation and a consultant recommends music therapy once a week as a related service.
- In another case a therapist recommends therapeutic horseback riding twice a week.

If you asked the question, “*Could these services help?*” it would be easy to answer “Yes.” It would be more difficult to answer “Yes” if the question was:

❓ “If the student does not receive music therapy or therapeutic horseback riding as a related service, is there reason to believe that he or she will not be able to receive an appropriate education?”

One criterion for educational necessity was established in the *Rowley* case. In essence the court ruled that if a child was receiving educational benefit without the proposed service, that was evidence that the service was not needed, even though provision of the service could help. In such cases the school was not required to provide the related service.

Educationally, providing services to students with disabilities that do not meet the criteria for educational relevance and necessity interferes with quality education. Unnecessary services take away from, rather than improve, a student’s educational program.

Conversely, well conceived and carried out related services, that are both educationally relevant and necessary, can make a substantial contribution to a

student's educational program. They are essential for some students with disabilities to receive an appropriate education and to support teachers' efforts to educate them.

For example:

- ◆ Physical and occupational therapists may select or modify equipment that allows students access to learning (e.g., specialized seating, arm/hand supports, or adaptive equipment).
- ◆ Speech-language pathologists may develop augmentative communication systems and corresponding instructional approaches that allow students to communicate more effectively with their teachers and classmates.
- ◆ Vision and hearing specialists may adapt materials or the learning environment, which allows students greater access to the general education curriculum.

These are a few of the many ways that educationally relevant and necessary related services can be vital for some students with disabilities.

At the same time, recognizing the value of skills offered by various service providers, some schools may offer training or consultation to their faculty to extend their knowledge and skills. For example, an inservice might be provided for music teachers by a music therapist focusing on approaches for including and working with students with varying types of disabilities in general education music classes (e.g., assistive technology).

Decide “What” Before “How”

Many teams encounter situations where a member starts a conversation by suggesting exactly what services are needed, how they should be delivered, by whom, and how often. For example, a member might say, “Jimmy needs two half-hour sessions of physical therapy directly from the physical therapist each week.” This suggestion might come from a therapist who has completed an evaluation or maybe a parent who has brought the recommendation from a physician or a clinic.

In either case, it's time to step back and establish the educational relevance, proposed purpose, and necessity before considering whether a related service should be provided and if so, how (e.g., directly, indirectly, or through consultation). When team members prematurely focus on how services will be

provided, they may not fully understand the meaning of related services within the context of the IDEA.

Students can surely benefit from some services that are not educationally necessary, but may be considered necessary or desirable by parents or noneducational service providers. Just because a particular service does not meet the educational relevance and necessity criteria to be considered a related service under the IDEA does not mean that the service is unimportant. Rather, it could mean that it's not the responsibility of the public school.

Parents may chose to have their child receive various services during nonschool hours, even though they are not related services under the IDEA. In such cases, it's not the responsibility of the school to provide or fund those services. For example, if an IEP team determines that therapeutic horseback riding for a student does not meet the criteria of educational relevance and necessity, and thus is not a related service, parents could still choose to involve their child in horseback riding after school or on weekends. This may be a very valuable and meaningful experience for the child.

DECIDE HOW SERVICES ARE PROVIDED

Modes and Frequency of Service

The term “mode” refers to the ways that services are provided. Broadly these include: (a) assessment, (b) direct services, (c) indirect services, and (d) consultation. It is rare for only one to apply. The appropriate combination depends on the needs of the student. The following information is based on *Related Services for Vermont's Students with Disabilities* (Dennis, Edelman, Giangreco, Rubin & Thoms, 1999).

ASSESSMENT

Assessment is the gathering of information for educational planning and includes records review, interviews, observation and administration of formal and informal tools appropriate and valid for the student. Assessment provides information about how the student functions in his/her environment and describes strengths and challenges. Assessment services can be part of student identification and evaluation or program planning in the special education planning process, or program implementation. Assessment can be further described as screening, evaluation for services, or periodic check.

DIRECT SERVICES

Direct services are provided by “qualified personnel” directly to a student. Qualified personnel refer to those who have met state-approved “certification, licensing, registration, or other comparable requirements that apply to the area in which the individuals are providing special education or related services” (34 CFR 300.23).

INDIRECT SERVICES

In contrast to direct service, indirect services are delivered directly to the student by another person (e.g., a paraprofessional) under the direct supervision of a qualified professional.

