

Student Support Handbook

2017-2018

Student Support Team 2017-18

Director of Education:

General education administrator who will be working with the Director of Special Education on SST meetings, teacher grade level meetings to discuss interventions/supports, retention support, and 504 meetings.

Director of Special Education:

DiAnne McClenahan
dmcclenahan@baypoint.academy
747-335-2663

Special education administrator who will be the lead administrator at all IEP meetings, SST meetings and 504 meetings. In charge of all referrals for 504 or IEP plans.

Educational Specialists:

Laurie Decker
ldecker@baypoint.academy
Case carrier for BPA students with an IEP.

Jennifer van Boxtel
jvanboxtel@baypoint.academy
Case carrier for BPA students with an IEP

Holly de la Fuente
hdelafuente@bayshore.org
Case carrier for BPCS students with an IEP, supports SST meetings, 504 plans and retention.

Special Education Instructional Aide:

Tyler Thomas
tthomas@baypoint.academy
BPA Instructional aide for students with an IEP.

Student Support Contracted Positions:

BPA and BPCS works with outside contractors for the following positions-Speech & Language therapy, School Psychologist, Occupational therapy and Audiology services.

PRE-REFERRAL PROCESS OVERVIEW

Parents will be contacted whenever there is a concern about their child's academic or behavioral performance. Concerns may be addressed in a Student Study Team (SST) Meeting. This meeting may be initiated by school staff or parents/guardians/student. During the SST meeting, the Student Study Team can document concerns and which strategies are being implemented or will be implemented to attempt to address the student's concerns related to their learning. Areas that are important to discuss and document during the SST meeting are:

- Developmental/medical history
- Attendance/school enrollment history
- Review of vision, hearing, speech and language screenings
- Behavior Academics: Performance and results of interventions

Although a referral for special education assessment may be initiated by a Student Study Team (SST), parent, teacher, student or other person with knowledge of the student, **current law requires that all options in the general program be implemented before referral to special education.** These options may include, but are not limited to, the following:

- Accommodations within the general education program
- Research-based instructional strategies and interventions, including universal screening, "tiered" interventions, progress monitoring and problem solving teams within the general education program (Response to Intervention (RTI) or Multi-Tiered Systems of Support (MTSS) model)
- Consultation with appropriate staff
- Referral to alternative programs within the LEA/district
- Referral to professional and/or agencies outside of the LEA/district (at cost to the LEA/district)

All options are to be explored and documented by the general education staff prior to a referral for special education. The procedure to be followed when a student is first seen as having difficulty will be the **responsibility of the general education staff.**

When all of the resources of general education have been exhausted, the student may be referred for special education consideration.

Please do not discuss services such as an IEP or 504 plan with a parent without first talking to administration. If you are not sure what to say, refer the parent to Student Support Staff.

In the event that a parent makes a written request for a special education evaluation, the **LEA/district must respond within 15 calendar days**. If a written request for a special education evaluation is given to you, please contact the Student Support Team as soon as possible. Should the LEA/district determine testing is merited, they would respond by sending an assessment plan and a Prior Written Notice (PWN) and Procedural Safeguards.

At-Risk Students

Baypoint and Bayshore are public charter schools that instruct the students through Blended Learning teaching methodology. We hold our students to a very high standard and have high expectations for all stakeholders. We are a school of choice and may not always be the best fit for every student. Our college preparatory, K-12 program, is purposely designed to help our students reach their ultimate goal of attending a college or university of their choice. Students who attend our schools come from many various back grounds ranging from homeschooling, various charter or private schools with different focuses, as well as, traditional public schools. These new students will come with varying needs, so it is very important that we assess and use our data to help build a plan to help those who maybe struggling and therefore “At-Risk”.

What makes a student At-Risk?

This could be any student who is not working at their educational potential.

What are factors that could make a student At-Risk?

A student could have social, emotional, academic or health related issues that interfere with their educational potential.

How do I report a student who is At-Risk?

A list of students who are considered to be At-Risk will need to be turned into Administration by **September 21**. Teachers will be required to share a google doc that lists the students who are at risk and describe what social, emotional, academic or health related issue is interfering with their educational potential. It is important to remember that a student may have one of these issues but it is **NOT** interfering with their educational potential. In that case, the student would not be At-Risk. This list should not include your entire class. This list should only include approximately one to five students.

What type of interventions are used for our At-Risk students?

BPA and BPCS use the response to intervention model (RTI) in addition to Student Study Team (SST) meetings as our interventions for at-risk students.

