

INDIVIDUALIZED EDUCATION PROGRAM

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INDIVIDUALIZED EDUCATION PROGRAM

7.1 PURPOSE AND SCOPE

The Individualized Education Program (IEP) is a written plan which is developed by an IEP team that results in an offer of FAPE that provides educational benefit for a student with a disability. The IEP document describes the student's present level of academic achievement and functional performance, sets annual goals and describes the special education program and related services needed to meet those goals.

The SELPA or LEA will provide a continuum of program options to meet the needs of students with disabilities to ensure a free appropriate public education (FAPE).

The IEP team determines the program or combinations of programs that can meet the student's needs in the least restrictive environment (LRE), allowing for maximum interaction with typically developing peers and course content consistent with instruction provided to students without disabilities.

Once a student has been found eligible for special education and related services, placement is based upon the specific needs of the student in the least restrictive environment. Related services are provided only if necessary for the student to benefit from their special education program.

The IEP shall show a direct relationship between the present levels of performance, the goals (and objectives if appropriate) and the specific educational services to be provided. (C.C.R., Title 5, Sec. 3040 (c))

7.2 INDIVIDUALIZED EDUCATION PROGRAM REQUIREMENTS

7.2.A Development of IEP

An IEP shall be developed within a total time not to exceed 60 calendar days, not counting days between the student's regular school sessions, terms, or days of school vacation in excess of five school days, from the date of receipt of the parent's written consent for assessment, unless the parent agrees, in writing, to an extension. (EC 56344(a))

A LEA administrator or designee will initiate and conduct the meeting for the purpose of developing, reviewing, and revising the IEP of a child with a disability.

All efforts will be made to ensure that one or both of the parents of a child, with a disability, are present at each IEP meeting or are afforded the opportunity to participate. The parent will be notified of the meeting early enough to ensure that they will have an opportunity to attend. The meeting will be scheduled at a mutually agreed upon time and place.

NOTE: Refer to Chapter 16, Forms, for *Notice of Meeting Form*.

When developing each student's IEP, the IEP team shall consider the strengths of the child and the concerns of the parents for enhancing the education of their child. The IEP team will consider the results of the initial or most recent evaluation of the child, and as appropriate, the results of the child's performance on any general State or district wide **assessment program**. (EC 56342)

7.2.B Parent Consent to IEP

Parents who attend the IEP team meeting always sign attendance and they also sign to give their approval of the IEP.

If the parent agrees to only portions of the offer of FAPE, encourage the parent to sign the consent with exceptions.

Implement the services to which the parent consents. For any services proposed in the new IEP for which the parent does not consent, continue to implement the related components from the previous IEP. It is important to set up another IEP team meeting to continue to resolve the issue of the parts of the IEP that parent did not give consent.

7.2.C IEP CONTENT

The term “individualized education program” (IEP) means a written statement for each child with a disability that is developed, reviewed, and revised and includes:

- (1) a statement of the child’s present levels of academic achievement and functional performance, including:
 - (a) how the disability affects the child’s involvement and progress in the general education curriculum;
 - (b) for preschool children, as appropriate, how the disability affects the child’s participation in appropriate activities; and
 - (c) for children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives.
- (2) a statement of measurable annual goals, including academic and functional goals designed to:
 - (a) meet the child’s needs that result from the child’s disability to enable the child to be involved in and make progress in the general education curriculum; and
 - (b) meet each of the child’s other educational needs that result from the child’s disability.
- (3) a description of how the child’s progress toward meeting the annual goals will be measured, and when periodic reports on progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with issuance of report cards) will be provided;
- (4) a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child:
 - (a) to advance appropriately toward attaining the annual goals;
 - (b) to be involved in and make progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and
 - (c) to be educated and participate with other children with disabilities and typically developing peers in the activities described above.

- (5) an explanation of the extent, if any, to which the child will not participate with typically developing peers in the regular class and extracurricular and nonacademic activities;
- (6) a statement of any individual appropriate accommodations that is necessary to measure the academic achievement and functional performance of the child on State and district-wide assessments.

If the IEP team determines that the child shall take an alternate assessment on a particular State or district-wide assessment of student achievement, a statement of why:

- (a) the child cannot participate in the regular assessment; and
 - (b) the particular alternate assessment selected is appropriate for the child;
- (7) the projected date for the beginning of services and modifications, and the anticipated frequency, location and durations of those services and modifications.
 - (8) Beginning not later than the first IEP to be in effect when the child is 16, and updated annually thereafter:
 - (a) appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills;
 - (b) the transition services (including course of study) needed to assist the child in reaching those goals; and
 - (c) beginning not later than 1 year before the child reaches the age majority (age 18), a statement that the child has been informed of the child's rights that will transfer to the child when reached age 18.

When appropriate, the IEP will also include other necessary services, such as extended school year (ESY), transportation, type of physical education, prevocational, vocational and career education. (30 EC 56345)

All service providers, the school site and any outside agencies that will provide services will be given a copy of the IEP or be knowledgeable of its content.

7.3 IEP TEAM MEMBERS

Each meeting to develop, review, or revise the individualized education program of a child with special needs shall be conducted by an IEP team.

The IEP team shall include all of the following:

- (1) One or both of the student's parents, a representative selected by a parent, or both
- (2) Not less than one general education teacher of the student, if the student is, or may be, participating in the general education environment. If more than one general education teacher is providing instructional services to the student, one general education teacher may be designated by the LEA to represent the others. The general education teacher of a student shall, to the extent appropriate, participate in the development, review, and revision of the student's individualized education program, including assisting in the determination of appropriate positive behavioral interventions and supports, and other strategies for the student, and the determination of supplementary aids and services, program modifications, and supports for school personnel that will be provided for the student.
- (3) Not less than one special education teacher of the student, or if appropriate, not less than one special education provider of the student.
- (4) A representative of the local educational agency who meets all of the following:
 - (a) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of individuals with exceptional needs.
 - (b) is knowledgeable about the general curriculum.
 - (c) is knowledgeable about the availability of resources of the local educational agency.
- (5) An individual who can interpret the instructional implications of the assessment results. The individual may be a member of the team.
- (6) At the discretion of the parent, guardian, or the local educational agency, other individuals, who have knowledge or special expertise regarding the student, including related services personnel, as appropriate. The determination of whether the individual has knowledge or special expertise regarding the student shall be made by the party who invites the individual to be a member of the individualized education program team.