Vermont Licensing Regulation 5220.4 states:

“... paraprofessionals, student teachers, and volunteers are not required to hold licenses but shall work under the on-site supervision of licensed educators. For the purposes of this rule, “supervision” means on-site managing and responsibility for overseeing the work of the paraprofessional, student teacher, or volunteer.” Teams should clarify who receives supervision, its frequency, and the extent to which it is provided on-site.

CONSULTATION

Consultation is another service delivery mode commonly used to provide IEP services and will differ according to the needs of the student. Consultation refers to the planned communication of information or skills from one person to others. It can include technical assistance and training, monitoring, service coordination, and administrative consultation. Consultation can be delivered in a variety of ways, such as in meetings with other team members or in natural settings (e.g., classrooms, community work sites) where the consultant works directly with a student to model an intervention or share information. The ways in which consultation is carried out should always take into account the privacy, dignity and preferences of the student.

Consultation should not be confused with supervision. In contrast to indirect service, the consultant does not supervise individuals providing services to the child. Consultation services can be provided to persons who work directly with a student, including parents, and/or to others who may not work directly with the student with a disability, including administrators, other students, and general school staff.

Consultation requires contact between the student and the consultant in order for the latter to communicate information and skills effectively to others. Consultation plans should be in writing and signed by team members and consultants. Plans should identify goals or accommodations documented in the student's IEP and describe the coordinated responsibilities of team members and the consultant in addressing those goals.

MATCH MODE OF SERVICE TO PURPOSE SERVED

Deciding what combination of service modes is appropriate means matching the mode with the purpose to be served. For example, suppose a team agrees that they need a physical therapist to teach staff how to safely position and move a student with physical disabilities. This could be accomplished through a consultation or begin as an indirect service, where the therapist spends some time on-site supervising staff who are positioning the student. It would not match the purpose if the only service mode was direct service.

Once things are going well, the service mode could be changed to a periodic check. The IEP does not require the team to document the modes of service provision, just the type of service (e.g., physical therapy), frequency, duration, and beginning and ending dates of service. But from an educational and teamwork perspective, it's important that all team members understand what modes will be used and work together to ensure that they match the purposes the team has identified.

FREQUENCY OF SERVICES

Once it's clear to the team what services are needed, what purposes are to be served, and modes of service have been identified and matched with the purposes, it's time to decide how much service is needed. There is no formula to make such decisions; rather it's based on the student's needs, past performance, and priorities. If the team has followed the ideas presented in this booklet, they should be in a good position to make a reasonable judgment. The only way to tell whether the judgment was a good one comes with implementation and evaluation (see III, AFTER).

“...based on the student's needs, past performance, and priorities.”

At this point in the process it's important to consider all of the relevant and necessary services that have been identified. In determining the frequency of the services, the amount chosen for one discipline's involvement may affect the amount for another.

Therefore, consider the interrelationships among the disciplines as your team attempts to put together this puzzle so the pieces fit together as a whole. Frequency and duration of service will have a direct bearing on administrative issues such as scheduling and caseload management.

EXTENDED SCHOOL YEAR SERVICES

A special consideration regarding frequency of services pertains to whether a student with a disability requires extended school year (ESY) services.

Federal Regulations (34 CFR 300.309) state:

The term extended school year services means special education and related services that:

- 1) are provided to a child with a disability:
 - ◆ beyond the normal school year of the public agency;
 - ◆ in accordance with the child's IEP;
 - ◆ at no cost to the parents of the child; and
- 2) meet the standards of the SEA (State Education Agency).

Each public agency shall ensure that extended school year services are available as necessary to provide FAPE (free appropriate public education).

The regulations go on to explain that, "... *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.*"

Furthermore, "*In implementing the requirements of this section, a public agency may not limit extended school year services to particular categories of disability or unilaterally limit the type, amount, or duration of those services.*"

Vermont's Special Education regulations (2363.8 (g) (1)) explain

that extended school year services (ESY) may be provided if a student's IEP team finds that such services are necessary to provide a free appropriate public education to the student, as follows:

- 1) ESY services shall be provided only if a child’s IEP team determines that the services are necessary for the provision of FAPE to the child because one or more of the following factors are evident:
 - i) ESY is essential to permit the student an opportunity to reach reasonably set educational goals;
 - ii) There has been a significant amount of regression over the past winter, spring, and summer vacations and recoupment did not occur within a reasonable amount of time;
 - iii) The severity of the student’s disability presents a danger of substantial regression; or
 - iv) The student’s transition needs require continued programming beyond the school year IEP.
- 2) A school district or IEP team may not limit extended school year services to a student with particular disabilities.
- 3) A school district shall not adopt a policy that limits the type, amount, or duration of ESY services for all children.

