VERMONT'S GUIDELINES FOR RELATED SERVICES: SUPPORTING THE EDUCATION OF STUDENTS WITH DISABILITIES

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ABSTRACT

Related services (e.g., speech-language pathology, occupational therapy, physical therapy, audiology, psychological services) are a vital aspect of appropriate educational support for some students who have disabilities. This article describes Vermont's Guidelines for Related Services and the process by which the document was developed. The article describes the activities of a grassroots group of consumers, providers, program and agency personnel, and advocates called the Related Services Work Group, to initiate a statewide dialogue on related services for students with disabilities in inclusive schools. Implications for how this information can be used in school improvement planning are discussed.

The Individuals with Disabilities Education Act Amendments of 1997 (IDEA) state:

> 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. § 1401 (22).

This article describes *Vermont's Guidelines for Related Services*. These *Guidelines* are consistent with the IDEA definition of related services, and include promising and exemplary practices used in inclusive schools (England, 1994; Giangreco, 1996; Giangreco, Edelman & Dennis, 1991; Giangreco, Edelman, Luiselli & MacFarland, 1996, 1998; Giangreco, Edelman, MacFarland & Luiselli, 1997; McEwen, 1995; McWilliam, 1996; Orelove & Sobsey, 1996; Rainforth, 1991; Rainforth & York-Barr, 1997; Thousand & Villa, 1992; York, Giangreco, Vandercook, & Macdonald; 1992). Additionally, the article describes the process by which the guidelines were developed, including: (a) identification of stakeholders; (b) activities and timelines; (c) public response and input; (d) selecting priorities; and (e) action planning and dissemination.

Vermont's Guidelines for Related Services (see Tables 1–5) are composed of 60 statements divided into five topical areas. Each area addresses an important aspect of related services. The five topical areas are:
1. Access to Knowledge and Information
2. Roles of Related Services Providers in Determining Eligibility for Special Education
3. Determination of Related Services
4. Implementation of Related Services
5. Evaluation of Related Services

The development of *Vermont's Guidelines for Related Services* was intended to: (a) highlight the importance and value of related services for students who require such supports; (b) encourage conversations among stakeholders (e.g., family members, professionals, advocates, community members) about a variety of related services issues; (c) serve as a starting point for educational teams to develop a shared understanding of exemplary and promising practices; and (d) assist teams in using related services in ways that ensure that students with disabilities receive an appropriate public education.

TABLE I.

A. Access to Knowledge and Information

Appropriate determination, implementation, and evaluation of individualized related services for students with disabilities necessitates that all team members (e.g., parents, teachers, special educators, administrators, related services personnel, paraprofessionals, LEA representatives) have access to information about and knowledge of:

Al.   student characteristics, family priorities, and educational goals (e.g., hopes for the future, preferred learning styles, motivations, as well as their physical, cognitive, sensory, and emotional capabilities);

A2.   the educational context in which the student is learning (e.g., preschool, general education classroom, community work site);

A3.   the legal definitions and interpretations of "related services" based on law and regulations, administrative rulings, and court decisions about related services that interpret laws and regulations;

A4.   the skills and activities associated with various related services disciplines (e.g., speech-language pathology, physical therapy, occupational therapy, psychology, orientation & mobility, social work, school health services);

A5.   a common understanding of service delivery definitions (e.g., screening, evaluation, direct service, indirect service, consultation, monitoring);

A6.   the variety of related services that are available regionally, statewide, and nationally;

A7.   the professional background and current skills of the team members with whom they are working;

A8.   the principles and procedures of collaborative teamwork;

A9.   the shared beliefs and attitudes of team members that will help them to build a common framework necessary for effective team functioning; and

A10.   processes for determining, implementing, and evaluating related services.

TABLE 2.