- (7) Whenever appropriate, the student. The LEA shall invite the student to attend his or her IEP team meeting if a purpose of the meeting will be the consideration of the postsecondary goals and the needed transition services for the student. If the student does not attend the IEP meeting, the LEA shall take steps to ensure that the student's preferences and interests are considered. (30 EC 56341)

The general education teacher of a child with a disability, as a member of the IEP team, must, to the extent appropriate, participate in the development, review, and revision of the child's IEP. The teachers will assist in the determination of appropriate positive behavioral interventions and strategies for the child, and supplementary aids and services, program modifications or supports for school personnel that will be provided for the child.

7.3. A IEP Team Member Excusal

IEP Team Area of Curriculum Not Being Discussed

A member of the individualized education program team shall not be required to attend an IEP team meeting, in whole or in part, if the parent of student and the LEA agree that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. (EC 56341(f))

IEP Team Member Area of Curriculum or Related Services Being Discussed

A member of the individualized education program team may be excused from attending an IEP team meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if both of the following occur:

- (1) The parent and the LEA consent to the excusal after conferring with the member.
 - (2) The member submits in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting. A parent's agreement shall be in writing. (30 EC 56341(g))
1. The parent and the LEA consent in writing to the excusal after conferring with IEP team member.
 2. The IEP team member submits to the parent and the IEP team, input into the development of the IEP prior to the meeting. A parent's agreement shall be in writing. (30 EC 56341)

NOTE: Refer to Chapter 16 Forms, for IEP Team Member Excusal Form and IEP Team Member Input Form

7.3. B If Parents Cannot Attend IEP Meeting

If neither parent can attend, other methods will be used to ensure parent participation, including individual or conference telephone calls.

Parent Participation and Consent Procedures

Document three separate attempts to contact parent/guardian. Contact methods include certified letter, in person, letter (mail or email) and phone.

1. One contact must be the *Notice of Meeting* form.
2. Document any other two contacts.

After three documented attempts to schedule the IEP team meeting, and if the parent/guardian makes no attempt to reschedule the IEP team meeting, the meeting can be held, with or without parent/guardian participation.

When an IEP team meeting is held without parent/guardian participation, the case manager should send a letter with the new IEP to the parent/guardian.

Parent Participation and Consent is always required for:

- Initial IEPs
- Exit IEPs
- Change in Placement IEPs

When no parent can be located or if the court has specifically limited the rights of the parent or guardian to make educational decisions for the child, a surrogate parent will be appointed.

7.4 LEAST RESTRICTIVE ENVIRONMENT

Definition:

1. To the maximum extent appropriate, individuals with exceptional needs, including children in public or private institutions or other care facilities, are educated with children who are nondisabled.
2. Special classes, separate schooling, or other removal of individuals with exceptional needs from the general educational environment occurs only if the nature or severity of the disability is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (30 EC 56040.1)

Least restrictive environment (LRE) requirements include the following:

- (1) The student's placement will be as close as possible to his/her home.

- (2) Unless the IEP requires some other arrangement, the student will be educated in the school that he or she would attend if not identified with special needs.
- (3) In selecting the least restrictive environment, consideration will be given to any potential harmful effect on the student or on the quality of services that he/she needs.
- (4) A student with a disability will not be removed from education in age-appropriate general education classrooms solely because of needed modifications in the general curriculum.
- (5) In providing or arranging for the provision of nonacademic and extracurricular services and activities, the district will ensure that the student with the disability participates with typically developing peers in those services and activities to the maximum extent appropriate to the needs of that student.
- (6) Special classes may enroll a student only when the nature or severity of the disability is such that education in the regular classes with the use of supplementary aids and services, including curriculum modifications and behavioral support, cannot be achieved satisfactorily. These requirements also apply to separate schooling or other removal of students from the general education environment. (EC 56364, 56364.2; 5 CCR 3042; CFR 300.550)

The IEP team shall document its rationale for placement in other than the student's school and classroom in which he/she would otherwise attend if he/she did not have a disability. The documentation shall indicate why the student's disability prevents his/her needs from being met in a less restrictive environment, even with the use of supplementary aids and services.

In determining the educational placement of a student with a disability, the LEA will ensure that the placement decision is made by an IEP team including the parents, and other persons knowledgeable about the student.

All placement decisions will be based on the individual needs of the student pursuant to the IEP and not on the basis of the disability, configuration of service delivery, availability of staff, curriculum intent or administrative experience. All placements will be made in the least restrictive environment.

Specific educational placement means that unique combination of facilities, personnel, location or equipment necessary to provide instructional services to an individual with exceptional needs, as specified in the individualized education program, in any one or a combination of public, private, home and hospital, or residential settings. (C.C.R., Title 5, Sec. 3042)

The continuum of options include, but are not necessarily limited to all of the following or any combination of the following:

- 1) General education classroom.
- 2) General education classroom with supplementary aids and services.
- 3) General education classroom with resource specialist services
- 4) General education classroom with related services.
- 5) General education classroom with services from a special day class teacher and supports and/or related services.
- 6) Special classes and centers.
- 7) Nonpublic, nonsectarian school services.
- 8) State special schools.
- 9) Residential schools
- 10) Home/ Hospital

7.5 SPECIAL EDUCATION AND RELATED SERVICES AND DESCRIPTORS

Specialized Academic Instruction (SAI) is defined as: “ Adapting, as appropriate to the needs of the child with a disability the content, methodology, or delivery of instruction to ensure access of the student to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the public agency that apply to all children.” (34 CFR 300.26(b) (3)).

The California State Department of Education (CDE) made changes in the 2006/07 school year on how they report special education and related services. Therefore, many districts are aligning their reporting system with the requirements of the state.

When districts adopt SAI there will no longer be separate designations by program (i.e., resource specialist and SDC). Therefore the IEP would denote *specialized academic instruction*.

The primary instructional service for most special education services will be listed as *Specialized Academic Instruction* on Form 5A of the IEP. As *specialized academic instruction* is identified, one must also identify the amount of service and the location. A student may have more than one line for this service when the locations are different. For example, you may have one line that indicates (SAI) in general education for 10 hours a week, and another line that indicates (SAI) in a separate class for 5 hours per week.