Therefore, the question of necessity comes up again in reference to ESY services. Just as in considering services during the school year, asking “*Could it help?*” will almost always result in “Yes.” A different way to ask the question is:

● “If the student does not receive extended school year services, is there solid information (e.g., past performance showing substantial regression over the summer) or are there other reasons to suggest that he or she will not receive an appropriate education?”

Similar to students without disabilities, many students with disabilities look forward to a break from school and the opportunities associated with summer vacation. They enjoy daytime recreation programs, summer camp, family vacations, travel, a summer job, adventures, and spending time with old friends and meeting new ones — time to be a kid! So, when considering whether an ESY plan is necessary, keep in mind the ultimate goals for them and their goals for themselves. Make sure that ESY services do not inadvertently interfere with allowing students with disabilities to live a “regular life.”

Consider Approaches that Build School and Classroom Capacity

In general, the more knowledge and skills school staff have to address diverse needs of all students, the lower the need for specialized services for students with disabilities. Although a more knowledgeable and skillful faculty does not replace the specialized skills of some service providers, it usually fosters a richer learning environment. What in one school is “special education” becomes “regular education” in another where individualization and differentiation of curriculum and instruction are commonplace among the faculty. Related services providers could be more effectively involved during scheduled inservice days to train school staff in ways that build their capacity; this approach is proactive.

When making decisions to support a student with a disability, schools can give consideration to how their actions can be implemented to benefit other students, many of whom do not have disabilities. For example, improving general and special educators’ skills to individualize and differentiate instruction so that all students can pursue learning outcomes that are meaningful and challenging, holds the potential to benefit students with a wide range of characteristics (Kronberg & York-Barr, 1998; Tomlinson, 1995). Educators who take on this challenge seek an effective balance between protecting the rights and needs of individual students with disabilities and meeting the needs of the entire classroom.

If Paraeducator Support is Proposed, Consider its Use and Impact

The IDEA allows for

“...paraprofessionals and assistants who are appropriately trained and supervised ... to be used to assist in the provision of special education and related services to children with disabilities” (34 CFR 300.136).

Similar to how related services issues are sometimes addressed, team members sometimes arrive with a different predetermined solution: “The student needs a paraeducator.” As with related services, jumping immediately to assigning a paraeducator may be premature.

Clearly, there are times when the assignment of a paraeducator to a classroom or an individual student is appropriate. We are all aware of the many, varied, and substantial contributions made by dedicated paraeducators. Sometimes, however, the well-intended assignment of a paraeducator to a student inappropriately shifts major educational responsibilities from certified teachers

and special educators to paraeducators. This practice often results in assigning the least trained and qualified staff to students who have the most complex learning challenges. Recent research has documented that inappropriately assigning a paraeducator to an individual student can have inadvertent and unintended detrimental effects (Giangreco, Edelman, Broer & Doyle, in press). It can:

- ◆ create unnecessary and unhealthy dependencies on adults;
- ◆ interfere with general education teachers assuming ownership and responsibility for students with disabilities in their classrooms;
- ◆ interfere with peer relationships;
- ◆ limit students' access to competent instruction;
- ◆ limit access to typical class activities;
- ◆ isolate students within the classroom;
- ◆ be perceived as stigmatizing by students with and without disabilities; or
- ◆ limit appropriate personal control and self-determination of students.

Making a decision about whether to provide paraeducator support, therefore, is important. It is essential to recognize that paraeducator services generally fall under one of three categories, only two of which are covered by the IDEA (i.e., special education and related services).

1. General Education

A paraeducator is often part of general education available to all students in a class. For example, some kindergartens or primary grades include paraeducators as part of the general classroom staff. This type of support typically does not appear on an IEP because it is available to all students, but it is a good example of why it's important to know the context when considering IEP services. Knowing that a particular kindergarten has paraeducator support, a relatively small class size, few students with disabilities, and an experienced teacher is critical when deciding whether an additional special education paraeducator is needed.