B. Roles of Related Service Providers in Determining Eligibility for Special Education

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Related services providers may be asked to work with, or as members of, evaluation and planning teams. The roles of related services providers in determining eligibility for special education include, but are not limited to:

B1. screening, observation of typical activities and environments, and/or interviews with the family and other team members to help identify students in need of more in-depth evaluation for special education;

B2. assisting the team in the development of evaluation questions for the evaluation plan;

B3. recommending appropriate assessment strategies to be included in the evaluation plan;

B4. coordinating with other service providers and the family in the development of an overall plan to ensure effective fact-finding and avoid duplication in assessment activities;

B5. conducting specialized assessment activities for which they are uniquely trained or qualified;

B6. interpreting and reporting on specialized assessment results with the team; and

B7. consulting with the family and school personnel to assist in making eligibility decisions.

DEVELOPMENT OF THE GUIDELINES

IDENTIFICATION OF STAKEHOLDERS

Spanning a period from the spring of 1997 through the fall of 1998, when the *Guidelines* were published in a brochure format by the Vermont Department of Education, between 150 and 200 Vermonters were involved in various ways in developing, editing, and finalizing these *Guidelines*. As with many grassroots efforts, this one began with a very small group of people. The group expanded to solicit input from many people, and then returned to a core group who conducted the bulk of the work: writing, editing, and distributing the final product.

In April 1997, the process was initiated by a special educator and two pediatricians, all of whom had experience with, interest in, and concerns about, a variety of related services issues. These three people called a local

TABLE 3.
C. Determination of Related Services

Determining individualized related services for students with disabilities should be:

C1. developed collaboratively by the family and educational staff with substantive input from related services providers;

C2. developed with the input of the student, when appropriate, to encourage self-advocacy, self-determination and relevance of services;

C3. considered and discussed using language that is readily understood by all team members, with minimal use of professional jargon;

C4. based on a single set of educational goals shared by the team and developed with consumer input (e.g., student, parents);

C5. developed after the student's educational program (e.g., annual goals, curriculum content, general supports) and educational placement have been determined to ensure educational relevance and necessity;

C6. educationally relevant so that services are directly related to the student's IEP (Individualized Education Program) and/or other documented educational curriculum (e.g., general education curriculum);

C7. educationally necessary, meaning that the absence of a service would interfere with the student having access to an appropriate education or participation in his/her educational program;

C8. selected judiciously by considering natural supports and employing specialists' supports that are *only as specialized as necessary;*

C9. provided during the school day if they are necessary for a student to benefit from special education, but schools are not required to provide services that may be appropriately administered other than during the school day;

C10. designed to avoid undesirable gaps, overlaps, and contradictions among service providers;

C11. reflective of a decision making process which leads to consensus if possible; or a decision by the Local Education Agency in cases where consensus is not achieved, subject to procedural safeguards; and

C12. documented specifically to include: (a) type (e.g., physical therapy); (b) relationship to the educational program (e.g., pertains to specific IEP goals); (c) mode of service (e.g., direct, indirect, consultation); (d) frequency and duration of service; (e) location of service provision; (f) initiation date; (g) evaluation date; (h) personnel; and (i) a plan of action for service provision.

TABLE 4.

D. Implementation of Related Services

Implementing individualized related services for students with disabilities requires that they:

D1. are consistent with the values underlying IDEA (e.g., individually appropriate learning outcomes; least restrictive environment provisions; participation with students who do not have disabilities);

D2. allow access to the same settings and activities available to students without disabilities;

D3. acknowledge the portability of services so that they may be offered in the most natural, inclusive, and least restrictive settings and ways;

D4. are not unduly stigmatizing;

D5. adhere to professional and ethical standards of practice;

D6. use exemplary practices that are supported by current literature and research;

D7. consider the privacy and dignity of the student and family;

D8. address the self-identified support needs (e.g., resource support, technical support, moral support, evaluation support) of students with disabilities, their parents, and their teachers;

D9. ensure that all appropriate individuals (e.g., teachers, special area teachers, related services providers, parents, instructional assistants) are informed about each student's related services;

D10. assist classroom teachers and staff in educating the student with disabilities within the context of the classroom in ways that contribute to, rather than disrupt, classroom routines and activities;

D11. allow roles and skills of related services providers to be shared with classroom staff as determined through consensus decision-making;

D12. ensure adequate training, support, and supervision for those implementing related services recommendations, including professional and paraprofessional staff, family members, and the student when appropriate; and

D13. deliberately plan for transitions, such as early childhood programs to school, between grades, and from school to adult life.