7.5.A Specialized Academic Instruction/ Resource Specialist Program/Non-intensive Services

Description

The resource specialist program/non-intensive services shall provide, but not be limited to, all of the following:

- (1) Provision for a resource specialist or specialists who shall provide instruction and services for those students whose needs have been identified in an IEP, developed by the IEP Team, and who are assigned to regular classroom teachers for a majority of a school day;
- (2) Provision of information and assistance to students with disabilities and their parent;
- (3) Provision of consultation, resource information, and material regarding students with disabilities to their parents and to regular staff members;
- (4) Coordination of special education services with the regular school programs for each student enrolled in the resource specialist program;
- (5) Monitoring of student progress on a regular basis, participation in the review and revision of individualized education programs, as appropriate, and referral of students who do not demonstrate appropriate progress to the IEP Team; and
- (6) Emphasis at the secondary school level on academic achievement, career and vocational development, and preparation for adult life.

Staffing

The resource specialist program shall be under the direction of a resource specialist/mild to moderate specialist, who is a credentialed special education specialist, or who has a clinical services credential, with a special class authorization, who has had three or more years of teaching experience, including both regular and special education teaching experience, and who has demonstrated the competencies for a resource specialist, as established by the Commission on Teacher Credentialing.

If the person is classified as a resource specialist the following education code applies:

At least 80 percent of the *resource specialists* within a local plan shall be provided with an instructional aide.

No resource specialist shall have a caseload that exceeds 28 students without a waiver.

Resource specialists shall not simultaneously be assigned to serve as resource specialists and to teach regular classes.

Provision for a resource specialist or specialists who shall provide instruction and services for those pupils whose needs have been identified in an individualized education program developed by the individualized education program team and who are assigned to regular classroom teachers for a majority of a school day. (EC 56362)

7.5.B Specialized Academic Instruction/Special Day Classes/Intensive Services Description

Placement in a special day class/intensive services shall not limit or restrict the consideration of other options, including services provided in a vocational education program or any combination of programs and placements as may be required to provide the services specified in a student's IEP.

The following standards for special classes shall be met:

- (a) Special classes may enroll students only when the nature or severity of the disability of the student is such that education in the regular classes with the use of supplementary aids and services including curriculum modification and behavioral support cannot be achieved satisfactorily. These requirements also apply to separate schooling or other removal of individuals with disabilities from the general educational environment;
- (b) Students in a special class shall be provided with an educational program in accordance with their individualized education programs for at least the same length of time as the regular school day for that chronological peer group;
- (c) When the IEP team determines that a student cannot function for the period of time of a regular school day, and when it is so specified in the IEP, a student may be permitted to attend a special class for less time than the regular school day for that chronological peer group.

Staffing

The special day class shall be taught by a teacher, whose responsibility is the instruction, supervision, and coordination of the educational program for those students enrolled in the special class.

The special day class teacher must hold an appropriate special education credential and possess the necessary competencies to teach students assigned to the class.

Districts will assign Instructional Assistants to special education classes in accordance with the needs of the students. Instructional assistants will also be assigned in accordance with provisions in individual student's IEPs.

7.5.C Nonpublic, Nonsectarian School Services.

Nonpublic, nonsectarian school" means a private, nonsectarian school that enrolls individuals with exceptional needs pursuant to an individualized education program and is certified by the CDE.

When a student whose educational needs cannot be met in a public educational program, nonpublic nonsectarian school services shall be made available to the student.

NPS/NPA services shall be provided under contract with the LEA, SELPA, or SMCOE to provide the appropriate special education and related services when no appropriate public education program is available.

Refer to Chapter 11 for complete information about nonpublic nonsectarian schools and agencies.

7.5.D State Special Schools.

In determining the educational placement of a child with a disability, including a preschool child, the district will ensure that the placement decision is made by a group of persons, including the parents, and other persons knowledgeable about the child.

All placement decisions will be based on the individual needs of the student pursuant to the IEP and not on the basis of the disability, configuration of service delivery and availability of staff. All placements will be made in the least restrictive environment. (EC 56360, 56361; CFR 300.551, 300.26)

7.5.E Residential Schools

The IEP team may determine that a student needs a residential placement. Residential placements should only be considered if all other less intensive school-based mental health services have been exhausted.

The LEA administrator should confer with *School-Based Mental Health Advisory Committee* for technical assistance to explore other less restrictive options.

NOTE: See Appendix B *School Based Mental Health Advisory Committee*

7.5.F Home and Hospital Instruction

“Home and hospital services” means instruction delivered to children with disabilities, individually, in small groups, or by teleclass, whose medical condition such as those related to surgery, accidents, short-term illness or medical treatment for a chronic illness prevents the individual from attending school. (5 CCR 3065)

7.6 RELATED SERVICES/DESIGNATED INSTRUCTIONAL SERVICES (DIS)

The term "related services" means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the individualized education program of the child, 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 an individual with exceptional needs to benefit from special education, and includes the early identification and assessment of disabling conditions in children. (EC 30 EC 56363)

Related services as specified in the IEP shall be available, when the instruction and services are necessary for the student to benefit educationally from his or her special education program. These services may include, but are not limited to, the following:

7.6.A Speech and Language Services

The related service in language speech and hearing may include:

- (1) Specialized instruction and services for students with disorders of language, speech and/or hearing, including monitoring of student progress on a regular basis, providing information for the review, and when necessary participating in the review and revision of IEPs of students.

- (2) Consultative services to students, parents, teachers, or other school personnel in the management of a student's language, speech development, or hearing needs.
- (3) Coordination of speech and language services with a student's regular and special education program.
- (4) The person providing instruction and services shall hold an appropriate credential with specialization in language, speech and hearing

Caseloads of full-time equivalent speech/language pathologist (SLP) shall not exceed a district-wide or SELPA-wide average of (55) fifty-five students unless prior written approval has been granted by the State Superintendent of Public Instruction.

Services may be provided by a speech/language pathology assistant (SLPA) working under the direct supervision of a credentialed speech/language pathologist if specified in the IEP.