2. Special Education

Sometimes a paraeducator is assigned to a classroom or individual student specifically to provide support for one or more students with disabilities. This support is documented on the student's IEP.

Even though a paraeducator is present primarily to serve a student with disabilities, the efforts of the paraeducator (or any persons providing, or assisting in the provision of, special education or related services) may benefit students without disabilities — this is commonly referred to as “incidental benefit.” Federal regulations allow flexibility within the classroom and are intended to prevent students with disabilities from being unnecessarily separated within or from the regular classroom.

Federal regulations state that IDEA funds may be used:

“...for the costs of special education and related services and supplementary aids and services provided in a regular class or other education-related setting to a child with a disability in accordance with the IEP of the child, even if one or more nondisabled children benefit from these services” (34 CFR 300.235).

Paraeducators exclusively provide indirect services to students with disabilities. This is the case because under the IDEA paraprofessionals must be trained for their roles and supervised by qualified professionals. They are not to provide services on their own without such training and supervision.

3. Related Services

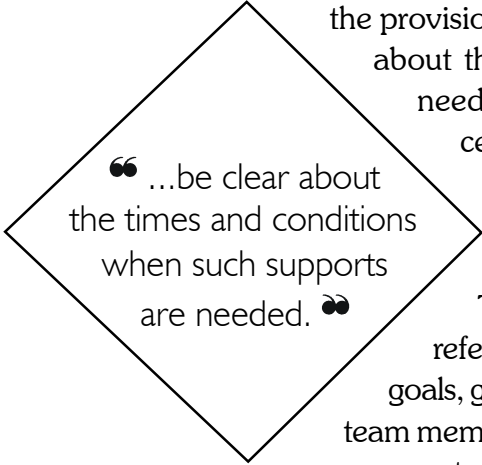
Sometimes a paraeducator is assigned to assist in the provision of related services for a student with a disability under the supervision of a qualified related services provider. For example, one might be assigned to work under the supervision of speech-language pathologist. This is an example of where the distinction between indirect services and consultation becomes important (see p. 37).

DOES PARAEDUCATOR SUPPORT MATCH THE NEED?

Reaching agreement on the purpose of support has a direct bearing on identifying who should appropriately provide it. There should be a match between the support and the skills of the person designated to provide it (Giangreco, Broer & Edelman, 1999). For example, if a student needs extensive curriculum

modifications or the development of a positive behavior support plan, assigning a paraeducator is unlikely to meet that need. The paraeducator may appropriately implement aspects of the plans after effective training and with ongoing supervision from a qualified professional. This can lead to the identification of staff development and training needs for team members who may be appropriate providers, but who lack specific skills. This approach builds capacity within the school.

AT WHAT TIMES OR UNDER WHAT CONDITIONS MIGHT PARAEDUCATOR SUPPORT BE NEEDED?



“...be clear about the times and conditions when such supports are needed.”

When paraeducator supports are suggested as a way to assist in the provision of special education or related services, be clear about the times and conditions when such supports are needed. For example, one student may only need certain types of supports when using the bathroom or eating lunch. Another may only need support during math activities or physical education.

Teams can clarify who will do what by cross-referencing the educational program components (IEP goals, general education curriculum, general supports) with team members who will be responsible for implementing each component. In considering who implements the various components of a student’s educational program, it is vital to ensure that:

- ◆ plans have been developed by a qualified professional;
- ◆ the paraeducator is appropriately trained and supervised; and
- ◆ the student has sufficient direct teaching from the classroom teacher and special educator.

WILL IT MASK OTHER NEEDS OR DELAY ATTENTION TO THEM?

Assigning paraeducators may mask serious concerns or delay giving attention to them when the root of the problem rests in curricular, instructional, personnel, service provision, training, or organizational factors. Be cognizant of this to ensure that paraeducators are being utilized appropriately and issues or needs that require attention are addressed.

REMEMBER, IEP SERVICES CAN BE MODIFIED IF NEEDED

After the initial IEP has been developed, adjustments may be required to better match the actual setting where the student will receive services. The team can consider the location-specific characteristics first mentioned on page 22 (e.g., physical characteristics of a school building, configuration and characteristics of classmates, and staffing characteristics). This is done in an effort to fine-tune the services and ensure that they match the actual location of service provision. For example, if the student's IEP includes a community-based vocational component, transportation may be needed as a related service. This would not be known to the IEP team until the student's program has been determined and an actual, off-school grounds, vocational learning setting has been identified.