Monthly At-Risk Checklist

AUGUST

- Student Support Services will give each teacher a copy of any 504 or IEP plans for students in their classroom. Teachers will need to sign a copy of the Notification of Teacher Responsibility for Accommodations or Modifications form.
- Students who are new to the school and have an IEP will have an interim IEP meeting within 30 calendar days of the start of the school year. Prepare for these meetings by collecting data for the educational specialists. Please bring work samples and copies of important data (ie. MAPS scores, informal classroom assessments, writing samples, etc.). Prepare to stay for the entire IEP meeting.
- Check your student's health history. Do they have anything that would require a Health Plan? If yes, please check with the office staff to see if one is in place. Each school year, a new health plan needs to be created by the student's physician.
- Begin to assess and collect assessment data on all your students. This will help you create a baseline and determine who is at-risk.

SEPTEMBER

- All new IEP student interim IEP meetings must be completed by September 20th.
- At-Risk lists due **September 21**: Please submit a google doc that includes these four items.
 1. Name of Student
 2. Describe what social, emotional, academic, or health related issue that is interfering with their educational potential.
 3. What current strategies have you tried?
 4. Date that you are meeting with parents to share your concerns.
- These are considered RTI- Tier One Interventions.

OCTOBER

- Meet with grade level teams to brainstorm new ideas/interventions for your at-risk students (RTI team). These new interventions need to be documented and used for approximately four to six weeks.
- Fill out Pre-SST form in google docs. This is where you will become a detective and look up your students' educational and family history. The student's permanent record otherwise known as the CUM folder is a great tool to help determine a plan of action when a student is at risk. Unfortunately, these folders take time to be sent to a new school

so the teacher will need to depend on their current assessment data until the folders are sent. If the CUM folder is in the front office, please use it in order to find the data that you will need for the Pre-SST form. School Pathways is another good place to begin your data collection.

- Share completed Pre-SST google document with Director of Special Ed and Director of Education.
- Contact parents to let them know what new interventions will be in place.
- These are considered to be RTI- Tier One Interventions.

NOVEMBER

- Meet with grade level teams to discuss progress with interventions (RTI team).
- Discuss with Administration if Pre-SST was approved and ready to move to scheduling a Student Study Team meeting (SST).
- If approved, first SST will be scheduled. Parents will be contacted and a SST Parent Packet will be sent home. This packet contains a very important parent input form that will need to be returned prior to the meeting.
- If retention is going to be considered, it is very important that it is discussed and documented at this first SST meeting. Any student who is being considered for retention will need to have an SST meeting.
- These are considered RTI- Tier Two Interventions.

DECEMBER/JANUARY

- Meet with grade level teams to discuss progress with interventions (RTI team).
- Discuss with Administration if or when the second SST meeting should take place.
- Request second SST meeting if needed.
- IMPORTANT**- Any student who may need to be retained, parents need to be contacted prior to the holiday break (**no later than December 15th**). A student cannot be retained unless the parent was notified of the possible retention during the first semester of the school year. This meeting must be documented either through an SST or in detailed meeting notes.
- These are considered RTI- Tier Two Interventions.

FEBRUARY/MARCH

- Meet with grade level teams to discuss progress with interventions (RTI team).
- Decide whether a third SST meeting is needed.
- Final retention paperwork needs to be completed by the end of March. Please see the Director of Education in order to discuss this paperwork.
- These are considered RTI- Tier Three Interventions.

APRIL/MAY

- Turn in final names of any students whose parents signed the retention paperwork.
- Meet with grade level teams to discuss progress with interventions (RTI team).
- Put together summer work packets to help the at-risk students over the summer.
- Continue interventions as needed.

JUNE

- Make sure that there are copies of the SST's in student's CUM file.
- Send home summer intervention packet for the at-risk students.
- Create final at-risk list in google docs and share with administration. This will help catch anyone that may have fallen through the cracks or came too late in the school year to receive a full year of interventions.

RESPONSE TO INTERVENTION OVERVIEW (RTI)

Response to Intervention (RTI) is a process used by educators to help students who are struggling with a skill or lesson; every teacher will use interventions (a set of teaching procedures) with any student to help them succeed in the classroom—it's not just for children with special needs or a learning disability. If a student is struggling, his or her teacher will use test scores and other measures of progress to choose a researched and proven intervention suited to help the child learn. If a child does not respond to the initial interventions, more focused interventions are used to help the child master the skill. RTI strategies address both learning and behavior.

The Response to Intervention process was introduced within the 2004 reauthorization of the Individuals with Disabilities Act (IDEA). While it is not introduced as a part of the law, it was presented within regulatory notes as a method to help identify students with specific learning

disabilities. In essence, the legislators and the Office of Special Programs (OSEP) wrote into those notes a statement that asks school districts not to rely on what is called the discrepancy model for identification of specific learning disabilities and consider using interventions tried within RTI. In practice, most school districts use RTI to intervene prior to special education referral, which is good, but very few use the method to *identify* students. Typically they will try interventions in RTI and when they don't work, refer for testing using the discrepancy model. The only category that allows you to utilize response to interventions for identification purposes is specific learning disabilities.