7.6.B Audiological Services

Audiological instruction and services, aural rehabilitation, including auditory training and speech reading, may include the following:

- (1) Aural rehabilitation (auditory training, speech reading, language habilitation and speech conservation) and habilitation with individual students or groups and support for the hearing-impaired students in the regular classroom.
- (2) Monitoring hearing levels, auditory behavior, and amplification for all students requiring personal or group amplification in the instructional setting.
- (3) Planning, designing, organizing and implementing an audiology program for individuals with auditory dysfunction, as specified in the IEP.
- (4) Consultative services regarding test findings, amplification needs and equipment, ontological referrals, home training programs, acoustic treatment of rooms, and educational management of the hearing-impaired individuals.
- (5) The person providing audiological services shall hold a valid credential with a specialization in clinical or rehabilitative services in audiology.

7.6.C Orientation and Mobility Instruction

Related services in orientation and mobility may include the following:

- (1) Specialized instruction for individuals in orientation and mobility techniques.
- (2) Consultative services to other educators and parents regarding instructional planning and implementation of the IEP.
- (3) Counseling services to parents of individuals with disabilities relative to the development of orientation and mobility skills and independent living skills of their children.
- (4) The person providing mobility instruction and services shall hold a credential as an orientation and mobility specialist.

7.6.D Instruction in the Home and Hospital

Related services in the home or hospital may include the following:

- (1) Instruction and services for individuals with disabilities whose physical condition requires their confinement for prolonged periods of time and who require long-term instruction at home or in a hospital. The IEP team must recommend this service.
- (2) Instruction and service for individuals with disabilities, whose disability restricts their capability to attend school, and whose instructional goals include both academic and rehabilitative services. This service must be recommended by the IEP team and is regarded as an interim placement.
- (3) One (1) hour of home/hospital instruction is the equivalent of a full day of ADA, and that a typical home/hospital instruction is 1 hour per day. However, the amount of instruction time must be based upon a student's needs, and may be fewer or greater than 60 minutes per day.

Instruction in the home or hospital shall be provided by a regular class teacher, the special class teacher or the resource specialist, if the teacher or specialist is competent to provide such instruction.

7.6.E Adapted Physical Education (APE)

Adapted physical education is designed for students with disabilities who require developmental or corrective instruction and which preclude the individual's participation in the activities of the general physical education program, modified regular physical education program, or in a specially designed physical education program in a special class.

Consultative services may be provided to students, parents, teachers, or other school personnel for the purpose of identifying supplementary aids and services or modifications necessary for successful participation in the regular physical education program or specially designed physical education programs.

Teachers instructing adapted physical education shall have a credential authorizing the teaching of adapted physical education as established by the Commission on Teacher Credentialing.

7.6.F Occupational Therapy and Physical Therapy

When the LEA or SMOCE contracts for the services of an occupational therapist or a physical therapist, the following standards shall apply:

- (1) Occupational or physical therapists shall provide services based upon recommendation of the IEP Team. Physical therapy services may not exceed the services specified in the Business and Professions Code at Section 2620.
- (2) The LEA, SELPA, or SMCOE shall assure that the therapist has available safe and appropriate equipment.
- (3) A physical therapist shall be currently licensed by the Board of Medical Quality Assurance of the State of California and meet the educational standards of the Physical Therapy Examining Committee.
- (4) An occupational therapist shall be currently registered with the American Occupational Therapy Association.

7.6.G Vision Services

Related services for the students with visual disabilities may include the following:

- (1) Adaptations in curriculum, media, and the environment, as well as instruction in special skills.
- (2) Consultative services to students, parents, teachers, and other school personnel.
- (3) The person providing services shall hold an appropriate credential with specialization in the area of the visually impaired.

7.6.H Psychological Services

Related psychological services other than assessment and development of the IEP may include:

- (1) Counseling provided to an individual with disabilities by a credentialed or licensed psychologist or other qualified personnel.
- (2) Consultative services to parents, students, teachers and other school personnel.
- (3) Planning, managing and implementing a program of psychological counseling for eligible children and parents as specified in the IEP.

7.6.I Parent Counseling and Training

Parent counseling and training may include:

- (1) Assisting parents in understanding the special needs of their child, and
- (2) Providing parents with information about child development.

7.6.J School-Based Mental Health Services

School-Based Mental Health Services are designed to assist students with mental health issues to benefit from their special education program. These services could include: individual and group counseling, counseling and guidance, parent counseling, social work services, psychological services, behavior intervention services, intensive support services and residential treatment services.

NOTE: See Appendix A San Mateo County SELPA "School-Based Mental Health Services" Guidelines

7.6.K Health and Nursing Services

Related health and nursing services are designed to assist those individuals with disabilities who have health problems. Qualified personnel will provide services. Services may include the following:

- (1) Managing the student's health problems on the school site;
- (2) Consulting with staff members regarding management of the student's health problems;
- (3) Providing group and individual counseling with the students and parents regarding health problems; and
- (4) Making appropriate referrals and maintaining communication with health agencies providing care to students.

7.6.L Specially Designed Vocational Education and Career Development

Personnel providing vocational education services shall be qualified.

Specially designed vocational education and career development for students with disabilities regardless of severity of disability may include:

- (1) Providing prevocational programs and assessing work-related skills, interest aptitudes, and attitudes;
- (2) Coordinating and modifying the regular vocational education program;
- (3) Assisting students in developing attitudes, self-confidence, and vocational competencies to locate, secure, and retain employment in the community or sheltered environment, and to enable such individuals to become participating members of the community;
- (4) Establishing work training programs within the school and community;
- (5) Assisting in job placement;
- (6) Instructing job trainers and employers as to the unique needs of the students;
- (7) Maintaining regularly scheduled contact with all workstations and job-site trainers; and
- (8) Coordinating services with the Department of Rehabilitation, the Department of Employment Development and other agencies as designated in the IEP.

7.6.M Recreation Services

Recreation services include but are not limited to the following:

- (1) Therapeutic recreation services which are those specialized instructional programs designed to assist students in becoming as independent as possible in leisure activities, and when possible and appropriate, facilitate the student's integration into regular recreation programs;
- (2) Recreation programs in schools and the community which are those programs that emphasize the use of leisure activity in the teaching of academic, social, and daily living skills; and, the provision of nonacademic and extracurricular leisure activities and the utilization of community recreation programs and facilities; and
- (3) Leisure education programs which are those specific programs designed to prepare the student for optimum independent participation in appropriate leisure activities, including teaching social skills necessary to engage in leisure activities, and developing awareness of personal and community leisure resources.