Once a student has begun receiving IEP services, teams have flexibility to make adjustments within the framework of an existing IEP. If deemed necessary, more extensive adjustments can be made to meet a student's educational needs. Changes in the types or extent of services require formal action by the IEP team.



Before...

...During...

...After



Section III

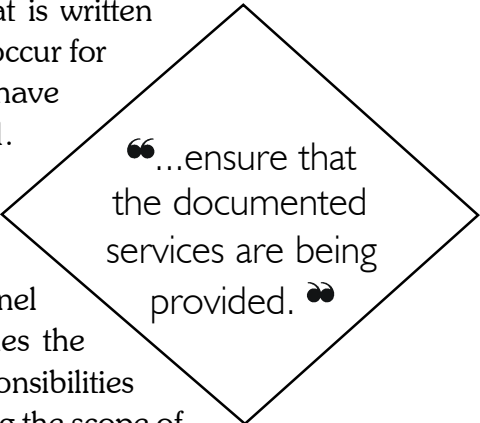
After

Once IEP services decisions have been made, it's time to put the team's plan into action. Having a clear plan should facilitate a smooth transition into implementation and will allow the team to evaluate how things are working.

IMPLEMENT THE SPECIAL EDUCATION SERVICES AS DOCUMENTED IN THE IEP AND RELATED SERVICES IF IDENTIFIED

When the team starts implementing the IEP, the first order of business is to ensure that the documented services are being provided.

Sometimes there are discrepancies between what is written on the IEP and what actually happens. This can occur for several reasons. Sometimes the student's needs have changed and the IEP needs to be adjusted. Sometimes staffing changes or shortages of qualified professionals have left the school short-handed. In such cases, schools are required to make good faith efforts to find appropriate personnel to provide agreed-upon IEP services. Sometimes the caseloads of special educators include more responsibilities than there are hours in a day. Clearly documenting the scope of school-wide special education services can assist school administrators in determining appropriate caseloads for special educators.



“...ensure that the documented services are being provided.”

Establish a Schedule

In an effort to ensure that IEP services are provided as intended, the simplest approach is to develop a schedule. At the same time, scheduling can be challenging, especially when there are multiple service providers. The classroom teacher is a key team member who should be involved with the special educator and related services providers in determining when it makes most sense to deliver services.

For more information about approaches such as block scheduling and co-teaching, Rainforth & York-Barr (1997) offer several examples of scheduling IEP services personnel in integrated educational environments.

Develop a Written Plan, Including Data Collection Methods

Everyone acknowledges that there is too much paperwork! At the same time, some paperwork is essential to good teaching. Having a written plan is key, especially when there are several people carrying it out (e.g., teacher, special educator, paraeducator). Make the paperwork for you and your team. Develop a written plan that provides enough detail so everyone knows what to do, but avoid making the paperwork cumbersome. Sometimes teams can use photos or other visual representations that communicate what to do (e.g., how something should be setup, how a student should be positioned, an example of an acceptable student response).

Teachers often have an intuitive sense of how their students are progressing. To validate those impressions, gather additional information through some form(s) of systematic data collection. Data collection helps maintain professional accountability and is a vital step in the teaching/learning cycle (Brown & Snell, 2000; Macfarlane, 1998). Data are collected by a variety of team members, including the student.

To measure progress, teams must first focus on the student's identified learning outcomes. There are many ways to collect data and your team probably already uses a number of them. Quizzes, tests, projects, observations, demonstrations, and work samples can all be used.

These methods can tell you information such as:

- ◆ the percentage of accuracy the student has achieved,
- ◆ the frequency with which the student uses a skill,
- ◆ the rate at which the student accomplishes a task,

- ◆ the quality of work the student generates,
- ◆ the amount of time (duration) a student can sustain attention,
- ◆ the number of steps in a series (i.e., from a task analysis) the student can successfully complete, or
- ◆ the level at which the student's quality of life has improved as a result of working on certain learning outcomes.

Ensure Appropriate Training, Supervision, and Support of Team Members

This heading speaks for itself! As part of an initial team meeting consider developing a plan that explicitly explores and addresses training, supervision, and support of team members. Later meetings can be used to review the status of the plan.