RTI PROCESS SUMMARIZED

After a child has received an intervention, his or her progress is tested again. If the child hasn't improved, the teacher and other educators (the RTI team) will meet with that child's parents and together, this team will select more intense interventions.

The RTI team will try increasingly intense interventions and even work to identify a specific learning disability (SLD) if the child doesn't show progress. For example, a child does poorly on a test that requires reading; through the RTI process, the teacher tries reading the questions to the student to find out if the student knows the answer, but is perhaps struggling with reading. Used in this way, the RTI process can help to screen the child to identify a possible SLD or determine if he or she should be referred for further testing.

Even if a child has no learning difficulty, RTI may still be utilized in his or her classroom. Teachers use the RTI process with all students. Although a child may be learning well, or even tackling advanced classes, the RTI process is still available and being used by his or her teacher and school. Read more about RTI and how it relates to special education in the article [How is RTI Different From Special Education?](#)

UNDERSTANDING LEVELS OF INTERVENTIONS

To help you picture RTI, think of the RTI framework as a pyramid. It is usually divided into three sections: base, middle and top. Movement between sections is determined by a student's response to certain interventions.

About 80 percent of students and the most commonly used teaching strategies and interventions are found in the base section of the pyramid. This section is called Tier 1 or the primary level of prevention (of failure).

Tier 2 or the secondary level of prevention is in the middle section of the pyramid. Here, the interventions become more intensive because the students are considered to be at a greater risk. About 15 percent of students will be in this section at any given time.

Only about 5 percent of students are in Tier 3, or the tertiary level of prevention, at the top of the pyramid. Here, students receive the most intense and consistent interventions. Although Section 504 (part of the Rehabilitation Act of 1973 that prohibits discrimination based on disability) and special education are both associated with this tier, not all children in this tier are in a special education program.

STUDENT STUDY TEAM

The Student Study Team also commonly called a Student Success Team (SST) is a positive, team oriented approach to assisting students with a wide range of concerns related to their school performance and experience. The purpose of the SST is to identify and intervene early in order to design a support system for students having difficulty in the general education classroom. Either a staff member or parent can make a referral for an SST. The SST is different than a parent-teacher conference which focuses on improving communication and addressing specific class problems. The team usually consists of a parent, teacher, administrator, and support personnel from the school. Students may also be included depending on their age. Sometimes a special education teacher will also participate to give his or her perspective. The SST meeting provides everyone with an opportunity to share concerns and develop a plan. The interventions agreed upon will vary depending on the child's needs. The SST may also try to determine if the child may be struggling due to a specific learning disability or other special need. If the SST determines that the child could have a special need, they may recommend a formal special education assessment. Follow-up meetings are scheduled to ensure that the plan is working and to make adjustments to ensure student success. The Student Study Team is an efficient and effective way to bring together all resources in the best interest of helping students reach their potential.

IEP ELIGIBILITY CRITERIA

General Guidelines According to Ed. Code Section 56320 § 3030, following an assessment, the IEP team, including assessment personnel, shall make the decision as to whether or not the assessment results demonstrate that the degree of the student's impairment requires special education and/or related services.

The IEP team shall take into account all of the relevant material which is available on the student. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the student's eligibility for special education.

In making a determination of eligibility, a student shall not be determined to be an individual with exceptional needs if the determining factor is one of the following:

- Lack of appropriate instruction in reading
- Lack of appropriate instruction in mathematics
- Due primarily to limited school experience or poor school attendance
- Is a result of environmental, cultural difference, or economic disadvantages
- Could be corrected through other interventions and supports offered within the general education program
- Limited-English proficiency

In order to receive special education and related services under Part B of IDEA, a child must be evaluated to determine both:

- A. Whether he or she has a disability, and
- B. Whether he or she, because of the disability, needs special education and related services.

The need for special education and related services is determined by the adverse effect of the disability on educational performance, despite consistently applied and documented general education accommodations in both academic and behavioral areas.

Adverse effect on educational performance could be documented by the pervasive nature of a combination of the following:

- The student is not making satisfactory progress towards grade level standards.
- On grade reports, there is an overall pattern of poor or failing grades (equivalent of D's or F's) present for extended period of time.
- Quality and degree of task completion is significantly below the range of the class.
- On standardized and curriculum-based achievement tests, the student demonstrates a significant difference between ability and achievement.