7.6.N Specialized Services for Low Incidence Disabilities

Specialized services for low incidence disabilities may include:

- (1) Specially designed instruction related to the unique needs of students with low-incidence disabilities.
- (2) Specialized services related to the unique needs of students with low-incidence disabilities provided by qualified individuals such as interpreters, note-takers, readers, transcribers, and other individuals who provide specialized materials and equipment.
- (3) Services will be provided by appropriately credentialed teachers.

7.6.O Services for Students with Chronic Illnesses or Acute Health Problems

Specialized physical health care services for students with chronic illnesses or acute health problems include but are not limited to:

- (1) Individual consultation;
- (2) Home or hospital instruction; and
- (3) Other instructional methods using advanced communication technology.

7.6.P Services for Deaf and Hard of Hearing Students

Related services for deaf and hard of hearing students may include but need not be limited to:

- (1) Speech, speech reading and auditory training;
- (2) Instruction in oral, sign, and written language development;
- (3) Rehabilitative and educational services for hearing impaired individuals to include monitoring amplification, coordinating information for the annual review, and recommending additional services;
- (4) Adapting curricula, methods, media, and the environment to facilitate the learning process; and
- (5) Consultation to students, parents, teachers, and other school personnel as necessary to maximize the student's experience in the general education program.

A specially trained instructional aide, working with and under the direct supervision of the credentialed teacher of the deaf and hard-of-hearing, may assist in the implementation of the student's educational program.

Services will be provided by an individual holding an appropriate credential to provide services to the hearing impaired and who has

training, experience and proficient communication skills for educating students with hearing impairments.

7.6.Q Individual and Small Group Instruction

Instruction delivered one-to-one or in a small group as specified in an IEP enabling the student(s) to participate effectively in the total school program.

7.7 REVIEW AND REVISION OF THE IEP

The IEP will be reviewed periodically, but not less than annually to determine whether the annual goals for the child are being achieved. The IEP will be revised as appropriate to address any lack of expected progress toward the annual goals and in the general curriculum, where appropriate.

In addition, the IEP team will meet whenever the parent or teacher requests a meeting to develop, review or revise the IEP.

An IEP meeting will be held within 30 days of receipt of a written request from a parent.

The following should be included in a review

1. The results of any reevaluation,
2. Information about the child provided to, and by, the parent as required in the evaluation process;
3. The child's anticipated needs; and
4. Other matters.

5. Any lack of expected progress toward the annual goals and in the general curriculum where appropriate.

The IEP team will review progress toward previous annual goals, benchmarks (short-term objectives) if appropriate and progress in the general curriculum when developing new goals, and benchmarks if appropriate.

The general education teacher of the child as a member of the IEP shall, to the extent appropriate, participate in reviews or revisions of the IEP.

7.7.A Making Changes and Amendments to the IEP

In making changes to a child's IEP after the annual IEP team meeting for a school year, the parent of the individual with exceptional needs and the local educational agency may agree, not to convene an IEP meeting for the purposes of

making those changes, and instead may develop a written document, signed by the parent and by a representative of the local educational agency, to amend or modify the student's existing IEP.

Changes to the IEP may be made, either by the entire IEP team or by amending the IEP rather than by redrafting the entire IEP. Upon request, a parent shall be provided with a revised copy of the IEP with the *amendments* incorporated.

7.7.B IEP Team Meetings Required

An individualized education program team shall meet whenever any of the following occurs:

- (a) A student has received an initial formal assessment. The team may meet when a student receives any subsequent formal assessment.
- (b) The student demonstrates a lack of anticipated progress.
- (c) The parent or teacher requests a meeting to develop, review, or revise the individualized education program.
- (d) At least annually, to review the student's progress, the individualized education program, including whether the annual goals for the student are being achieved, and the appropriateness of placement, and to make any necessary revisions. The individualized education program team conducting the annual review shall consist of the required members. Other individuals may participate in the annual review if they possess expertise or knowledge essential for the review. (30 EC 56343)

7.7.C Consolidation of IEP Meetings

To the extent possible, the LEA shall encourage consolidation of reevaluation meetings for the child and other IEP Team meetings for the child.

7.8 IEP MEETING PROCESS

7.8.A Present Levels of Academic and Functional Performance

The IEP team must determine the student's present level of academic achievement and functional performance. This determination is made by looking at assessment results, input from the parents, teacher and other providers. The IEP team can then identify areas of need for the student.

7.8.B Individual Transition Plan and Transition Services

Beginning not later than the first IEP to be in effect when the child is 16, and updated annually thereafter. The IEP for students 16 years or younger, if appropriate must contain:

1. Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills;
2. The transition services (including course of study) needed to assist the child in reaching these goals;

If a participating agency (other than the district) fails to provide the transition services described in the IEP, the IEP team will reconvene to identify alternative strategies to meet the transition objectives for the student; and

If an invited agency representative cannot attend the IEP meeting to develop transition services, the district will obtain agency participation in planning for these services.

Beginning not later than 1 year before the child reaches the age majority (age 18), a statement that the child has been informed of the child's rights that will transfer to the child when reached age 18.

NOTE: Refer to Chapter 8 Secondary Transition for more details.

7.8.C Consideration of Special Factors

The IEP team will consider the following special factors:

Behavioral

In the case of a child whose behavior impedes his or her learning or that of others, consider, if appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior.

Students with Limited English Proficiency

In the case of a child with limited English proficiency, consider the language needs of the child as those needs relate to the child's IEP.

For individuals whose primary language is other than English, linguistically appropriate goals, objectives, programs and services.

Blind and Visually Impaired

In the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP team determines that the use of Braille is not appropriate for the child. The IEP

team will make this decision after an evaluation of the child's reading and writing skills, needs and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille) is conducted.

Deaf and Hearing Impaired

Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs. The IEP team will consider opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

Assistive Technology

Consider whether a child requires assistive technology devices and services.

If, in considering the above special factors, the IEP team determines that a child needs a particular device or service (including an intervention, accommodation, or other program modification) in order for the child to receive a free and appropriate public education, the IEP team must include a statement to that effect in the child's IEP.