Implement the Plan and Collect Data

All of this planning and organizing is leading up to the important, rewarding, and enjoyable part of the work — actually working with students and helping them learn!! When planning for implementation is insufficient, it invariably leads to problems. These may include conflicts between team members, people feeling unsupported, behavior problems exhibited by students (and sometimes by the adults), confusion or general frustration. Most importantly, insufficient planning can interfere with effective student learning. If the team has done a thorough job of planning, implementation will go much more smoothly. Reflect on and use the information the team collects.

EVALUATE THE IMPACT OF SERVICES

Use Data to Determine Impact

Use data to determine the impact of IEP services on students: (a) access to and participation in school, (b) IEP goals/objectives, (c) general education outcomes, and (d) valued life outcomes (e.g., health, safety, relationships, activities, choices, self-determination).

Students without disabilities typically receive grades and test scores as measures of their achievement and progress in school. Though they can also be used for

students with disabilities, other aspects of the educational program should be considered when determining the impact of a service.

Often when a service is recommended for a student, he or she receives it indefinitely and there is little documentation of its impact. Sometimes this occurs because the team was not clear about the purpose of the service at the outset. If the decision-making was not sound to begin with, under closer review the service may not even meet the criteria of special education or related service.

When considering whether a particular service should be continued at the same level, increased, reduced, or discontinued, the team needs to look at more than grades and tests. First, ask whether the service has addressed the purposes for which it was selected.

Too often, evaluation measures that are specific to a professional discipline are the primary or exclusive methods for evaluating a service. Although they may provide useful information, they are not designed to inform the team about whether a service is having its intended impact. Here are some questions about impact that may be considered based on the team's understanding of the purpose of the service.

? Which aspect or aspects of the student's education was the service supposed to affect?

- √ Access to, and participation in school
- √ Access to extra-curricular activities
- √ Access to the general education curriculum
- √ Progress toward IEPs goals, objectives, or benchmarks
- √ Progress toward general education learning outcomes
- √ Provision of general supports or accommodations
- √ Enhancement of valued life outcomes (e.g., health/safety, friendships/relationships, choice and control commensurate with one's age and culture, participation in a variety of places and activities)

? What observable or reported impact has the service had on the corresponding aspects of the student's education?

When answering these questions, some of the information will be quantifiable and easily represented in numbers such as scores, percentages, and frequencies. Other information will be more qualitative, calling for narrative descriptions.

Use Data to Make Decisions about the Continued Need for the Services or Adjustments to the Type, Mode, and Frequency

The data the team collects can be used in an active way to help the team understand the student's current and future instructional needs.

In order to do this, first think about:

- ◆ the level at which the student is currently performing,
- ◆ the level at which the student needs to perform in order for her or his goals to be accomplished,
- ◆ how much time it might take for the student to meet this goal,
- ◆ how frequently the team will collect information about the student's progress,
- ◆ and when the team should review the data to see if goals have been reached. If data are simply collected - not reviewed and used - they may as well not be collected at all.

Once the team has enough data to look at, what do they reveal? They may indicate that the student:

- ◆ is ready to move to a new goal or a higher level of performance with that goal,
- ◆ needs more time to accomplish the goal,
- ◆ requires more or different teaching strategies, or
- ◆ requires modified or different goals.

After the team has decided what they believe the data mean, it's time to consider possible steps, select a course of action, and take that action. Though it is common and appropriate to consider instructional and curricular changes, in some cases the team may also want to change the data collection method. Existing methods may not provide the information you are seeking or may not be sensitive enough to detect modest levels of progress. Whatever decisions the team makes should be informed by data it has collected.

IN CONCLUSION...

Using effective IEP services decision-making practices ultimately contributes to providing quality education for students with disabilities, resulting in meaningful outcomes. If done well, this can make a difference in the lives of students with disabilities and their families — and that's what good education is all about!