TABLE 5.

E. Evaluation of Related Services

Evaluating appropriately individualized related services for students with disabilities requires that:

E1. the related services pertain directly to the student's IEP and state educational standards so that team members know the proposed educational impact of the related services;

E2. the educational cycle includes an evaluation component as a vital and ongoing aspect of each student's educational plan;

E3. data about the impact of the services are collected, recorded, reviewed, and analyzed on a regular basis by the team, which includes the family (e.g., parents, guardian, student);

E4. data include a variety of relevant sources (e.g., direct observation by the related services provider, frequency counts, duration, percent of correct responding, teacher report, parent report, work samples, tests and quizzes, student projects and products, classmate feedback, self-evaluation methods by the student);

E5. student impact data are reported to parents and other team members on a schedule that coincides with typical school reporting periods and is reported in language that is readily understood, with a minimum of professional jargon;

E6. adjustments to the student's plan are made based on the analysis of data;

E7. adjustments made, and agreed upon, based on data collection are part of an ongoing feedback loop among all team members rather than an annual event; and

E8. the impact of related services is interpreted broadly to include progress on educational goals and access to educational settings and opportunities, as well as impact on valued life outcomes (e.g., health, safety, relationships, opportunities).

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meeting, the purpose of which was to determine if there was sufficient interest to establish an "Agenda for Action" pertaining to related services issues for students with disabilities. Twenty-five individuals, representing a wide variety of professional disciplines and stakeholder groups, were invited to an initial meeting. Many represented more than one stakeholder group (see

Table 6). While a limited number of invitations were extended, anyone who wished to participate was welcome.

It was clear at the group's first meeting that the issues of related services were relevant statewide and that feedback from across the state was considered crucial. At this meeting the *Related Services Work Group (RSWG)* was formed as an ad hoc group for the purpose of addressing priorities pertaining to related services in our state. What began as a local/regional activity quickly became a statewide initiative.

The group completed two major tasks in 18 months, before becoming semi-dormant. The two tasks were: (1) development and statewide dissemination of the brochure *Vermont's Guidelines for Related Services;* and (2) development of a more complete manual titled *Related Services for Vermont's Students with Disabilities* (Dennis, Edelman, Giangreco, Rubin & Thoms, 1999). Plans were discussed to revive the group to conduct statewide training or focus forums on related service issues in the future.

To ensure statewide access to the discussions regarding related services, subsequent communications from the RSWG were sent to all initial participants as well as the Board of Governors of the *Vermont Coalition for Disability Rights* (VCDR), an umbrella organization made up of representatives of 24 disability-related agencies and organizations in the state. Additionally, all of

TABLE 6.
Stakeholder Groups Represented at the Initial Meeting

Advocacy Organizations
Audiology
Assistive Technology
Medicaid Staff
Nursing
Parents of Children with Disabilities
Physical Therapy
School Administration (Special Education)
Self-Advocates
Social Work
Special Education
Speech/Language Pathology
State Department of Education Staff
Paraprofessionals
University Faculty
Teachers of the Blind and Visually Impaired

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the RSWG's major activities were posted on the internet, courtesy of the *Related Services Research Project* <www.uvm.edu/~uapvt/RSRP.html> at the *Center on Disability and Community Inclusion* at the University of Vermont under the heading "Related Services Work Group." Two links are available: (1) <www.uvm.edu/~uapvt/rsrp/latest.html> for "The Latest" information, and (2) <www.uvm.edu/~uapvt/rsrp/older.html> for "Older Stuff" (e.g., previous meeting minutes, questionnaire results).

During its first year, the RSWG formally met five times, while numerous smaller group and individual activities occurred between meetings. During the final six months, designated members attended to a variety of logistical, research, and writing tasks to ensure completion of the project activities.