7.8.D Developing Goals

There must be a goal for every area of identified need. Objectives or benchmarks are required for students who participate in an alternate statewide assessment (CAPA). Goals must contain the following components:

1. Baseline (related to goal)
2. Who (the child)
3. Does what (measurable behavior)
4. When (reporting date)
5. Given what (conditions)
6. How much (mastery criteria)
7. How measured (performance data or assessment)

IEP goals should be based on the academic content standards for the grade in which the student is enrolled.

7.8.E Discussion of Options Considered

Prior to determining the actual special education and related services, the IEP team must discuss and document all options that were considered.

7.8.F Supplementary Aids and Services

Supplementary aids and services means aids, services, and other supports that are provided in general education classes or other education-related settings and in extracurricular and nonacademic settings, to enable individuals with exceptional needs to be educated with nondisabled children to the maximum extent appropriate.

(EC 56033.5)

Supplementary aids and services are often critical elements in supporting the education of students with disabilities in regular classes and their participation in a range of other school activities.

Supplementary aids and services can be accommodations and modifications to the curriculum under study or the manner in which that content is presented or a student's progress is measured. Supplementary aids and services can also include direct services and supports to the child, as well as support and training for staff who work with that child. That's why determining what supplementary aids and services are appropriate for a particular student must be done on an individual basis.

7.8.G Determination of Special Education and Related Services

The IEP team determines the special education and related services that are needed to implement the goals for the student to receive educational benefit in the least restrictive environment. The special education and related services including ESY if needed must be documented to include frequency, duration and location.

7.8.H Extended School Year (ESY)

The need for Extended School Year ("ESY") programming must be considered and documented annually on the IEP for every student receiving special education services. The need for ESY services may be addressed at any IEP meeting. The IEP meeting addressing ESY should take place a reasonable time prior to the commencement of the extended school year break.

Extended school year services are individualized extensions of special education and related services that are provided to a student with a disability beyond the regular school year, for example, during the school (year round) and summer vacation. ESY is provided by the LEA at no cost to the parents so that students may maintain the specific skills they've learned during the school year. ESY services vary in intensity,

location, type of service and length of time, depending upon each student's needs.

Not every student with a disability is entitled to receive ESY services. Rather, students who are determined by their IEP team to need ESY services are entitled to receive them as part of a free appropriate public education. Decisions about ESY eligibility are made individually through the IEP process usually at the student's annual IEP meeting. ESY eligibility is not limited to students with particular types of disabilities.

Extended school year services shall be provided for each individual with exceptional needs who has unique needs and requires special education and related services in excess of the regular academic year. Such individuals shall have handicaps which are likely to continue indefinitely or for a prolonged period, and interruption of the pupil's educational programming may cause regression, when coupled with limited recoupment capacity, rendering it impossible or unlikely that the pupil will attain the level of self-sufficiency and independence that would otherwise be expected in view of his or her handicapping condition. The lack of clear evidence of such factors may not be used to deny an individual an extended school year program if the individualized education program team determines the need for such a program and includes extended school year in the individualized education program.
(5 CCR 3043)

NOTE: Refer to Chapter 15 Resources for more information on determining the need for ESY.

7.9 INDIVIDUALIZED EDUCATION PROGRAM: TRANSITIONS

7.9. A Transition from Preschool to Elementary School

Prior to transitioning a child with disabilities from a preschool program to kindergarten, or first grade as the case may be, an appropriate reassessment of the child shall be conducted to determine if the child is still in need of special education and services.

As part of the transition process, a means of monitoring the continued success of the child who is determined to be eligible for less intensive special education programs.

As part of the exit process from special education, the present performance levels and learning style shall be noted by the IEP team. This information shall be made available to the assigned general

education teacher upon the child's enrollment in Kindergarten or first grade as the case may be.

7.9.B Transition from Special Class or Center or from Non-Public, Nonsectarian School to the General Education Classroom in the Public School

When students transfer into the general education classroom from special classes or centers, or from nonpublic, nonsectarian school to the general education in the public school the IEP will include the following:

1. A description of activities provided to integrate the child into the general education program indicating the nature of each activity and the time spent on the activity each day or week; and
2. A description of the activities provided to support the transition of students from the special education program into the general education program.

7.9.C Secondary Transition

Beginning not later than the first IEP to be in effect when the child is 16, and updated annually thereafter. The IEP for students 16 years or younger, if appropriate must contain:

1. Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills;
2. The transition services (including course of study) needed to assist the child in reaching these goals.

NOTE: Refer to Chapter 8 Secondary Transition for more information.

7.10 EDUCATIONAL BENEFIT

Board of Education v. Rowley 1982 was decisive in defining the term *educational benefit*. The Supreme Court concluded that the IDEA does not require that LEAs maximize the potential of students with disabilities. The intent of the IDEA was more to open the door of public education to students with disabilities rather than guarantee any particular level of education once inside.

7.10.A Components of Educational Benefit Analysis

Based on procedural requirements, including:

1. The assessment is complete and the child is assessed all areas of suspected disability
2. The IEP team identifies needs related to:

- the child's disability
 - involvement and progress in the general curriculum
3. Goals are established in each need area
 - Objectives are developed for students taking CAPA
 4. Services are planned to support:
 - Progress towards all goals
 - Progress in the general curriculum
 - Participation in the general education environment
 - Education with other students with disabilities and typically developing peers
 5. The IEP team reviews the student's progress and adjusted the IEP if progress was not made or to address other needs.

7.10.B Definition of FAPE

Free Appropriate Public Education (FAPE) means special education and related services that:

1. Are provided at a public expense;
2. Meet the standards of the State;
3. Include pre-school, elementary or secondary school and education through the 22nd birthday if appropriate; and
4. Are provided in conformity with the IEP.

NOTE: See Chapter 15 Resources for Educational Benefit Checklist

7.11 INTERIM PLACEMENTS

7.11.A Transfers from District to District within the State

If the child has an IEP and transfers into a district from district not operating programs under the same local plan in which he or she was last enrolled in a special education program within the same academic year, the LEA shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved IEP, in consultation with the parents, for a period not to exceed 30 days, by which time the LEA shall adopt the previously approved IEP or shall develop, adopt, and implement a new IEP that is consistent with federal and state law.