Additionally, students may exhibit needs that are related to the disability but do not have adverse effect on their ability to progress in the general education curriculum. **In order to qualify to receive special education and related services in these instances, the student must have adverse effect on educational benefit.** Some examples include communication and socialization deficits that affect the student's ability to socialize with peers and work in groups. This may also be true of students with social, emotional or behavioral difficulties.

Eligibility Categories

- Specific Learning Disability (SLD)
- Other Health Impairment (OHI)
- Emotional Disturbance (ED)
- Speech or Language Impairment (SLI)
- Autism (AUT)
- Intellectual Disability (ID)
- Hard of Hearing (HH)
- Deafness (DEAF)
- Visual Impairment (VI)
- Orthopedic Impairment (OI)
- Deaf-Blindness (DB)
- Multiple Disabilities (MD)
- Traumatic Brain Injury (TBI)

A student with a disability who does not require special education supports and services to access or progress in the general education curriculum would not be considered eligible under any of the eligibility categories.

Eligibility Summarized: The following information comes from Ed. Code Section 56320 § 3030.

504 PLANS

504 plans are for K–12 public school students with disabilities. Section 504 [defines “disability”](#) in very broad terms. That’s why children who aren’t eligible for an IEP may qualify for a 504 plan. Section 504 defines a person with a disability as someone who:

- Has a physical or mental impairment that “substantially” limits one or more major life activity (such as reading or concentrating).
- Has a record of the impairment.
- Is regarded as having an impairment, or a significant difficulty that isn’t temporary. For example, a broken leg isn’t an impairment, but a chronic condition, like a food allergy, might be.

This definition covers a wide range of issues, including [ADHD](#) and learning disabilities. However, Section 504 doesn’t specifically list disabilities by name.

Having a disability doesn’t automatically make a student eligible for a 504 plan. First the school has to do an evaluation to decide if a child’s disability “substantially” limits his ability to learn and participate in the general education classroom.

This evaluation may be initiated by either the parent or the school. If the school initiates the evaluation, it must notify the parents and get the parents’ consent to evaluate a child for a 504 plan. If the school wants to move ahead without the parents’ consent, it must request a [due process hearing](#) to get permission to work around the parents’ refusal.

When doing an evaluation for a 504 plan, the school considers information from several sources, including:

- Documentation of the child’s disability (such as a doctor’s diagnosis)
- Evaluation results (if the school recently evaluated the child for an IEP)
- Observations by the student’s parents and teachers
- Academic record

Section 504 requires evaluation procedures that prevent students from being misclassified, incorrectly labeled as having a disability or incorrectly placed.

INDIVIDUAL HEALTH PLANS

School health services are services that may be provided by either a qualified school nurse or other qualified person (see CDE Program Advisory on Medication Administration, p. 7, www.cde.ca.gov/ls/he/hn/documents/medadvisory.pdf).

A student does not need an IEP or a 504 plan in order to qualify for a health plan. A general education student with a serious medical issue will need a health plan that is written by his/her physician. Examples of health concerns that require a health plan are but not limited to: seizure disorder, diabetes, and asthma.

A student with an injury that requires a wheelchair, crutches or any other medical device that is needed during the school day will need to have a health plan or note/prescription from their physician.

An "individual health plan" or "individualized health plan" generally focuses exclusively on addressing a student's medical needs and may be appropriate for a general education student through a 504 Plan as well as a student receiving special education services. "School health services" and "school nurse services" are services designed to enable a child with a disability to receive FAPE as described in the child's IEP.

An Individual Health Plan (IHP) is a formal written agreement developed in collaboration with the school staff (School Nurse), the student, the student's health care provider(s) and the student's family. An IHP is written for students whose healthcare needs affect or have the potential to affect safe and optimal school attendance and academic performance. Per the National Association of School Nurses (NASN) the IHP should include:

- Assessment: The data collection phase helps determine the student's current health status and any actual or potential health concerns.
- Diagnosis: The school nurse uses the assessment data to formulate a nursing diagnosis, including a diagnostic label, etiology, and presenting signs and symptoms.
- Outcome Identification: The school nurse identifies the desired results of nursing intervention and states these in measurable terms.
- Planning: Interventions are selected to achieve desired results.
- Implementation: The written IHP is put into practice and care provided is documented.
- Evaluation: The professional school nurse measures the effectiveness of nursing interventions in meeting the identified outcome. Changes are made to the plan as needed.

STAY TUNED....COMING SOON....

- What are the differences between a 504 plan and an IEP?
- Targeted interventions- where can I find them?
- How do I prepare for an SST, 504 or IEP meeting?
- Do's and Don't when discussing student support with parents.
- School Pathways and Student Support