ACTIVITIES AND TIMELINES

At the initial meeting of the RSWG two small group activities (20 minutes each) involved participants in sharing perspectives and concerns regarding related services. Groups of five people were asked to use specific collaborative team meeting procedures (e.g., round-robin responding, specific time limits, deferred judgment on statements made) to respond to two statements about related services: (1) "I have a concern that . . ." and (2) "I hope everyone could agree that . . .". Each small group was assigned a facilitator, timekeeper, and recorder who wrote responses on chart paper. Each group reported its results to the whole group, after which a brief discussion ensued and decisions were made about future activities. All records from the small groups were collected, typed, sorted, and categorized.

Based on the input provided by participants at the first meeting, seven primary areas of concern were identified (see Table 7). At a second meeting a month later, participants discussed the categorized concerns and points of potential agreement. The group agreed to use a statewide survey to gain input and to determine which categories of potential action were the highest priorities based on urgency/importance and attainability.

The survey instrument was a questionnaire which requested a small amount of optional demographic information and focused primarily on gathering information about the seven areas of concern identified by the RSWG participants. In reference to each of the seven areas of concern, participants were asked to respond to two prompts: (a) *It is urgent/important*, and (b) *It is attainable.* They were asked to circle a number from 1 to 5 which most closely reflected their opinions, where "1" was anchored with the word "Disagree," and "5" was anchored with the word "Agree." In June 1997, 100 questionnaires were distributed statewide through VCDR and RSWG participants.

TABLE 7.
Areas of Concern for Potential Action

1. Definitions
   There are not widely agreed upon statewide definitions for terms such as "consult," "direct or indirect service," "screening," "educationally vs. medically necessary."
2. Referrals
   There is concern that physicians are making referrals for school-based related services without having sufficient knowledge of educational necessity.
3. Qualified Professionals
   There are insufficient numbers of qualified related service personnel available to meet the needs of students.
4. Common Standards
   There is no widely agreed upon set of standards within the state which summarizes appropriate, promising, and exemplary practices regarding related services (e.g., common goals, decision-making practices, service options, team collaboration, location of services, IEP documentation).
5. Funding
   There is concern that funding sources and school administrative practices, rather than student needs, determine the type and ways in which services are provided.
6. Information Access
   There is concern that parents, general education teachers, other school personnel and community members do not have sufficient access to current information about related services in schools.
7. Evaluation of Impact
   There is concern that there are limited evaluation data regarding the impact of related service provision on students' education.

PUBLIC RESPONSE AND INPUT

Sixty-six percent of the questionnaires were returned. Of those individuals responding to the demographic questions, nearly 73% (n = 43) were female and 27% (n = 16) were male. The largest number of respondents, nearly 44% (n = 29) were identified as *family members/advocates* (e.g., parents of children with disabilities, high school students with disabilities). They were followed by: *related services providers* (e.g., physical therapists, speech-language pathologists) (26%, n = 17); *educators* (special educators, classroom teachers) (17%, n = 11); *unidentified respondents* (9%, n = 6); and *administrators* (e.g., special education coordinators, school principals) (4%, n = 3).

As shown in Tables 8 and 9, respondents indicated that all seven of the areas were important, with the need for "common standards" topping the list. Although dealing with funding issues and the need for more qualified personnel were the next two most urgent/important categories ranked by respondents, these categories were rated lower in terms of attainability.

SELECTING PRIORITIES

The data from the questionnaires were compiled and reported at a subsequent meeting of the RSWG. Group members relied on data from the questionnaires in selecting priorities upon which to act. The group decided to address the three categories of concerns that were most highly ranked as attainable: *Information Access*, *Definitions*, and *Common Standards*.

TABLE 8.
Rankings of Urgency/Importance

	N	*Mean*	*SD*
1. Common Standards	60	4.38	0.78
2. Funding	64	4.36	0.91
3. Qualified Professionals	63	4.29	1.02
4. Evaluation of Impact	58	4.19	1.02
5. Information Access	64	4.16	1.07
6. Definitions	61	3.92	1.05
7. Referrals	59	3.66	1.27

TABLE 9.
Rankings of Attainability

	N	*Mean*	*SD*
1. Information Access	54	4.07	1.11
2. Definitions	55	4.02	0.93
3. Common Standards	53	3.83	1.16
4. Evaluation Of Impact	53	3.81	0.94
5. Funding	52	3.62	0.95
6. Referrals	50	3.60	1.07
7. Qualified Professionals	51	3.41	1.00