References



References

- Bateman, B., & Linden, M.A. (1998). *Better IEPs: How to develop legally correct and educationally useful programs (3rd ed.)*. Longmont, CO: Sopris West.
- Board of Education of the Hendrick Hudson Central School District v. Rowley*, 102 S. Ct. 3034 (1982).
- Brown, F., & Snell, M.E. (2000). Measurement, analysis, and evaluation. In M.E. Snell & F. Brown (Eds.), *Instruction of students with severe disabilities (5th ed.)*. Columbus, OH: Merrill, an imprint of Prentice Hall.
- Code of Federal Regulations* (1999). 34 CFR §300.1-300.754.
- Covey, S.R., (1989). *The 7 habits of highly effective people*. New York: Fireside/Simon & Schuster.
- Dennis, R., Edelman, S., Giangreco, M.F., Rubin, R., & Thoms, P. (1999). *Related services for Vermont's students with disabilities*. Montpelier: Vermont Department of Education. <http://www.uvm.edu/~uapvt/rsrp/rsrprswg.html>
- Giangreco, M.F. (1996). "The stairs didn't go anywhere!" A self-advocate's reflections on specialized services and their impact on people with disabilities. *Physical Disabilities: Education and Related Services*, 14(2), 1-12.
- Giangreco, M.F. (1996). *Vermont interdependent services team approach (VISTA): A guide to coordinating educational support services*. Baltimore: Paul H. Brookes. Supplemental updated information available online at: <http://www.uvm.edu/~uapvt/rsrp/rsrpvista.html>
- Giangreco, M.F. (2000). Related services research for students with low incidence disabilities: Implications for speech-language pathologists in inclusive classrooms. *Language, Speech, and Hearing Services in the Schools*, 31, 230-239.
- Giangreco, M.F. (in press). Interactions among program, placement, and services in educational planning for students with disabilities. *Mental Retardation*.

- Giangreco, M. F., Broer, S. M., & Edelman, S. W. (1999). The tip of the iceberg: Determining whether paraprofessional support is needed for students with disabilities in general education settings. *The Journal of the Association for Persons with Severe Handicaps*, 24, 280-290. Summaries of research and literature pertaining to paraeducators available online at: <http://www.uvm.edu/~uapvt/parasupport/>
- Giangreco, M.F., Cloninger, C.J., & Iverson, V.S. (1998). *Choosing outcomes and accommodations for children: A guide to educational planning for students with disabilities (2nd ed.)*. Baltimore: Paul H. Brookes.
- Giangreco, M.F., Edelman, S.W., Broer, S.M., & Doyle, M.B. (in press). Paraprofessional support of students with disabilities: Literature from the past decade. *Exceptional Children*.
- Giangreco, M.F., Edelman, S., MacFarland, S.Z., & Luiselli, T. E. (1997). Attitudes about educational and related services provision for students with deaf-blindness and multiple disabilities. *Exceptional Children*, 63, 329-342.
- Individuals with Disabilities Education Act Amendments of 1997*, Pub. L. No. 105-17, § 1400 et seq., 111 Stat. 37 (1997).
- Irving Independent School District v. Tatro*, 104 S.Ct. 3371 (1984).
- Katsiyannis, A., Hodge, J., Lanford, A. (2000). Paraeducators: Legal and practice considerations. *Remedial and Special Education*, 21 (5), 297-304.
- Kronberg, R., & York-Barr, J. (1998). *Differentiated teaching & learning in heterogeneous classrooms: Strategies for meeting the needs of all students*. Minneapolis: University of Minnesota, Institute on Community Integration.
- Kunc, N., & Van derKliff, E. (1995). Voice of inclusion: In spite of my disability. In R. Villa & J. Thousand (Eds.), *Creating an inclusive school* (pp. 162-167). Alexandria, VA: Association for Supervision and Curriculum Development.
- Macfarlane, C. (1998). Data-based measurement and evaluation. In A. Hilton & R. Ringlaben (Eds.), *Best and promising practices in developmental disabilities*. Austin, TX: Pro-Ed.

- Rainforth, B., & York-Barr, J. (1997). *Collaborative teamwork: Integrated therapy services in educational programs for students with severe disabilities*. Baltimore: Paul H. Brookes.
- Reynolds, M. (1962). A framework for considering some issues in special education. *Exceptional Children*, 28, 367-370.
- Thousand, J., & Villa, R. (2000). Collaborative teaming: A powerful tool in school restructuring. In R. Villa & J. Thousand (Eds.), *Restructuring for caring and effective education: Piecing the puzzle together (2nd ed.)* (pp. 254-292). Baltimore: Paul H. Brookes.
- Tomlinson, C.A. (1995). *How to differentiate instruction in mixed-ability classrooms*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Turnbull, H.R., & Turnbull, A.P. (2000). *Free appropriate education: The law and children with disabilities (6th ed.)*. Denver: Love Publishing.
- Yell, M. (1998). *The law and special education*. Upper Saddle River, NJ: Merrill and imprint of Prentice Hall.