7.11.B Transfers from District to District within the Same SELPA

If the child has an IEP and transfers into a district from a district operating under the same special education local plan area of the district in which he or she was last enrolled in a special education program within the same academic year, the new district shall continue, without delay, to provide services comparable to those described in the existing

approved IEP, unless the parent and the LEA agree to develop, adopt and implement a new IEP that is consistent with federal and state law. It is recommended that at least an IEP Amendment be done to reflect the change in location and provider.

7.11.C Transfers from District to District from Outside of State

If the child has an IEP and transfers from an educational agency outside the state to a district within the state within the same academic year, the LEA shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved IEP, in consultation with the parents, until the LEA conducts an assessment.

In order to facilitate the transition of an individual with exceptional needs, the new school in which the pupil enrolls shall take reasonable steps to promptly obtain the pupil's records.

Upon receipt of a request from an educational agency where an individual with exceptional needs has enrolled, a former educational agency shall send the pupil's special education records, or a copy thereof, to the new educational agency with five working days. (EC 56325)



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SAN MATEO COUNTY SELPA “SCHOOL-BASED MENTAL HEALTH SERVICES” GUIDELINES

San Mateo County SELPA member LEAs are committed to meeting the social, emotional and academic needs of students in their schools. The following guidelines will assist IEP teams in determining when “school-based mental health services” are necessary for the student to receive educational benefit.

The IEP team makes the determination if a student’s social-emotional symptoms and/or related behavioral presentation impede his/her learning or the learning of others. It is also the responsibility of the IEP team or SST to ensure that all appropriate behavior interventions and pre-referral counseling have been fully implemented. School-based interventions can include school-wide behavior supports, individual counseling, group counseling and character education. IEP based interventions can include behavior specialist consultation/support services, pragmatics or social skill instruction, DIS psychological counseling, Behavior Support Plan (BSP) development/review, Functional Analysis Assessment (FAA), and/or Behavior Intervention Plan (BIP) development/review.

Definitions

“School-based mental health services” are identified as social/emotional and behavioral services required for a student to receive educational benefit from his/her special education program and services. These services may include: individual and group counseling, counseling and guidance, parent counseling, social work services, psychological services, behavior intervention services, intensive support services and residential treatment services. Each of type of school-based mental health service is defined in the California Special Management Information System (CASEMIS) Technical Assistance Guide (TAG) at the following CDE website. <http://www.cde.ca.gov/sp/se/ds/>. See Appendix A for guidance on coding the School-Based Mental Health Services in the IEP.

Assessing and Determining Needs for “School-Based Mental Health Services”

- Students with IEPs are eligible for “school-based mental health services” as a related service if the IEP determines that “school-based mental health services” are needed in order for the student to receive educational benefit. The IEP team determines what special education and related services are needed for the student to receive a free appropriate, public education in the least restrictive environment. This determination must be based on data from assessments that assess all areas of suspected disability including a current psycho-

educational evaluation report completed within an appropriate period of time prior to the IEP team recommendation, but not longer than 3 years.

Following are examples of data the assessment should collect:

- Behavioral assessment and teacher or other provider report
- History of absence or tardiness, truancy, detentions, discipline referrals, homework cards, etc.
- Hospitalization documentation
- Periodic behavior checklists completed by the teacher
- History with law enforcement or social services agencies
- Psycho-educational assessment

The IEP team should document that the student's current functioning, including cognitive functioning, is at a level sufficient to enable the student to benefit from school-based mental health services, and that the student exhibits emotional or behavioral characteristics or symptoms that:

- Are observed by, or reported to, qualified educational staff, that occur in educational and other settings, as appropriate.
- Impede the student from benefiting from special education services.
- Are identified as significant, as indicated by their rate of occurrence, intensity and duration
- Are associated with a condition that cannot be described solely as a temporary adjustment problem.

The IEP team should systematically design, implement and review a behavior support plan or a behavior intervention plan prior to providing school-based mental health services. However, under exceptional circumstances, a behavior support plan or behavior intervention plan may not have been developed prior to the determination of the student's need for "school-based mental health" services.

The IEP team has gathered data to support the implementation of behavioral and social/emotional practices to determine that less restrictive supports in the school setting are insufficient to provide educational benefit and that related services are necessary to provide the student with educational benefit in the least restrictive environment. A sample data collection forms are included in Appendix B of these guidelines.

Goal Development

The student's needs are identified by the IEP team using assessment data. Goals must be developed for every identified area of need. Goals must be observable, measureable and educationally relevant. Guidance from PENT for writing Behavioral Goals is included in Appendix C of these guidelines.

Students Requiring “School-Based Mental Health Services”

The IEP team determines that a student needs “school-based mental health services” when the student has significant needs identified through assessment by qualified school personnel in the areas of social-emotional or social-behavioral functioning. In addition, the student must have a current IEP; the IEP must contain behavior goals or a behavior support plan which has been fully implemented. In exceptional circumstances, some students' IEPs may not contain behavior goals or a behavior support plan prior to recommendation for school-based mental health services. Students eligible for “school-based mental health services” are not just those identified as having an emotional disturbance. However, the IEP team should consider reassessing the basis for eligibility if more intensive services are being considered. Students can be anywhere on the continuum of placement and services, as long as their present levels and current baselines indicate a need for a social/emotional or behavioral goal, positive behavior intervention plan, and “school-based mental health services”. Best practices support least restrictive environment and a tiered approach where lower level interventions have been implemented and that the data/observations collected indicate a higher, more intensive level of support services.

When should an IEP team recommend that a student requires more intensive mental health related services? After fully implementing the IEP and determining a student is not receiving educational benefit from the special education and related services on his/her IEP, the IEP team should consider more intensive “school-based mental health services”. IEP team must clearly document the suspected/identified need for “school-based mental health services” and recommendation for more intensive “school-based mental health services” utilizing data collected from the various lower level interventions, implementation of the BSP, Functional Behavioral Assessments, Functional Analysis Assessments and current scores on standardized behavior rating scales. Subsequent to the IEP team recommendation, qualified educational personnel should validate and compile the following information:

A narrative summary describing the student's current mental health needs, the specific lack of educational progress and how this impacts educational performance in the school setting, a description of the pre-referral counseling, psychological, and/or guidance services and why the IEP team has determined that the services do/do not meet the student's educational needs. Or, in cases where these services are clearly inappropriate, the IEP team has documented which of these of the less restrictive services were considered and why they were determined to be inadequate [including, but not limited to, significant history of private psychological/psychiatric care (chronic) and/or hospitalizations (acute) that have clearly impacted educational

performance. A CDE document *Continuum of Program Options* is included in Appendix D in these guidelines.