ACTION-PLANNING AND DISSEMINATION

By this point, a group of approximately eight people continued ongoing, active involvement in the RSWG. Two subgroups were formed; one to address *Definitions* and the other to address *Common Standards*. *Information Access* would be embedded in the overlapping work of both subgroups. The group decided to develop a manual, *Related Services for Vermont's Students with Disabilities* (Dennis et al, in press), that would address all three substantive areas. The manual would be designed for use by a wide audience (e.g., parents, teachers, advocates, service providers, administrators). It would contain: (a) a legislative context for, and approaches to, providing related services; (b) *Vermont's Guidelines for Related Services* (Common Standards); (c) funding for related services; (d) frequently asked questions about related services; (e) information about 12 related services disciplines (e.g., speech-language pathology, occupational therapy, orientation and mobility, school psychology); and (f) an extensive bibliography. Eighteen individuals, with specific expertise in various areas included in the manual's outline, were recruited to write sections of the manual.

The materials created by the RSWG underwent an internal Vermont Department of Education (DOE) review process and were approved for publication by the Department. The Department would print the documents and distribute them to every school and appropriate agency and organization in the state.

The *Common Standards* subcommittee developed *Vermont's Guidelines for Related Services*, (listed in Tables 1–5) in brochure and poster formats. Initial development of the guidelines was based on extensive review of the professional literature. As drafts were developed, they were posted on the world-wide web and sent to all RSWG and VCDR member organizations for input. A modest but steady stream of feedback was received. After several rounds of revision, the *Guidelines for Related Services* were sent to the DOE for review and editing. The DOE requested that the nearly final version be communicated to family advocates for final review. Families affiliated with *Parent to Parent of Vermont* and the *Vermont Parent Information Network* made final suggestions which included wording changes and sequence rearrangement.

The brochures and posters of *Vermont's Guidelines for Related Services* have been disseminated statewide to all Vermont schools, VCDR member organizations, and other disability organizations. The Guidelines also are posted on web sites: one through the *Center on Disability and Community Inclusion* at the University of Vermont <www.uvm.edu/~uapvt/rsrp/relatedservices.html> and the one through the DOE <www.state.vt.us/

educ/relserv.htm>. The full manual has been approved by the DOE and is currently in press.

IMPLICATIONS

No one involved in this project believes that distributing brochures, posters, or even manuals is sufficient to change practices that are strongly embedded across our state and nation. What we do believe is that the RSWG has demonstrated that issues pertaining to related services are important to parents and service providers alike. Further, the *Guidelines* and other written materials provide a sound basis for discussion among a wide range of people. These discussions will lead, we believe, to greater understanding of the use of related services in ways which are educationally important for students with disabilities and for their families, schools, and communities.

If the ideas presented by the RSWG are to advance beyond discussion and increased awareness, school personnel and families will need to become familiar with the *Guidelines*. This may require regional or district-wide training opportunities or other discussion forums. A simple, yet potentially powerful, next step would be to enable groups in each school district to assess their own status relative to the *Guidelines* by comparing their own practices to those presented as promising or exemplary. This type of self-assessment can provide a focal point for clarifying the meaning attached to the *Guidelines* in various schools and communities. People can develop a shared understanding about the issues, which is essential for genuine collaboration. The self-assessment information can also serve as a source of fact-finding upon which to develop local plans for school improvement activities pertaining to related services.

Ultimately, the aim of the materials developed by the RSWG is to assist families and school personnel in providing quality related services for students with disabilities in ways that are educationally relevant and necessary. Clearly there are other factors which affect this service provision (e.g., availability of service providers, qualifications of staff, sufficient funding). Access to information, however, about promising and exemplary practices that are commonly understood and accepted by educational team members, is a vital building block for assisting students with disabilities to receive a free, appropriate education. These practices, well understood and implemented, will enhance the educational experience of students with disabilities who are educated alongside their peers without disabilities in their neighborhood schools.

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