- A recommendation for each related service being considered by the IEP team including duration and frequency
- A current psycho-educational evaluation report completed within an appropriate period of time prior to the IEP team recommendation, but not longer than 3 years.
- Current IEP
- Data or evidence describing the full implementation of the BSP and/or progress on the behavior goal
- A Functional Analysis Assessment/Functional Behavior Analysis, if appropriate, has been completed

A student *who is in the process of being evaluated* and suspected of being eligible for special education may require more intensive “school-based mental health services”. Similar to the above requirements, the initial assessment team must clearly document the suspected/identified need related to mental health and recommendation for more intensive “school-based mental health services”. Qualified school personnel should validate and compile the above mentioned information as it becomes available, and, most importantly, a comprehensive narrative describing the need for referral.

Strong Collegial Collaboration

Counseling should not occur in isolation. It is crucial that counselors be trained to create strong collegial linkages based on the needs of their students. Whether the student is at the elementary, middle school or high school level it is important to have on-going communication with those staff persons that are most involved with the student such as, the classroom teacher, school psychologist, case manager, school principal or assistant principal. Some of the issues that warrant on-going communication include, but are not limited to the following:

- Disciplinary actions
- Grades
- Scheduling for services and scheduling of classes
- Interpersonal strengths/weaknesses
- Follow-up relative to counseling goal
- Knowledge of traumatic event in student’s life (confidentiality)

“School-Based Mental Health Services” Needs

“School-based mental health services” are recommended and agreed upon at the IEP team meeting if the team determines these services are necessary for the student to access and benefit from their special education programs. The “school-based mental health services” must have an

educational purpose and must be directed toward helping the student meet his/her goals and progress in the general curriculum. Data from measurable goals should be used when possible to determine whether the “school-based mental health services” have contributed towards improved educational success. These services must also be provided in the *least restrictive environment*. “School-based mental health services” should be provided on a school campus. It is therefore the responsibility of the provider to ensure compliance with all confidentiality laws and regulations. It is the responsibility of the LEA to provide a consistent, distraction free, private location in which to conduct the “school-based mental health services”.

Service Locations

Comprehensive campus: When “school-based mental health services” are provided, the service provider will discuss space requirements with the site administrator who is responsible to arrange for appropriate space availability. At a minimum, a private room will be available to the provider on a regular basis that will provide the student needed confidentiality and reliability in service provision.

Students requiring services not available on a comprehensive school campus

When a student’s needs are deemed beyond the capacity of a comprehensive campus and alternative settings are under consideration for the student, the IEP team must document the team’s attempts to address the behavior and/or social emotional concerns in the *least restrictive environment*. (See Appendix B) All efforts must be made to address the student’s needs within the continuum of services within the LEA (including SELPA regional programs) prior to consideration of residential and/or nonpublic school attendance.

Just as in any review of LRE and services, it must be evident that outside of crisis intervention, the student’s needs exceed the current supports and services. Therefore, it is vital to review student’s related services, attendance, medication compliance (if applicable), educational environmental supports, and current eligibility status.

On rare occasions it may be necessary for the IEP team to consider residential and/or non-public school to address the student’s educational needs. When this is the case, it is required that all LRE options relating to the continuum of services have been exhausted. Prior to referral to a residential placement, the LEA administrator will confer with the *SELPA Mental Health Advisory Committee*. (The SELPA Guidelines regarding the *SELPA School-Based Mental Health Advisory Committee* is included in Appendix E of these guidelines) The IEP team will determine appropriate placement based on present levels of performance, service provider recommendation, and recommended/adjusted goals.

Confidentiality

School-based mental health service records prepared by LEA personnel or LEA contractors will typically be subject to the confidentiality requirements of the Family Educational Rights and Privacy Act (FERPA). However, depending on the circumstances, mental health records in the possession of an LEA or a provider of school-based mental health services may, in addition to FERPA, be governed by the Health Insurance Portability and Accountability Act (HIPPA); the California Education Code (see, e.g., sections 49060 through 49079); the California Civil Code (see, e.g., sections 56-56.37; and the California Welfare and Institutions Code (see, e.g., sections 5328-5329). Each LEA and provider of school-based mental health services shall be responsible to determine the confidentiality requirements applicable to each student's school-based mental health service records and each LEA shall develop and implement processes to ensure that the confidentiality of these records is maintained in compliance with these requirements.

Exit Criteria

When a student's functioning stabilizes, as demonstrated by consistent goal achievement, general adaptive functioning improvement and stabilization, as well as academic progress; student will be reassessed for continued need or modification to "School-Based Mental Health Services". Recommendations for changes or exit from services are made by the IEP team. It is essential that a comprehensive transition plan be developed and implemented to ensure student success.

Approved by Administrators' Council 5/24/12

Approved by SELPA Governing Board 6/5/12



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SAN MATEO COUNTY SELPA SCHOOL-BASED MENTAL HEALTH ADVISORY COMMITTEE 2012-2013

The San Mateo County SELPA *School Based Mental Health Advisory Committee* will provide some oversight and technical support to LEAs when a student may need a higher level of service “School-Based Mental Health Services” (i.e. intensive support services, residential placement). The *School Based Mental Health Advisory Committee* will meet on a monthly basis and would also be “on call” when a district has a student issue that needs immediate attention.

An LEA Administrator would contact the Senior SELPA Administrator if it appears that a student may need more intensive “School-Based Mental Health Services” such as residential placement. The *School Based Mental Health Advisory Committee* is not intended to undermine IEP team decisions. It is intended to collaborate with LEAs to determine if other viable options in the least restrictive environment are available to meet the needs of the student.

The *School-Based Mental Health Advisory Committee* will be comprised of the following professionals:

- SELPA Senior Administrator
- SMCOE Special Education Senior Administrator
- SELPA LCI Placement Specialist
- School Psychologist
- Elementary District Administrator
- High School District Administrator
- County Counsel
- Mental Health Provider